

**State of Georgia
Department of Community Health**

**2023 External Quality Review Annual
Technical Report**

March 2024



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**



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Glossary of Acronyms

ABA.....	Applied Behavioral Analysis
ADHD.....	Attention-Deficit/Hyperactivity Disorder
AHRQ.....	Agency for Healthcare Research and Quality
BH.....	Behavioral Health
BP.....	Blood Pressure
CAH.....	Critical Access Hospital
CAHPS® ¹	Consumer Assessment of Healthcare Providers and Systems
CCM.....	Complex Case Management
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
EHR.....	Electronic Health Record
EPSDT.....	Early and Periodic Screening, Diagnostic and Treatment
EQR.....	External Quality Review
EQRO.....	External Quality Review Organization
ER.....	Emergency Room
FAR.....	Final Audit Report
FFS.....	Fee-for-Service
FFY.....	Federal Fiscal Year
FPL.....	Federal Poverty Level
FY.....	Fiscal Year
GA.....	Georgia
GA-AIDE.....	Georgia’s Advancing Innovation to Deliver Equity
GA-STRONG.....	Strengthening the Reinvestment Of a Necessary-workforce in Georgia
GF.....	Georgia Families
GF 360°.....	Georgia Families® 360°
HbA1c.....	Hemoglobin A1c
HCBS.....	Home and Community-Based Services
HDPP.....	Hospital Directed Payment Program
HEDIS® ²	Healthcare Effectiveness Data and Information Set
HHS.....	U.S. Department of Health & Human Services
HMO.....	Health Maintenance Organization

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

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

HPV	Human Papillomavirus
HROB	High-Risk Obstetric
HSAG	Health Services Advisory Group, Inc.
IDSS	Interactive Data Submission System
IGT	Intergovernmental Transfer
IS	Information Systems
ISCAT	Information Systems Capabilities Assessment Tool
IT	Information Technology
LBW	Low Birth Weight
LIM	Low-Income Medicaid
LO	NCQA Licensed Organization
LTSS	Long-Term Services and Supports
MCE	Managed Care Entity
MCO	Managed Care Organization
MCP	Managed Care Plan
MES	Medicaid Enterprise System
MEST	Medicaid Enterprise System Transformation
MITA	Medicaid Information Technology Architecture
MLTSS	Managed Long-Term Services and Supports
MMIS	Medicaid Management Information System
MRRV	Medical Record Review Validation
MY	Measurement Year
NCQA	National Committee for Quality Assurance
NR	Not Reported
O/E	Observed to Expected
OB/GYN	Obstetrician/Gynecologist
PAHP	Prepaid Ambulatory Health Plan
PASRR	Pre-Admission Screening Annual Residential Review
PCCM	Primary Care Case Management
PCM	Prenatal Case Management
PCP	Primary Care Provider
PDPP	Physician Directed Payment Program
PDSA	Plan-Do-Study-Act
PHE	Public Health Emergency
PHM	Population Health Management
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
QS	Quality Strategy
RSM	Right from the Start Medicaid
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2



SDOH Social Determinants of Health
SFY State Fiscal Year
SHCN..... Special Health Care Needs
SMS Short Message Service
SPA..... State Plan Amendment
Tdap..... Tetanus, Diphtheria, and Pertussis
TAY Transition Age Youth

1. Executive Summary

Overview of 2023 External Quality Review

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. The EQR activities included as part of this assessment were conducted consistent with the associated EQR protocols developed by CMS.¹⁻¹

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 contract year July 1, 2022, through June 30, 2023 (CY 2023). In addition, this report draws conclusions about the quality of, timeliness of, and access to healthcare services that contracted CMOs provide. Effective implementation of the EQR-related activities will facilitate State efforts to purchase high-value care and to achieve higher performing healthcare delivery systems for their Medicaid and CHIP members.

The DCH administers the Medicaid program, GF, and the CHIP program, referred to as PeachCare for Kids[®] in Georgia. Both programs include FFS and managed care components. During CY 2023, 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 2023 are displayed in Table 1-1.

Table 1-1—Georgia Families CMOs in Georgia

CMO Name	CMO Short Name
Amerigroup Community Care	Amerigroup
Amerigroup Community Care for Georgia Families 360 [°]	Amerigroup 360 [°]
CareSource	CareSource
Peach State Health Plan	Peach State

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. The purpose of these activities, in general, is to improve states’ ability to oversee and manage CMOs they contract with for services and help CMOs improve their performance with respect to quality of, timeliness of, and access to care. Effective implementation of the EQR-related activities will facilitate DCH’s efforts to purchase high-value care and to achieve higher performing healthcare delivery systems for its Medicaid and CHIP members.

¹⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *CMS External Quality Review (EQR) Protocols*, February 2023. Available at: <https://www.medicare.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf>. Accessed on: Nov 1, 2023.

Methodology for Aggregating and Analyzing EQR Activity Results

For the 2024 EQR Annual Report, HSAG used findings from the PMV and compliance review EQR activities conducted from July 1, 2022, through June 30, 2023. PIP activities were conducted from July 1, 2022, through December 31, 2023. 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	The purpose of PIP validation is to validate PIPs that have the potential to affect and improve member health, functional status, or satisfaction. To validate each PIP, HSAG obtained the data needed from each CMO’s PIP Summary Forms. These forms provided detailed information about the PIPs related to the steps completed and validated by HSAG for the 2023 validation cycle. HSAG verifies whether a PIP conducted by a CMO used sound methodology in its design, implementation, analysis, and reporting.	Protocol 1. Validation of Performance Improvement Projects
PMV	HSAG conducts the PMV for each CMO to assess the accuracy of PMs reported by the CMOs, determine the extent to which these measures follow DCH specifications and reporting requirements, and validate the data collection and reporting processes used to calculate the PM rates. The DCH identified and selected the specifications for a set of PMs that the CMOs were required to calculate and report for the measurement period of January 1, 2022, through December 31, 2022. HSAG assesses whether the PMs calculated by a CMO were accurate, valid and reliable, based on the measure specifications and State reporting requirements.	Protocol 2. 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. HSAG conducted full compliance reviews that included all	Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations

Activity	Description	CMS EQR Protocol
	federal and Georgia-specific requirements for the review period of July 1, 2022, through June 30, 2023.	
Validation of Network Adequacy	The network adequacy validation activity validates CMO network adequacy using DCH’s network standards in its contracts with the CMOs. The DCH established time and distance standards for the following network provider types: primary care (adult and pediatric), OB/GYN, BH, specialist (adult and pediatric), hospital, pharmacy, pediatric dental, and additional provider types that promote the objectives of the Medicaid program.	Protocol 4. Validation of Network Adequacy
CAHPS Analysis*	This activity assesses member experience with a CMO, and its providers and the members’ perceived quality of care.	Protocol 6. 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

Program Strengths	
Domain	Conclusion
 <p>Quality</p>	<p>Overall program results indicate that CMO-contracted providers effectively managed members with asthma, which may help reduce the need for rescue medication as well as costs associated with ED visits, inpatient hospital admissions, and missed days of school or work. This program strength is supported in the Quality of Care domain, where the CMOs' performance for <i>Asthma Medication Ratio—12–18 Years</i> continued to demonstrate strength, as all three CMOs and the GF Average met or exceeded the 50th percentile, and two of three CMOs and the GF Average met or exceeded the 50th percentile for <i>Asthma Medication Ratio—5–11 Years</i> and <i>51–64 Years</i>. Of note, CareSource met or exceeded the 90th percentile for the <i>Asthma Medication Ratio—12–18 Years</i> and <i>51–64 Years</i> age groups and met or exceeded the 75th percentile for the <i>5–11 Years</i> age group. Additionally, CareSource's 2023 Adult CAHPS top-box score for <i>Customer Service</i> was statistically significantly higher than the Georgia CMO program score.</p>
 <p>Access</p>	<p>Overall CMO performance demonstrates that children and adolescents were accessing well-care visits and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules. This strength is supported by overall results in the Access to Care domain. The CMOs' performance on a subset of health and preventive screening measures continued to be a strength, as all three CMOs and the GF Average met or exceeded the 50th percentile for <i>Cervical Cancer Screening</i> and <i>Chlamydia Screening—16–20 Years</i>. Two of three CMOs and the GF Average also met or exceeded the 50th percentile for <i>Chlamydia Screening—21–24 Years</i>. Additionally, all three CMOs and the GF Average met or exceeded the 50th percentile for <i>Well-Child Visits in the First 30 Months of Life—First 15 Months of Life—Six or More Well-Child Visits</i> and <i>Immunizations for Adolescents—Combination 1</i>. Also, all three CMOs and the GF Average met or exceeded the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life</i>, indicating that the CMOs' child members 1–3 years of age were receiving appropriate developmental screenings.</p>
 <p>Timeliness</p>	<p>Overall CMO performance suggests that members were receiving timely access to primary care, thereby potentially reducing the cost of ED visits and readmissions. This strength is supported in the Stewardship domain. All three CMOs and GF Average met or exceeded the 50th percentile for <i>Ambulatory Care—ED Visits</i>, and two of three CMOs and the GF Average met or exceeded the 75th percentile for <i>Plan All-Cause Readmissions O/E Ratio—Total</i>, indicating a strength for the GF population. This strength is also supported by Amerigroup's 2023 Child CAHPS top-box score for <i>Getting Care Quickly</i>, which was statistically significantly higher than the Georgia CMO program score.</p>

Program Weaknesses		
Domain		Conclusion
	Quality	<p>Results suggest that although members with chronic conditions may have access to care, they were not consistently able to manage their conditions according to evidence-based guidelines through the appropriate use of medications, diet and nutrition, or physical activity. This is supported by results in the Quality of Care domain, where the PM rates for <i>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i>, as well as <i>Controlling High Blood Pressure</i> continued to show low performance. All CMO measure rates and the GF Average continued to fall below the 25th percentile for <i>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Poor Control (>9.0%)</i>. Two of three CMO rates and the GF Average also continued to fall below the 25th percentile for the <i>HbA1c Control (<8.0%)</i> indicator and <i>Controlling High Blood Pressure</i>. The <i>Asthma Medication Ratio—19–50 Years</i> rate declined in MY 2022, with two of three CMOs and the GF Average falling below the 50th percentile. This low performance suggests a greater need for better access to care and appropriate medication management for patients with asthma for the 19–50 years age group.</p>
	Access	<p>Overall, there is an opportunity for improvement in the Access to Care domain, supported by the CMOs' performance on a subset of women's health and preventive screening measures, which continue to be a weakness. All three CMOs and the GF Average fell below the 50th percentile for <i>Breast Cancer Screening</i>. This performance indicates that female members were not receiving timely screenings to detect cancer early. Early detection reduces the chance of death, increases the chance of successful treatment, prevents the cancer from spreading, and lowers healthcare costs.</p> <p>The overall program results are supported by the Child CAHPS survey results, in which CareSource's Child CAHPS 2023 top-box score for <i>Getting Care Quickly</i> was statistically significantly lower than the Georgia CMO program score, which indicates that members perceived a lack of timely access to care.</p>
	Timeliness	<p>Overall program results indicate that there is an opportunity for improvement for pregnant members to receive timely and adequate prenatal and postpartum care. Timely and adequate prenatal and postpartum care may help reduce the risk of premature birth, pregnancy-related complications and deaths, and lead to better health outcomes for mother and baby. The DCH requires the CMOs to conduct a PIP to improve the use of and access to prenatal and postpartum care to improve maternal and child health outcomes. Program results show that the three CMOs and the GF Average continued to demonstrate a weakness in performance for <i>Prenatal and Postpartum Care</i>, as two of three CMOs and the GF Average fell below the 25th percentile for the <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> and <i>Prenatal and Postpartum Care—Postpartum Care</i> indicators.</p>

Quality Strategy Recommendations for the Georgia Managed Care Program

The Georgia 2021–2023 QS is designed to improve the health outcomes of its Medicaid members by continually improving the delivery of quality healthcare to all Medicaid and CHIP members served by the Georgia Medicaid managed care programs. The DCH’s QS provides the framework to accomplish DCH’s overarching goal of designing and implementing a coordinated and comprehensive system to proactively drive quality throughout the Georgia Medicaid and CHIP system. In consideration of the goals of the QS and the comparative review of findings for all activities, HSAG’s Georgia-specific recommendations for QI that target the identified goals within the Georgia 2021–2023 QS are included in Table 1-4.

Table 1-4—QS Recommendations For the Georgia Medicaid Managed Care Program

Program Recommendations	
Recommendation	Associated Georgia 2021–2023 QS Goal and Objective
<p>HSAG continues to recommend that DCH focus on program-wide performance in support of Goal 1.1, Objective 1.1.b, and improve the use of prenatal and postpartum care, HSAG recommends that DCH:</p> <ul style="list-style-type: none"> Require the CMOs to consider evaluating the feasibility of implementing appropriate interventions and best practices to improve care and services according to evidence-based guidelines to improve quality of, access to, and timeliness of prenatal and postpartum care. Require the CMOs to consider implementing best practices to improve prenatal and postpartum care rates, including: <ul style="list-style-type: none"> Offering provider education and engagement opportunities, such as educational webinars and newsletters on prenatal women’s health services. Evaluating additional forums to expand opportunities to provide prenatal health education material to the population served, such as community events. Piloting a member incentives program designed to encourage timely prenatal and postpartum care services, such as gift cards. Require the CMOs to identify healthcare disparities within the access-related PM data to focus QI efforts on a disparate population. The DCH should also require the CMOs to identify best practices for ensuring prenatal and postpartum care and ensuring that members receive all prenatal and maternity care according to recommended schedules. 	<p>Goal 1.1: Improve Access to Care <i>Pillar Three: Access</i></p> <p>Objective 1.1.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>Based on program results, HSAG also continues to recommend that DCH focus the CMOs on program-wide performance improvement in support of Goal 1.1, Objective 1.1.c, and Goal 1.2, Objective 1.2.b and improve preventive</p>	<p>Goal 1.1: Improve Access to Care <i>Pillar Three: Access</i></p> <p>Objective 1.1.c: Increase number of children receiving well-child and preventive</p>

Program Recommendations

services and well-child visits for members under the age of 21 years, HSAG recommends that DCH:

- Require the CMOs to target interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code, and identify best practices to improve care and services for ensuring that children receive all preventive vaccinations and well-child services according to recommended schedules, including Bright Futures and EPSDT guidelines.
- Require the CMOs to identify best practices for ensuring children receive timely and medically appropriate vaccinations and well-care services. Best practices that CMOs may consider piloting to improve immunization and well-care visits rates include:
 - Offering provider education and engagement opportunities such as webinars and newsletters on children’s vaccination and well-care visit best practices.
 - Sharing health education material with the population served.
 - Offering member incentives, such as gift cards, for accessing timely preventive and immunization services.
 - Evaluating and expanding current and/or new member outreach and engagement initiatives.

visits to perform at or above the HEDIS 50th percentile by the end of CY 2023.

Goal 1.2: Increase Wellness and Preventive Care

Pillar One: Quality

Objective 1.2.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.

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 2022–2023 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.	Accredited* through 7/1/2025 Health Equity Accredited* through 8/25/2026 Health Equity Accreditation Plus* through 8/25/2026
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.	Accredited* through 7/1/2025 Health Equity Accredited* through 8/25/2026 Health Equity Accreditation Plus* through 8/25/2026
CareSource	2017	CareSource was founded in 1989 and is a nonprofit model of managed care. CareSource	Accredited* through 9/10/2024

CMO	Year Operations Began in Georgia as a Medicaid CMO	Profile Description	CMO NCQA Accreditation Status
		product lines include Medicaid, Marketplace, and Medicare Advantage programs.	Health Equity Accredited* through 8/25/2026 Electronic Clinical Data Distinction through 9/15/2026
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.	Accredited* through 3/10/2026 Health Equity Accredited* through 10/21/2025

*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 and Table 2-3 provide the FY 2023 enrollment as of June of members enrolled in Medicaid, PeachCare for Kids®, the Medicaid fee-for-service program, and the total number of members enrolled.

Table 2-2—FY 2023 CMO Annual Program Enrollment

Program	Enrollment as of 6/2023
Medicaid	1,980,718
PeachCare for Kids®	202,583
Total Served	2,183,301

Notes:

Data is based on eligibility for the month of June 2023.

Data provided by IBM WatsonHealth, DP

Table 2-3—FY 2023 Annual CMO Enrollment

Program	Enrollment as of 1/2023
GF Amerigroup	614,880
GF Peach State Health Plan	1,044,159
GF CareSource	491,313
Amerigroup 360°	32,949
CMO Total	2,183,301

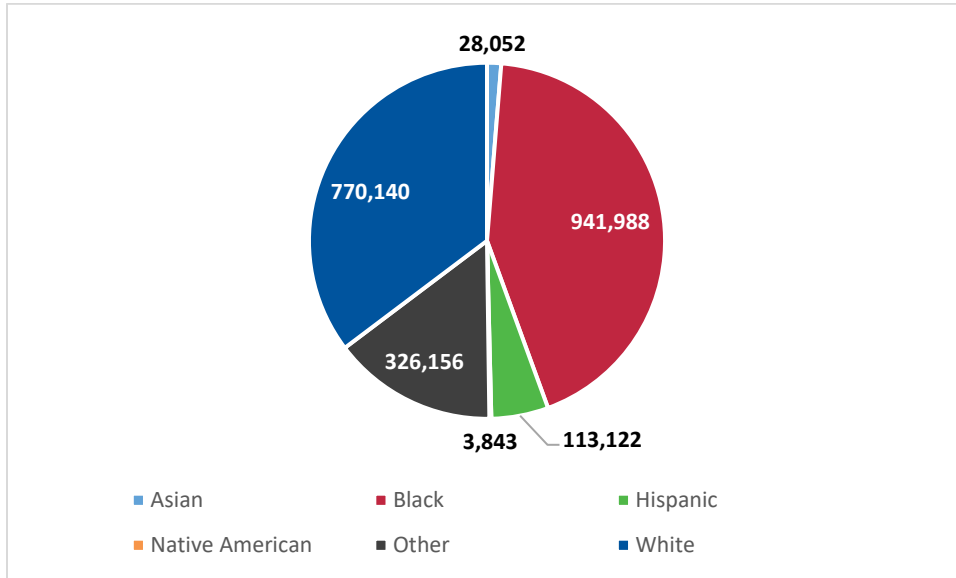
Notes:

Data based on eligibility for the month of June 2023.

Data provided by IBM WatsonHealth, DP

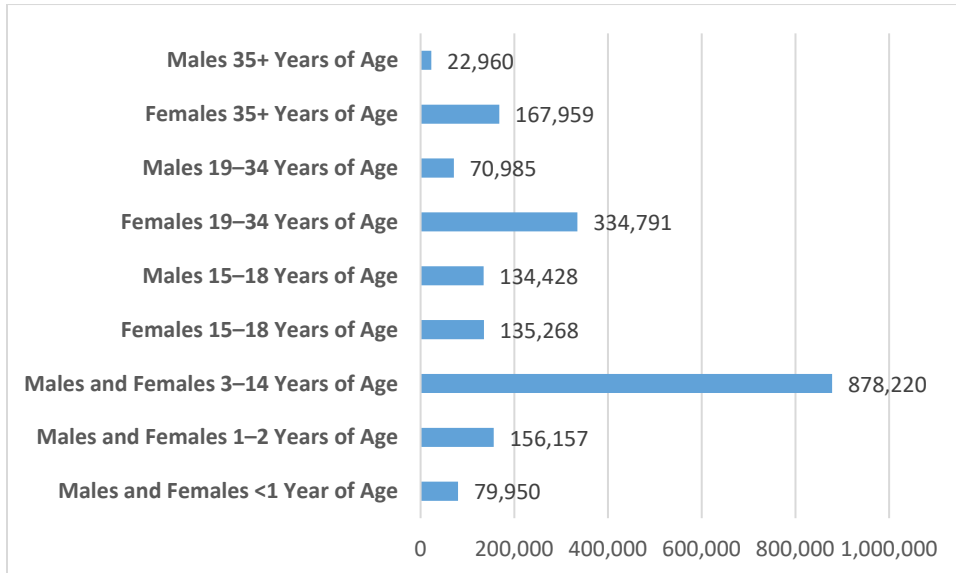
Figure 2-1 provides the FY 2023 count of enrolled members by ethnicity category as of June for members enrolled in Medicaid, PeachCare for Kids®, and the Medicaid fee-for-service program.

Figure 2-1—FY 2023 Number of CMO Members by Ethnicity



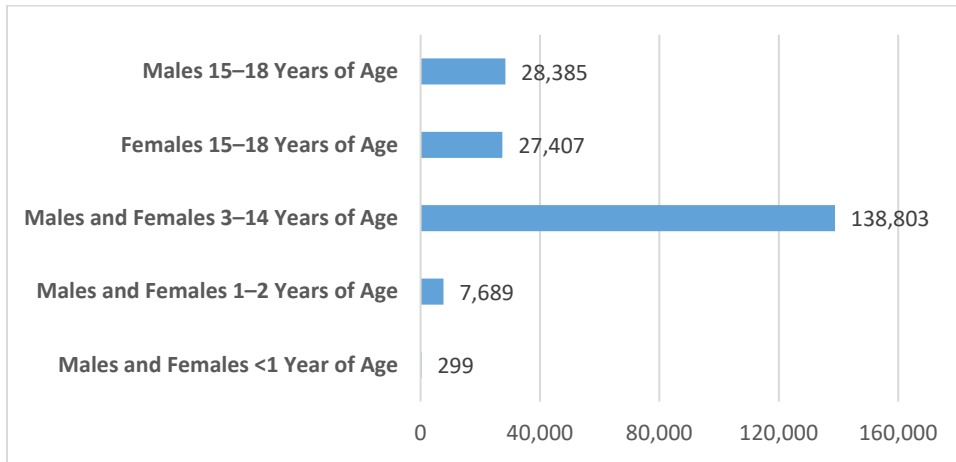
Notes:
Data is based on eligibility for the month of June 2023.
Data provided by IBM WatsonHealth, DP

Figure 2-2—FY 2023 Number of CMO Medicaid Members by Gender/Age Band



Notes:
Data is based on eligibility for the month of June 2023.
Data provided by IBM WatsonHealth, DP1284023

Figure 2-3—FY 2023 Number of CMO CHIP Members by Gender/Age Band



Notes:
 Data is based on eligibility for the month of June 2023.
 Data provided by IBM WatsonHealth, DP

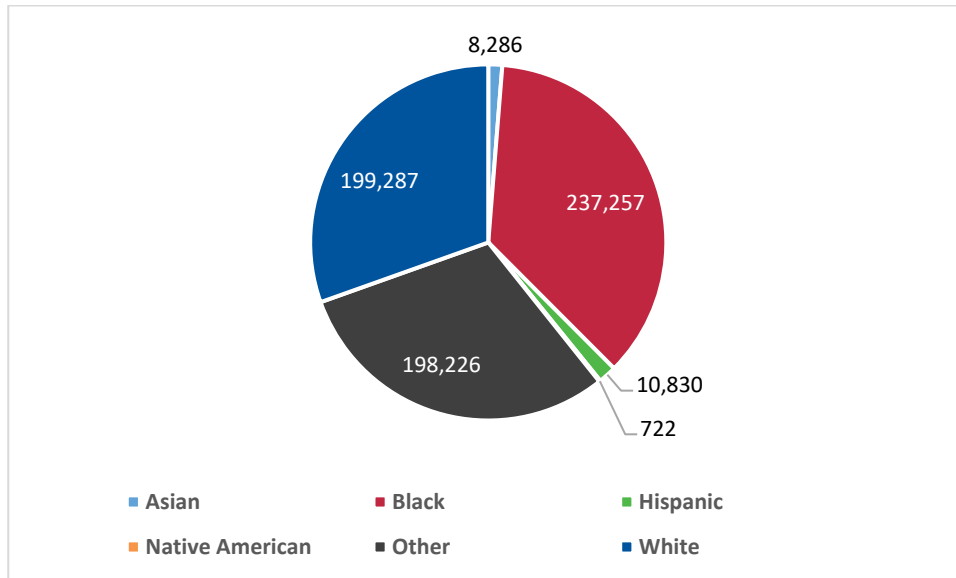
Table 2-4—FY 2023 FFS Annual Program Enrollment²⁻¹

Program	Enrollment as of 6/2023
FFS Medicaid	652,986
CHIP	1,622
Total Served	654,608

Notes:
 Data is based on eligibility for the month of June 2023.
 Data provided by IBM WatsonHealth, DP

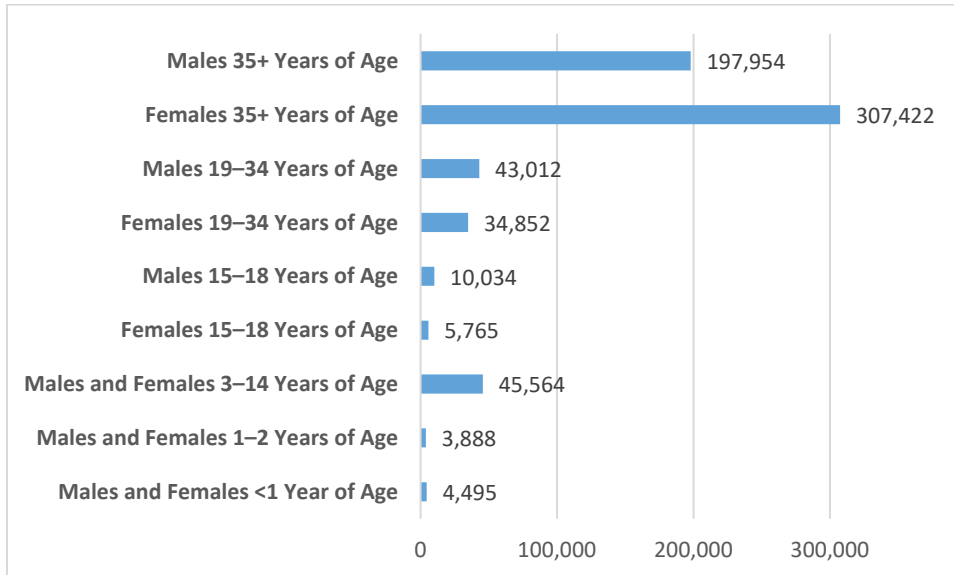
²⁻¹ Georgia Department of Community Health. Medicaid Analytics Dashboard – Enrollment 06/30/2022. Available at: <https://dch.georgia.gov/divisionsoffices/office-analytics-and-program-improvement/search-oapi-report-vault/search-medicaid>. Accessed on: Dec 10, 2022.

Figure 2-4—FY 2023 Number of FFS Members by Ethnicity



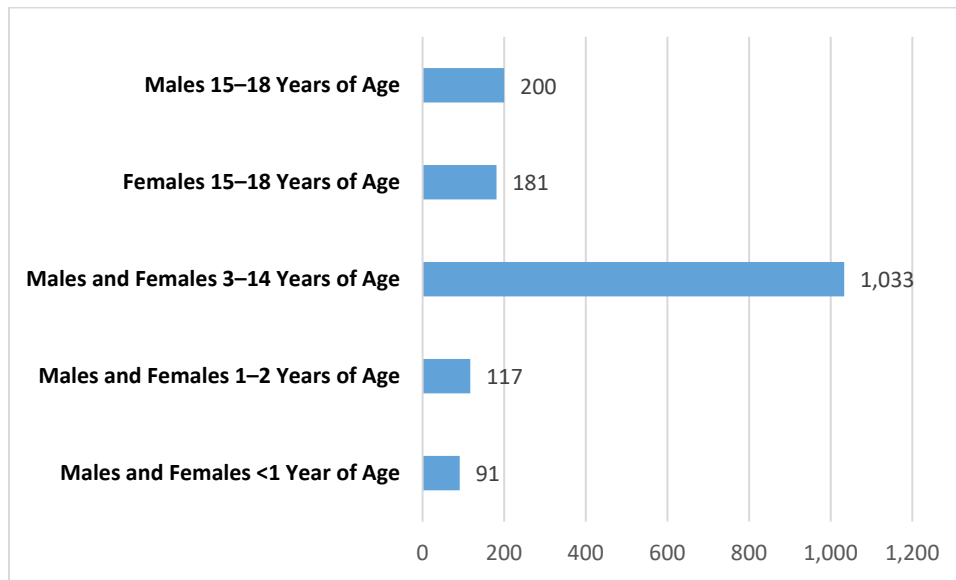
Notes:
Data is based on eligibility for the month of June 2023.
Data provided by IBM WatsonHealth, DP

Figure 2-5—FY 2023 Number of FFS Medicaid Members by Gender/Age



Notes:
Data is based on eligibility for the month of June 2023.
Data provided by IBM WatsonHealth, DP

Figure 2-6—FY 2023 Number of FFS CHIP Members by Gender/Age



Notes:
Data is based on eligibility for the month of June 2023.
Data provided by IBM WatsonHealth, DP

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

On April 1, 2020, DCH announced that it had received federal approval for an emergency 1135 waiver giving DCH the authority to take additional steps to ensure access to care for members and to address priority needs identified by healthcare providers.

The waiver allowed Georgia temporarily suspend Medicaid fee-for-service prior authorizations; extend pre-existing authorizations for which a beneficiary has previously received prior authorization; suspend PASRR level 1 and level 11 assessments for 30 days; delay scheduling State fair hearing request and appeal timelines; enroll providers who were enrolled with another SMO or Medicare; and provide services in other locations.

The COVID-19 pandemic created an unprecedented challenge for DCH's work on achieving the Medicaid and CHIP Managed Care QS goals and objectives. COVID-19 became a PHE in January 2020 and was declared a pandemic in March 2020. The COVID-19 pandemic is a coronavirus disease caused by SARS-CoV-2.

Decreased access and lack of scheduling of routine and preventive services may have negatively impacted performance rates during the PHE. The impact from COVID-19 was an environmental factor that was beyond

DCH's control and may have had an impact on the overall achievement of goals and outcomes anticipated from the implementation of the DCH QS. Some performance metric specifications used in the DCH QS include a look-back period during the PHE, continuing some impacts to achieving the DCH QS goals and objectives.

Medicaid Enterprise System

The DCH is committed to increasing its IT infrastructure and data analytics capabilities. Georgia's health information system and other technology initiatives support the overall operation and review of the QS. The State's IT approach is based on a strategy that spans all stakeholders and considers current and future plans, policies, processes, and technical capabilities.

In July 2016, DCH initiated the MEST Program which includes the replacement the Department's legacy MMIS with a new MES. With the MES, DCH seeks a transformation to a modern, modular solution which is highly scalable, adaptable, and capable of driving the advancement of MITA maturity and improvements in the efficiency and effectiveness of program operations, the member and provider experience, and health outcomes.

Changes in federal regulations and guidance advance a modular approach to Medicaid IT system procurement and implementation. The modular approach involves packaging a business process or group of business processes into a distinct "module" with open interfaces that can be easily integrated with other modules to create a flexible service-oriented architecture. The DCH initial release of the MES was July 2023.

The benefits of the modular approach include:

- The ability to adapt to changes in policy, programs, initiatives, and technology in a timely and cost-effective manner
- The use of common components and shared services
- Greater market innovation and competition
- Increased system integration and interoperability with state (Georgia and other) and federal agency partners

The initial release of the MES included the MES integration platform, shared services, an operational data store, and the following five modules:

- Claims and Financial Management Module
- Provider Services Module
- Electronic Visit Verification Module
- Third Party Liability Services Module
- Pharmacy Benefits Management Module

The strategic goals for the MES in support of Georgia's Medicaid Program are described in Table 2-5.

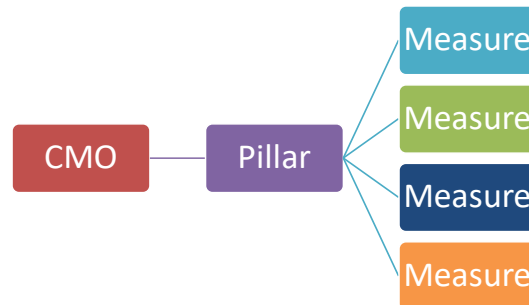
Table 2-5—Medicaid Enterprise System Strategic Goals

Vision Goal	Strategy
<p>Customer Experience <i>Goal: Enable efficient and effective interactions with stakeholders to support seamless and timely healthcare.</i></p>	<p>The future MES will enable DCH to provide a more unified customer experience for Medicaid members and providers through specific interactions and touchpoints, enhancing the Department's ability to securely provide valuable information about healthcare access and services. Additionally, well-designed, intuitive self-service options now expected by members and providers will improve customer satisfaction</p>

Vision Goal	Strategy
	and drive operational efficiencies, lessening demand on State and contractor resources and allowing DCH and contractors to focus on more critical and complex activities.
<p>Data Services Goal: Enable data-driven decision making for stakeholders from a single source of truth.</p>	<p>The future MES will improve data access, quality, and analysis; support outcome measurement and data-driven decision-making; and further personal health record initiatives allowing members to better manage their health. As part of the MES implementation, DCH will establish an integration platform, operational data store, and data standards, achieving a single source of truth and enabling a trust in data that will be used to provide DCH and stakeholders with valuable insight and evidence on the efficacy of programs, initiatives, and services.</p>
<p>Technology and Business Services Goal: Be proactive and flexible to changes in technology, programs, and policy.</p>	<p>Technology and a modular architecture must be an enabler, not an inhibitor, for the effective and efficient operation of the MES and serve as a driving force for advancing MITA maturity. Further, the MES architecture will comply with the Medicaid IT Standards and Conditions and enable interoperability, supporting the exchange of clinical and administrative data across the Medicaid Enterprise to improve care management and delivery of services.</p>
<p>Population Health Management Goal: Enhance health care quality and outcomes.</p>	<p>The future MES will support a sustainable, scalable PHM program that will bring healthcare providers, community partners, and public health agencies together to improve overall health outcomes in Georgia. The system will provide a robust operational and analytical infrastructure that enables DCH to coordinate, share, pull, process, and actively monitor large amounts of data from a broad spectrum of different sources in a timely manner and more efficiently to support PHM.</p>
<p>Program Accountability Goal: Ensure appropriate use of state and federal Medicaid funds by identifying and reducing fraud, waste, and abuse.</p>	<p>The future MES will provide innovative tools and accessible, accurate, and timely data to allow DCH to further enhance its ability to prevent the misuse of funds, measure quality issues, and review payments over multiple provider networks, CMOs, and claim types, thereby safeguarding program resources to serve and improve health outcomes for its members. The system will use front-end technologies, analytics, and automation to protect sensitive healthcare data, including the use of strong customer authentication processes to validate the identity of members and providers.</p>

Translating Data Into Action

The DCH developed a template to organize deidentified data pertaining to its CMOs and member populations in a comprehensive MS Excel workbook, organized in a narrow and long format to ensure smooth integration into Tableau. Use of MS Excel as a starting point allowed Georgia to solidify the dashboard structure (shown in Figure 2-7) and key data elements to support performance improvement among the CMOs.

Figure 2-7—Georgia's Dashboard Structure

In addition to information on CMO member populations, such as age, geography, race and ethnicity, Medicaid eligibility group, and risk group, the final Tableau dashboard presents the following elements for each quality measure selected quarterly, with the ability to filter by CMO:

- Numerator and denominator
- Validated value
- Change from the previous year
- Statewide average
- National average (used for non-HEDIS measures without a benchmark)
- Mean and median

The use of these analytic tools has allowed Georgia to identify trends in CMOs' performance and areas for improvement to ensure high-quality care and better outcomes among the Medicaid populations.

Georgia Quality Strategy

During CY 2021, in accordance with 42 CFR §438.340, DCH implemented its 2021–2023 QS 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 QS'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.

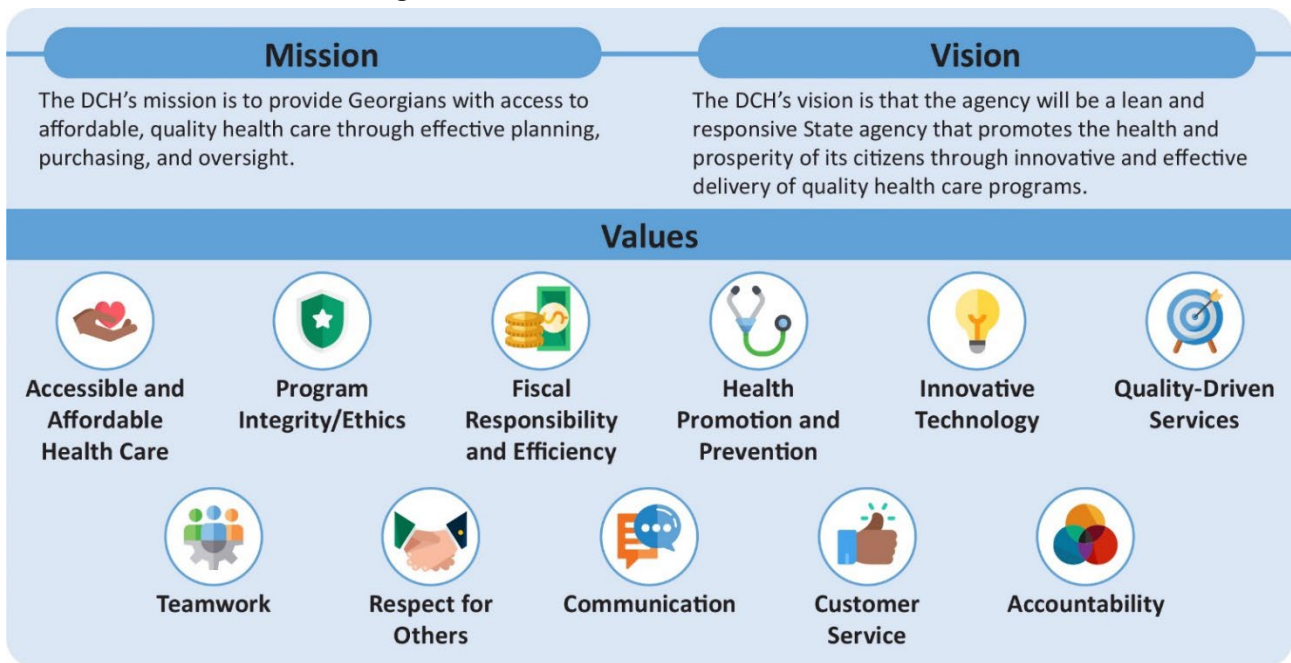
Pillar Four: Service (Patient Experience)

- 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 QS Mission, Vision, and Values are described in Figure 2-8.




Figure 2-8—DCH QS Mission, Vision, and Values



Georgia 2021–2023 Quality Strategy Goals and Objectives

This QS 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 QS sets a clear direction for priority interventions and details the standards and mechanisms for holding the CMOs accountable for desired outcomes. The DCH’s QS aims and goals are found in Table 2-6.

Table 2-6—Georgia 2021–2023 QS Aims and Goals

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

Quality Initiatives

DCH Quality Initiatives Driving Improvement

The DCH considers its QS to be its roadmap for the future. The QS 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 QS 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 2-7 displays a sample of the initiatives DCH continued during CY 2023 that support DCH's efforts toward achieving the Georgia 2021–2023 QS goals and objectives.

Table 2-7—DCH Quality Initiatives Driving Improvement

Georgia QS Aim,	Goals	Objectives
Aim 1: Improve Health, Services & Experience	Goal 1.1: Improve Access to Care	Objective 1.1.a: Increase number of persons enrolled in health benefits under the Pathway program.
Implement Pathways to Coverage: DCH implemented the Pathways to Coverage benefit in July of 2023. Under this benefit, individuals that meet coverage eligibility criteria have access to care.		
Aim 1: Improve Health, Services & Experience	Goal 1.3: Improve Outcomes for Chronic Diseases Goal 1.3.a.: Increase the number of members with controlled HbA1c	Objective 1.3.c: Increase number of members with controlled high blood pressure
Improve Chronic Disease Management: <ul style="list-style-type: none"> The DCH approved blood pressure monitoring devices as a covered benefit for Medicaid members diagnosed with hypertension. The DCH included diabetes and high blood pressure management as performance measures for CMOs participating in the PDPP. 		
Aim 1 Improve Health, Services & Experience	Goal 1.4: Improve Maternal and Newborn Care	Objective 1.1.b: Increase annual number of postpartum care visits
Expand Postpartum Coverage up to 12 Months <ul style="list-style-type: none"> The DCH implemented a CMS-approved State Plan Amendment provision of coverage of up to 12 months postpartum. The DCH continued coverage for lactation consultation. 		
Aim 1: Improve Health, Services & Experience	Goal 1.5: Improve Behavioral Health Care Outcomes	Objective 1.5.a: Decrease annual behavioral health 30-day readmission rate Objective 1.5.b: Increase the number of adolescents screened for follow-up for depression Objective 1.5.c: Increase the number of adults screened and receiving follow-up for depression
Align Incentives with Quality Strategy Goals and Objectives: <ul style="list-style-type: none"> The DCH continued to include the 30-day readmission measure in the CMO value-based purchasing program to focus CMO resources on reducing 30-day readmissions. The DCH supported the CMOs continuing a PIP with focus on reducing behavioral 30-day readmission to an acute or psychiatric hospital. The DCH included adult and child depression screening and follow-up as a performance measure for CMOs participating in PDPP. 		
Aim 1: Improve Health, Services & Experience	Goal 1.5: Improve Behavioral Health Care Outcomes	Objective 1.5.b: Increase the number of adolescents screened for follow-up for depression to perform at or above the HEDIS 50th percentile

Georgia QS Aim,	Goals	Objectives
	<p>Enhance, Expand, and Strengthen HCBS Georgia received additional funding to enhance, expand, and strengthen HCBS under the Medicaid program to focus on:</p> <ul style="list-style-type: none"> • Technological projects to develop case management and enhance critical incident management processes. • Establishing behavioral support services for youth in Medicaid to be provided by behavioral aides and designed for children and youth having symptoms of emotional disturbance, autism spectrum disorder, traumatic brain injury, and other developmental concerns. • Enhancing provider rates and supporting healthcare workforce recruitment, training, and development. • Initiating a supported employment pilot program for individuals on the planning list to transition from school to competitive integrated employment. 	
<p>Aim 1: Improve Health, Services & Experience</p>	<p>Goal 1.3: Improve Outcomes for Chronic Disease</p> <p>Goal 1.3: Improve Outcomes for Chronic Disease</p> <p>Goal 1.4: Improve Maternal and Newborn Care</p>	<p>Objective 1.3.a: 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>Objective 1.3.c: 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>Coverage of Donor Breast Milk Medicaid began covering donor breast milk as a service on April 1, 2022. An appropriation made during the FY 2022 legislative session provided funding for coverage of donor breast milk for newborns who need it within the in-patient hospital setting. Hospitals will continue sourcing donor breast milk from their providers. Medicaid coverage involving special circumstances will vary, depending on the diagnosis and medical necessity.</p> <p>Extension of Postpartum Medicaid Coverage In FY 2022, Medicaid's 1115 postpartum waiver was extended for an additional four months such that pregnant women could receive six months of postpartum services. Eventually, this waiver would be expanded to extend postpartum services to 12 months after the date of delivery. Extending to 12 months is expected to improve continuity of care and better assist those individuals with chronic conditions such as diabetes and hypertension.</p>		
<p>Aim 1: Improve Health, Services & Experience</p>	<p>Goal 1.1: Improve Access to Care</p> <p>Goal 1.2: Increase Wellness and Preventive Care</p> <p>Goal 1.3: Improve Outcomes for Chronic Disease</p> <p>Goal 1.4: Improve Maternal and Newborn Care</p>	<p>Objective 1.1.b: Increase annual number of postpartum care visits to perform at or above the HEDIS 50th percentile</p> <p>Objective 1.1.e: Increase percentage of members <i>Getting Needed Care</i> to perform at or above the 67th percentile</p> <p>Objective 1.2.a: Increase the percentage of children less than 21 years of age that receive preventive</p>

Georgia QS Aim,	Goals	Objectives
		<p>oral health services to perform at or above the CMCS 75th percentile</p> <p>Objective 1.3.a: 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>Objective 1.3.c: Increase number of members with controlled high blood pressure to perform at or above the HEDIS national 50th percentile</p> <p>Objective 1.4.a: Decrease annual maternal mortality rate by 3 percent</p> <p>Objective 1.4.b: Decrease number of live babies with low birth weight to perform at or above the CMCS 75th percentile</p>
<p>Medicaid Innovation Advancement Project—Funding the Directed Payment Programs</p> <p>With Georgia’s implementation of the Medicaid Innovation Advancement Project, additional funding will be distributed to rural and urban hospitals and practitioners to address uncompensated care in Medicaid, bolster the healthcare workforce, and improve quality and access to healthcare statewide. The 2016 Medicaid Managed Care Rule created a new option for states to require managed care plans to pay providers according to specific rates or methods, referred to as State-directed payments. To better serve the citizens of Georgia, these types of payment arrangements allow Georgia to direct specific payments made by managed care plans to providers. By way of a CMS preprint, Georgia began implementing the programs outlined below. Programs undergo annual federal review and are subject to modifications based on CMS guidance. Through approval of Georgia’s directed payment programs and the revised methodology to distribute disproportionate share hospital funding, DCH will be able to deliver over \$1.6 billion in federal and nonfederal funding to eligible healthcare hospitals and practitioners in FY 2022 and FY 2023.</p>		
<p>Initiated a Medicaid Innovation Advancement Project—Georgia’s Advancing Innovation to Deliver Equity (GA-AIDE)</p> <p>In FY 2022, DCH requested and subsequently received approval from CMS to initiate a multi-year, value-based program called GA-AIDE, which authorizes State-directed payments to improve quality of care and outcomes for patients served by Georgia’s largest single provider of Medicaid services, Grady Memorial, and Georgia’s State-owned Academic Medical Center, Augusta University Medical Center. GA-AIDE funds investments in initiatives designed to improve health outcomes and experiences for the medically underserved, such as maternal and child health, preventing and reducing the impact of chronic conditions, and addressing health equity. Participation in GA-AIDE is voluntary and the source of nonfederal funds is provided by the hospital authority or governmental entity on behalf of the eligible provider through an IGT to DCH. GA-AIDE is subject to annual review by the State and approval by CMS and will deliver over \$340 million in combined federal and nonfederal funds to the two providers in FY 2023.</p>		
<p>Prepared a Medicaid Innovation Advancement Project—Georgia—Strengthening the Reinvestment Of a Necessary-workforce in Georgia (GA-STRONG)</p> <p>In FY 2022, DCH prepared for submission to its Board and CMS the directed payment program called GA-STRONG. It is designed to address Georgia’s healthcare workforce shortage through increased funding for hospitals on the front lines of workforce development, which will initially include 21 eligible teaching hospital</p>		


Georgia QS Aim,	Goals	Objectives
<p>participants with at least five full-time equivalent residents. The program will allow eligible providers to receive GA-STRONG payments from CMOs based on a uniform percentage increase to base rates of ~50% of the average commercial equivalent. An increase in the current statewide hospital assessment and IGTs from participating public teaching hospitals will be used to finance the program's nonfederal share required. GA-STRONG will be subject to annual review by the State and approval by CMS and is expected to deliver over \$740 million to eligible participating hospitals in FY 2023.</p>		
<p>Initiated Medicaid Innovation Advancement Project—Hospital Directed Payment Program (HDPP) for Public Hospitals</p> <p>In SFY 2022, DCH requested and subsequently received approval from CMS to initiate the HDPP to provide additional Medicaid funding for eligible participating public hospitals. These include all State and non-State government hospitals, excluding CAHs, and is estimated to increase provider funding of critical services for the Medicaid population and strengthen Georgia's healthcare workforce. Eligible participating public hospitals through the Medicaid CMOs will receive increased Medicaid funding via direct payment up to the Medicare equivalent. Participation in the program is voluntary and the source of non-federal funds is provided by the hospital authority or governmental entity on behalf of the eligible provider through an IGT to DCH. In FY 2022, the program delivered over \$234 million in combined federal and non-federal funds (received from or on behalf of the eligible hospital) and is expected to deliver over \$235 million in FY 2023 to eligible hospitals.</p>		
<p>Implemented Medicaid Innovation Advancement Project—Hospital Directed Payments for Private Hospitals</p> <p>Georgia's HDPP for private hospitals provides additional Medicaid funding for eligible participating private hospitals defined as all private, acute hospitals excluding general cancer hospitals, free-standing children's hospitals, and rehabilitative/psychiatric/long-term acute hospitals. All CAHs are excluded. This program is estimated to increase provider funding of critical services for the Medicaid population and strengthen Georgia's healthcare workforce. Under the program, eligible participating private hospitals through the Medicaid CMOs will receive increased Medicaid funding via direct payment up to the Medicare equivalent. This HDPP is subject to annual review by the State and approval by CMS, and is expected to deliver over \$150 million in combined federal and nonfederal funds (received from or on behalf of the eligible provider) to eligible hospitals in FY 2023.</p>		
<p>Medicaid Innovation Advancement Project—Physician Directed Payment Program (PDPP)</p> <p>Georgia's PDPP provides State-directed payments to eligible physicians and other professional services practitioners who are affiliated with a governmental teaching hospital. Medicaid CMOs will pay directed payments for services provided at a physician faculty practice up to the commercial equivalent. Participation in the program is voluntary and the source of nonfederal funds is provided by the hospital authority or governmental entity on behalf of the eligible provider through an IGT to DCH. This PDPP is subject to annual review by the State and approval by CMS. In FY 2022, the program delivered almost \$130 million in combined federal and nonfederal funds (received from or on behalf of the eligible provider), and is expected to deliver over \$120 million in FY 2023 to eligible providers.</p>		

DCH Follow-Up on 2022 Annual Technical Report EQRO Recommendations

Table 2-8—DCH Follow-Up on 2022 EQRO Recommendations

Follow-Up on EQRO Recommendations		
<p>Goal 1.1: Improve Access to Care <i>Pillar Three: Access</i></p>	<p>Objective 1.1.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>Metric: Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC, PPC-CH)</p>
<p>HSAG Recommendation: To improve program-wide performance in support of Goal 1.1, Objective 1.1.b, and improve the use of prenatal and postpartum care, HSAG recommends that DCH:</p> <ul style="list-style-type: none"> Require the CMOs to identify access- and timeliness-related PM indicators such as Prenatal and Postpartum Care: Postpartum Care and Timeliness of Prenatal Care that fell below the HEDIS MY 2021 NCQA Quality Compass^{®2-2} national Medicaid HMO 25th percentile and focus QI efforts on identifying the root cause and implementing interventions to improve access to care. Require the CMOs to identify healthcare disparities within the access-related PM data to focus QI efforts on a disparate population. The DCH should also require the CMOs to identify best practices for ensuring prenatal and postpartum care and ensuring that members receive all prenatal and maternity care according to recommended schedules. Require the CMOs to identify best practices to improve care and services according to evidence-based guidelines. 		
<p>DCH Response (Note—The narrative within the DCH response section was provided by DCH and has not been altered by HSAG except for minor formatting)</p>		
<p>Why the Challenge Exists:</p> <p>Recently concluded participation in Postpartum Affinity activities revealed some basic challenges that DCH and its CMOs are taking steps to address:</p> <ul style="list-style-type: none"> Provider-level: A need for education and/or practice reminder was identified. Providers were unsure of coding practices for PPC visits beyond global billing. It was determined that providers should be provided resources, continuing education and support to facilitate utilization of the most current clinical best practices as well as State Medicaid policies and covered benefits. Member-level: A knowledge deficit was identified as a challenge. Members lacked interest and/or knowledge of the value of pre- and postpartum visits. Members entered care late in pregnancy and/or no showed for postpartum care. Social determinants of Health: Members lacked resources and knowledge to access care or needed resources for self-management of care. 		
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <ul style="list-style-type: none"> In addition to the HSAG recommendations, the DCH deployed ACOG-informed clinical practice guidelines and audit tools to review and encourage utilization of latest obstetrical clinical practice guideline and recommendations for the provision of pre- and post-partum care statewide. DCH ramped up its technical assistance and support to CMOs in carrying out PIPs and other QI initiatives around maternal health. 		

²⁻² Quality Compass[®] is a registered trademark of the National Committee for Quality Assurance.

Follow-Up on EQRO Recommendations		
<ul style="list-style-type: none"> DCH approved blood pressure monitoring devices as covered benefits. On-going participation in the State's MMRC with the primary purpose of identifying DCH-related opportunities for improvement DCH challenged CMOs to initiate or expand resources and programs to address SDoH across the State. DCH continued efforts to educate/announce its Postpartum Extension State Plan Amendment launched November of 2022. Extending to 12 months is expected to improve continuity of care and better assist those individuals with chronic conditions such as diabetes and hypertension. 		
Identify any noted performance improvement as a result of initiatives implemented (if applicable): PMV results showed: Metric: PPC: Timeliness of Prenatal Care <ul style="list-style-type: none"> 2021: <u>77.80%</u> 2022: <u>79.26%</u> Metric: PPC: Postpartum Care <ul style="list-style-type: none"> 2021: <u>66.44%</u> 2022: <u>69.28%</u> 		
Identify any barriers to implementing initiatives: DCH did not identify any barriers to implementing the initiative.		
HSAG Assessment: 		
Goal 1.1: Improve Access to Care <i>Pillar Three: Access</i> Goal 1.2: Increase Wellness and Preventive Care <i>Pillar One: Quality</i>	Objective 1.1.c: 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. Objective 1.2.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.	Metric: Child and Adolescent Well-Care Visits (WCC) Well-Care Visits in the First 30 Months of Life (W30) Childhood Immunization Status (CIS) Immunizations for Adolescents (IMA)
HSAG Recommendation: To improve program-wide performance in support of Goal 1.1, Objective 1.1.c, and Goal 1.2, Objective 1.2.b and improve preventive services and well-child visits for members under the age of 21 years, HSAG recommends that DCH: <ul style="list-style-type: none"> Require the CMOs to identify best practices for ensuring children receive all preventive vaccinations and well-child services according to recommended schedules. Require CMOs to conduct a root cause analysis to identify barriers that their members are experiencing in accessing well-child and preventive care and services. Require the CMOs to identify best practices to improve care and services according to the Bright Futures guidelines. 		

Follow-Up on EQRO Recommendations

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

Why the Challenge Exists:

Some known challenges impacting this goal included:

- Immunization- vaccine hesitancy
- No show for appointments
- Aspects of SDOH, e.g., lack of transportation

Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):

- The DCH utilized HSAG's recommendations. CMO quality improvement initiatives are included in Appendix D.
- The DCH continued to hold monthly quality-focused meetings with the CMOs. During the meetings, CMOs reported on performance data and related improvement activities.
- The DCH continued to track and monitor CMO performance via quarterly population health reports on care coordination and improvement actions for missed targets or gaps in care.
- The DCH requested and subsequently received approval from CMS to initiate a multi-year, value-based program called GA-AIDE which authorizes state directed payments to improve quality of care and outcomes for patients served by Georgia's largest single provider of Medicaid services, Grady Memorial, and Georgia's state-owned Academic Medical Center, Augusta University Medical Center. GA-AIDE funds investments in initiatives designed to improve health outcomes and experiences for the medically underserved, such as maternal and child health, preventing and reducing the impact of chronic conditions, and addressing health equity. Participation in GA-AIDE is voluntary and the source of non-federal funds is provided by the hospital authority or governmental entity on behalf of the eligible provider through an IGT to DCH. GA-AIDE is subject to annual review by the state and approval by CMS and will deliver over \$340 million in combined federal and non-federal funds to the two providers in FY 2023.

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

PMV results showed:

Metric WCC: Child and Adolescent Well-Care Visits—Total

- 2021: 49.13%
- 2022: 47.94%

Metric W30: Well-Care Visits in the First 30 Months of Life -First 15 Months

- 2021: 59.50%
- 2022: 59.22%

Metric W30: Well-Care Visits in the First 30 Months of Life—Age 15 Months—30 Months

- 2021: 67.62%
- 2022: 66.35%


Metric CIS: Childhood Immunization Status—Combination 7

- 2021: 55.59%
- 2022: 53.92%

Metric IMA: Immunizations for Adolescents Combination 1

- 2021: 82.42%
- 2022: 87.48%

Metric IMA: Immunizations for Adolescents Combination 2

Follow-Up on EQRO Recommendations
<ul style="list-style-type: none"> • 2021: <u>32.83</u> % • 2022: <u>33.92</u> %
Identify any barriers to implementing initiatives: DCH identified barriers included the continuing fallout from pandemic and vaccine hesitancy
HSAG Assessment: 

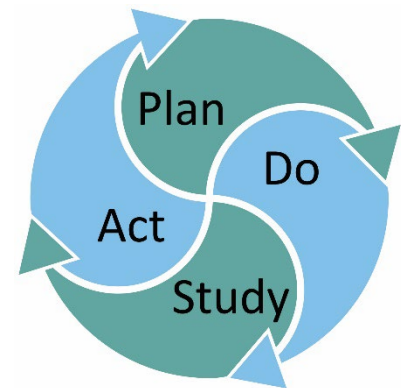
The CMOs' ongoing QAPI programs objectively and systematically monitor and evaluate the quality and appropriateness of care and services rendered, thereby promoting quality of care and improved health outcomes for their members.

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

Best and Emerging Practices

The DCH 2021–2023 QS 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 QS 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.

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. The CMOs' self-reported best and emerging practices are found in Appendix C.



DCH Best and Emerging Practices

Table 2-9—DCH Best and Emerging Practices

Best and Emerging Practices
<p>Topic/Title: <i>Quality of Care—Chronic Condition</i></p> <p>Description: To improve care and outcomes for DCH members diagnosed with hypertension, DCH approved coverage of blood pressure monitoring devices. Coverage of blood pressure monitoring devices allows members to better manage their hypertension condition through regular monitoring.</p>
<p>Topic/Title: <i>Quality of Care—Chronic Condition</i></p> <p>Description: To improve care and outcomes for DCH beneficiaries diagnosed with diabetes, DCH 's coverage of continuous glucose monitoring devices is under consideration.</p>
<p>Topic/Title: <i>Access to Care</i></p> <p>Description: The DCH implemented “Pathways to Coverage” to allow access to care for wider scope of uninsured. The Pathways to Coverage program seeks to increase access to affordable healthcare coverage, lower the uninsured rate across Georgia, support members on their journeys to financial independence, and promote members’ transition from Pathways into private coverage. This program offers Medicaid coverage to eligible Georgians ages 19-64 who have a household income of up to 100 percent of the FPL, are not otherwise eligible for traditional Medicaid, and meet the qualifying activities threshold.</p>
<p>Topic/Title: <i>Access to Care</i></p> <p>Description: The DCH discontinued premiums for the CHIP population. The PeachCare for Kids® program discontinued charging premiums for coverage.</p>
<p>Topic/Title: <i>Maternal Child Health</i></p> <p>Description: To improve maternal and child health, DCH provided coverage for lactation consultations.</p>

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

		
<p style="text-align: center; font-size: 1.2em; font-weight: bold;">Quality</p> <p>CMS defines “quality” in the final rule at 42 CFR §438.320 as follows: “Quality, as it pertains to external quality review, means the degree to which an MCO, PIHP [prepaid inpatient health plan], PAHP [prepaid ambulatory health plan], or PCCM [primary care case management] entity (described in 438.310[c][2]) increases the likelihood of desired 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.”¹</p>	<p style="text-align: center; font-size: 1.2em; font-weight: bold;">Access</p> <p>CMS defines “access” in the final 2016 regulations at 42 CFR §438.320 as follows: “Access, as it pertains to external quality review, 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).”</p>	<p style="text-align: center; font-size: 1.2em; font-weight: bold;">Timeliness</p> <p>NCQA defines “timeliness” relative to utilization decisions as follows: “The organization makes utilization decisions in a timely manner to accommodate the clinical urgency of a situation.” NCQA further states that the intent of this standard is to minimize any disruption in the provision of health care. HSAG extends this definition of timeliness to include other managed care provisions that impact services to enrollees and that require timely response by the MCO—e.g., processing appeals and providing timely care.</p>
<p>¹ 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.</p> <p>² Ibid.</p> <p>³ National Committee for Quality Assurance. <i>2013 Standards and Guidelines for MBHOs and MCOs</i>.</p>		

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™,3-1	✓	✓	
Review of Compliance with Medicaid and CHIP Managed Care Regulations	✓	✓	✓
CAHPS Member Experience with Care Survey	✓	✓	✓

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 calendar year 2023, each CMO continued two DCH-mandated PIP topics and reported Remeasurement 2 performance indicator outcomes. Two of the three CMOs continued 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 continued different PIP topics; therefore, a comparison could not be made.

Table 3-2 displays the Remeasurement 2 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—Calendar Year 2023 PIP Topics by CMO

PIP Topic	Amerigroup	Amerigroup 360°	CareSource	Peach State
<i>Timely Prenatal Care</i>	84.55% ↓		50.06% ⇔	67.68% ↑
<i>High Risk or Complex Case Management Enrollment</i>	36.07% ↑		29.59% ⇔	29.9% ↑
<i>30-Day Behavioral Health Readmission</i>		14.35% ⇔		
<i>Increasing Transition Age Youth Membership</i>		74.28% ↑		




↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05)

⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05)

↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05)

³⁻¹ NCQA HEDIS Compliance Audit™ is a trademark of NCQA.

Strengths, Weaknesses, and Recommendations

Strengths	
	The CMOs used QI tools to conduct their causal/barrier analyses and initiated timely interventions that were reasonably linked to their corresponding barriers.
	Seven of the eight projects achieved either statistically, programmatically, or clinically significant improvement over the baseline performance.
Weaknesses and Recommendations	
	<p>Weakness: There were no statewide weaknesses identified.</p> <p>Recommendations: Although there were no identified weaknesses, HSAG recommends that the CMOs revisit the causal/barrier analysis annually to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The CMOs should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention’s next steps.</p>

CMO Comparative, Georgia Families, and PeachCare for Kids® 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, DCH 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 CMOs’ 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 CMOs’ systems and processes were compliant with all NCQA IS standards. All CMOs were compliant with the HEDIS reporting requirements for the key GF and PeachCare for Kids® Medicaid measures for HEDIS MY 2022. Additionally, DCH contracted with HSAG to conduct PMV activities for a set of selected non-HEDIS and State custom measures for MY 2022.

HSAG reviewed several aspects crucial to the calculation of PM data: data integration, data control, and documentation of PM calculations. The following are the highlights of HSAG’s validation findings:

- Data Integration**—The steps used to combine various data sources (including claims and encounter data, eligibility data, and other administrative data) must be carefully controlled and validated. HSAG validated the data integration process used by the CMOs, which included a review of file consolidations or extracts, a comparison of source data to warehouse files, data integration documentation, source code, production activity logs, and linking mechanisms. HSAG determined that the data integration processes for the CMOs were acceptable.
- Data Control**—Each CMO’s organizational infrastructure must support all necessary IS; its quality assurance practices, and backup procedures must be sound to ensure timely and accurate processing of data and to provide data protection in the event of a disaster. HSAG validated the CMO’s data control processes and determined that the data control processes in place were acceptable.
- PM Documentation**—While interviews and system demonstrations provide supplementary information, most validation review findings were based on documentation provided by the CMOs. HSAG reviewed all related documentation, which included the completed ISCAT, computer programming code, output files, workflow

diagrams, narrative descriptions of PM calculations, and other related documentation. HSAG determined that the documentation of PM generation by the CMOs was acceptable.

Table 3-3 displays the MY 2022 CMO rates and statewide averages for the GF population and Table 3-4 displays the MY 2022 CMO rates and statewide averages for the PeachCare for Kids® population. The tables also display the performance rating for NCQA’s HEDIS measure rate results compared to NCQA’s Quality Compass national Medicaid HMO percentiles for HEDIS MY 2022 (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 2022 Child and Adult Core Set measures as an indicator of performance, with measure rates shaded blue indicating performance met or exceeded the 50th percentile and measure rates shaded orange indicating performance fell below 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*, *Diabetes Short-Term Complications Admission Rate*, *Heart Failure Admission Rate*, and *Inpatient Utilization—General Hospital/Acute Care* measures.

Table 3-3—MY 2022 Results for GF CMOs

Measure	Amerigroup	CareSource	Peach State	GF Average
Access				
Breast Cancer Screening				
50–64 Years	48.68%	49.33%	47.93%	48.39%
65–74 Years	NA	NA	NA	NA
Total	48.68% ★★	49.33% ★★	47.93% ★★	48.39% ★★
Cervical Cancer Screening				
Cervical Cancer Screening	63.50% ★★★★	58.88% ★★★	58.88% ★★★	60.16% ★★★
Chlamydia Screening in Women				
16–20 Years	58.53% ★★★	57.06% ★★★	60.99% ★★★★	59.58% ★★★
21–24 Years	62.61% ★★★	62.03% ★★	64.78% ★★★	63.54% ★★★
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	82.00% ★★	77.37% ★	78.35% ★	79.26% ★
Postpartum Care	75.43% ★★	65.21% ★	67.15% ★	69.28% ★
Childhood Immunization Status				
Combination 7	51.17% ★★	59.37% ★★★	53.28% ★★	53.92% ★★
Developmental Screening in the First Three Years of Life				
Total	55.72%	61.31%	51.58%	54.82%
Immunizations for Adolescents				
Combination 1 (Meningococcal, Tdap)	85.64% ★★★★	81.15% ★★★	83.42% ★★★★	83.63% ★★★★
Combination 2 (Meningococcal, Tdap, HPV)	33.33% ★★	27.97% ★	30.46% ★★	30.80% ★★
Well-Child Visits in the First 30 Months of Life				

Measure	Amerigroup	CareSource	Peach State	GF Average
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	60.94% ★★★	58.40% ★★★	58.46% ★★★	59.22% ★★★
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	67.26% ★★★	66.75% ★★	65.71% ★★	66.35% ★★
Child and Adolescent Well-Care Visits				
3–11 Years	55.12% ★★	52.57% ★★	53.77% ★★	53.93% ★★
12–17 Years	49.72% ★★★	45.86% ★★	48.70% ★★	48.45% ★★
18–21 Years	23.09% ★★	22.36% ★★	23.47% ★★	23.16% ★★
Total	49.00% ★★★	46.16% ★★	47.99% ★★	47.94% ★★
Quality				
Asthma Medication Ratio				
5–11 Years	80.03% ★★★	84.10% ★★★★	74.63% ★★	77.41% ★★★
12–18 Years	75.33% ★★★★	80.60% ★★★★★	70.67% ★★★	73.46% ★★★
19–50 Years	59.49% ★★	62.64% ★★★	53.72% ★	57.20% ★★
51–64 Years	54.55% ★	73.91% ★★★★★	63.00% ★★★	63.18% ★★★
Controlling High Blood Pressure				
18–64 Years	52.31%	55.72%	47.69%	50.57%
65–85 Years	NA	NA	NA	NA
Total	52.31% ★	55.72% ★★	47.69% ★	50.57% ★
Screening for Depression and Follow-Up Plan				
12–17 Years	2.09% NC	10.23% NC	2.10% NC	3.83% NC
18–64 Years	1.98% NC	2.99% NC	2.24% NC	2.36% NC
Hemoglobin A1c Control for Patients With Diabetes				
HbA1c Control (<8.0%)	46.96% ★★	34.79% ★	38.20% ★	39.84% ★
HbA1c Poor Control (>9.0%)*	45.99% ★	59.37% ★	54.50% ★	53.23% ★
Diabetes Short-Term Complications Admission Rate*				
Total	12.72	15.87	12.13	13.09
Heart Failure Admission Rate*				
Total	6.76	9.49	6.42	7.17
Stewardship				
Inpatient Utilization—General Hospital/Acute Care—Total				

Measure	Amerigroup	CareSource	Peach State	GF Average
Total Inpatient—Discharges per 1,000 Member Years—Total	50.83 NC	54.69 NC	45.53 NC	48.84 NC
Total Inpatient—Average Length of Stay—Total	3.46 NC	3.71 NC	3.66 NC	3.61 NC
Plan All-Cause Readmissions*				
Observed Readmissions—Total	6.52% NC	8.33% NC	6.90% NC	7.11% NC
Expected Readmissions—Total	7.88% NC	8.08% NC	7.82% NC	7.89% NC
O/E Ratio—Total	0.8273 ★★★★★	1.0304 ★★	0.8824 ★★★★	0.9008 ★★★
Outliers—Total	24.40 NC	0.97 NC	26.28 NC	3.62 NC
Ambulatory Care (Per 1,000 Member Years)				
ED Visits—Total*	518.66 ★★★	560.60 ★★★	493.26 ★★★	513.71 ★★★

* For this indicator, a lower rate indicates better performance.
 NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
 NA indicates that the CMO followed the specifications, but the denominator was too small (<30) to report a valid rate.
 Gray shading indicates that the measure was compared to CMCS' national 50th percentile.
 MY 2022 performance levels represent the following percentile comparisons for non-HEDIS measures:



MY 2022 performance levels represent the following percentile comparisons for the HEDIS measures:
 ★★★★★ = 90th percentile and above
 ★★★★ = 75th to 89th percentile
 ★★★ = 50th to 74th percentile
 ★★ = 25th to 49th percentile
 ★ = Below 25th percentile

Table 3-4—MY 2022 Results for PeachCare for Kids® CMOs

Measure	Amerigroup	CareSource	Peach State	PCK Average
Access				
Chlamydia Screening in Women				
16–20 Years	56.42% ★★★	51.55% ★★★	56.31% ★★★	55.49% ★★★
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	NA	NA	NA	52.94% ★
Postpartum Care	NA	NA	NA	58.82% ★
Childhood Immunization Status				
Combination 7	65.21% ★★★★★	62.53% ★★★★★	66.18% ★★★★★	64.99% ★★★★★
Developmental Screening in the First Three Years of Life				
Total	57.33%	70.56%	55.63%	59.49%




Measure	Amerigroup	CareSource	Peach State	PCK Average
Immunizations for Adolescents				
Combination 1 (Meningococcal, Tdap)	86.12% ★★★★★	85.40% ★★★★★	88.81% ★★★★★	87.48% ★★★★★
Combination 2 (Meningococcal, Tdap, HPV)	32.11% ★★	30.90% ★★	35.77% ★★★	33.92% ★★
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	58.48% ★★★	55.70% ★★	56.60% ★★	56.88% ★★
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	76.47% ★★★★★	73.85% ★★★★★	74.42% ★★★★★	74.90% ★★★★★
Child and Adolescent Well-Care Visits				
Total	54.74% ★★★	51.64% ★★★	53.54% ★★★	53.52% ★★★
Quality				
Asthma Medication Ratio				
5–11 Years	83.05% ★★★★★	89.51% ★★★★★	80.09% ★★★	82.11% ★★★★★
12–18 Years	80.53% ★★★★★	80.82% ★★★★★	73.12% ★★★	76.29% ★★★★★
Screening for Depression and Follow-Up Plan				
12–17 Years	1.90% NC	10.51% NC	2.07% NC	3.84% NC
18–64 Years	1.63% NC	6.40% NC	1.76% NC	2.53% NC
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase	46.11% ★★★	49.00% ★★★★★	49.40% ★★★★★	48.55% ★★★★★
Continuation and Maintenance Phase	54.81% ★★★	60.26% ★★★★★	64.32% ★★★★★	60.89% ★★★★★
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Total	65.31% ★★★	67.03% ★★★★★	62.35% ★★★	63.96% ★★★
Stewardship				
Inpatient Utilization—General Hospital/Acute Care—Total				
Total Inpatient—Discharges per 1,000 Member Years—Total	7.96 NC	10.53 NC	10.00 NC	9.52 NC
Total Inpatient—Average Length of Stay—Total	3.75 NC	3.68 NC	4.04 NC	3.89 NC
Ambulatory Care (Per 1,000 Member Years)				
ED Visits—Total*	288.81 ★★★★★	289.39 ★★★★★	273.57 ★★★★★	281.06 ★★★★★


* For this indicator, a lower rate indicates better performance.
 NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
 NA indicates that the CMO followed the specifications, but the denominator was too small (<30) to report a valid rate.
 Gray shading indicates that the measure was compared to CMCS' national 50th percentile.
 MY 2022 performance levels represent the following percentile comparisons for non-HEDIS measures:




MY 2022 performance levels represent the following percentile comparisons for the HEDIS measures:
 ★★★★★ = 90th percentile and above
 ★★★★ = 75th to 89th percentile
 ★★★ = 50th to 74th percentile
 ★★ = 25th to 49th percentile
 ★ = Below 25th percentile


Strengths, Weaknesses, and Recommendations for GF




Strengths	
	In the Access to Care domain, the CMOs' performance on a subset of health and preventive screening measures continued to be a strength, as all three CMOs and the GF Average met or exceeded the 50th percentile for <i>Cervical Cancer Screening</i> and <i>Chlamydia Screening—16-20 Years</i> . Two of three CMOs and the GF Average also met or exceeded the 50th percentile for <i>Chlamydia Screening—21-24 Years</i> . Additionally, all three CMOs and the GF Average met or exceeded the 50th percentile for <i>Well-Child Visits in the First 30 Months of Life—First 15 Months of Life—Six or More Well-Child Visits</i> and <i>Immunizations for Adolescents—Combination 1</i> . All three CMOs and the GF Average met or exceeded the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life</i> , indicating that the CMOs' child members 1–3 years of age were receiving appropriate developmental screenings, which helps identify children who are at risk of developmental delays so that their needs can be addressed early in their lives. This performance also demonstrates that children and adolescents were accessing well-care visits and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.
	In the Quality of Care domain, the CMOs' performance for <i>Asthma Medication Ratio—12–18 Years</i> continued to demonstrate strength, as all three CMOs and the GF Average met or exceeded the 50th percentile; two of three CMOs and the GF Average also met or exceeded the 50th percentile for <i>Asthma Medication Ratio—5–11 Years</i> and <i>51–64 Years</i> . Of note, CareSource met or exceeded the 90th percentile for the <i>Asthma Medication Ratio—12–18 Years</i> and <i>51–64 Years</i> age groups and met or exceeded the 75th percentile for the <i>5–11 Years</i> age group. The performance for these age stratifications suggests that the CMOs' contracted providers were effectively managing members with asthma, which may help reduce the need for rescue medication as well as costs associated with ED visits, inpatient hospital admissions, and missed days of school or work.
	In the Stewardship domain, all three CMOs and GF Average met or exceeded the 50th percentile for <i>Ambulatory Care—ED Visits</i> , and two of three CMOs and the GF Average met or exceeded the 75th percentile for <i>Plan All-Cause Readmissions O/E Ratio—Total</i> , indicating a strength for the GF population and suggesting that members were receiving timely access to primary care, thereby reducing the cost of ED visits and readmissions.
Weaknesses and Recommendations	
	Weakness: In the Access to Care domain, the CMOs' performance on a subset of women's health and preventive screening measures continues to be a weakness. All three CMOs and the GF Average fell below the 50th percentile for <i>Breast Cancer</i>


Weaknesses and Recommendations	
	<p>Screening. This performance indicates that female members were not receiving timely screenings to detect cancer early. Early detection reduces the chance of death, increases the chance of successful treatment, prevents the cancer from spreading, and lowers healthcare costs. Additionally, all three CMOs and the GF Average continued to demonstrate a weakness in performance for <i>Prenatal and Postpartum Care</i>; two of three CMOs and the GF Average fell below the 25th percentile for <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> and <i>Prenatal and Postpartum Care—Postpartum Care</i>, suggesting that pregnant members were not receiving timely and adequate prenatal and postpartum care, which can help reduce the risk of premature births as well as pregnancy-related complications and deaths, and leads to better health outcomes for mother and baby.</p> <p>Recommendations: HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. For the <i>Breast Cancer Screening</i> measure, HSAG recommends evaluating the use of member incentive programs and potentially increasing member outreach efforts through media campaigns and text messaging. CMOs could also consider piloting programs such as:</p> <ul style="list-style-type: none"> • Mobile mammography services in collaboration with primary care practices to reach different population groups. • Offering provider education resources, tools, and engagement opportunities such as educational webinars and newsletters on women’s health services. • Sharing health education material with the population served. <p>For <i>Prenatal and Postpartum Care</i>, HSAG recommends that the CMOs consider evaluating the feasibility in implementing appropriate interventions to improve quality of, access to, and timeliness of prenatal and postpartum care. Best practices that CMOs may consider implementing to improve prenatal and postpartum care rates include:</p> <ul style="list-style-type: none"> • Offering provider education and engagement opportunities such as educational webinars and newsletters on prenatal women’s health services. • Evaluating additional forums to expand opportunities to provide prenatal health education material to the population served, such as community events. • Piloting a member incentives program designed to encourage timely prenatal and postpartum care services, such as gift cards.
	<p>Weakness: In the Access to Care domain, the CMOs’ performance on a subset of children’s health and preventive screening measures experienced a decline in MY 2022. Two of three CMOs and the GF Average fell below the 50th percentile for <i>Childhood Immunization Status—Combination 7</i>, <i>Child and Adolescent Well-Care Visits—Total</i>, and <i>Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits</i>. All three CMOs and the GF Average fell below the 50th percentile for <i>Immunizations for Adolescents—Combination 2</i>. These rate declines suggest that children were not receiving timely and/or adequate preventive services. Immunizations are essential for disease prevention and are a critical aspect of prevention care for children.</p> <p>Recommendations: HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. HSAG also recommends that the CMOs identify best practices for ensuring that children receive timely and medically appropriate vaccinations and well-care services. Best practices that CMOs may consider piloting to improve immunization and well-care visit rates include:</p>

Weaknesses and Recommendations	
	<ul style="list-style-type: none"> Offering provider education and engagement opportunities such as webinars and newsletters on children’s vaccination and well-care visit best practices. Sharing health education material with the population served. Offering member incentives, such as gift cards, for accessing timely preventive and immunization services. Evaluating and expanding current and/or new member outreach and engagement initiatives.
	<p>Weakness: In the Quality of Care domain, the PM rates for <i>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i> as well as <i>Controlling High Blood Pressure</i> continued to show low performance. All CMO measure rates and the GF Average continued to fall below the 25th percentile for <i>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Poor Control (>9.0%)</i>. Two of three CMO rates and the GF Average also continued to fall below the 25th percentile for the <i>HbA1c Control (<8.0%)</i> indicator and <i>Controlling High Blood Pressure</i>, suggesting that although members with chronic conditions may have access to care, they were not able to manage their conditions according to evidence-based guidelines through the appropriate use of medications, diet and nutrition, or physical activity. The <i>Asthma Medication Ratio—19–50 Years</i> rate declined in MY 2022, with two of three CMOs and the GF Average falling below the 50th percentile. This low performance suggests a greater need for better access to care and appropriate medication management for patients with asthma for the 19–50 years age group.</p> <p>Recommendations: HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. HSAG recommends assessing the feasibility and achievability of implementing PHM strategies that focus on disease and chronic condition management such as:</p> <ul style="list-style-type: none"> Considering the feasibility and cost of providing at-home devices, such as blood pressure monitoring devices, to hypertensive members. Evaluating and expanding current and/or new member outreach and engagement initiatives. Offering provider education and engagement opportunities such as webinars and newsletters on chronic condition management best practices. Sharing health education material with the population served on the appropriate use of medications, diet and nutrition, or physical activity to help manage chronic conditions.

Strengths, Weaknesses, and Recommendations for PeachCare for Kids®

Strengths	
	<p>In the Access to Care domain, all three CMOs and the PeachCare for Kids® Average met or exceeded the 50th percentile for <i>Child and Adolescent Well-Care Visits—Total</i> and <i>Chlamydia Screening in Women—16–20 Years</i>. In addition, all three CMOs and the PeachCare for Kids® Average the met or exceeded the 75th percentile for <i>Well-Child Visits in the First 30 Months of Life—Ages 15 Months–30 Months—Two or More Well-Child Visits</i>, <i>Childhood Immunization Status—Combination 7</i>, and <i>Immunizations for</i></p>

Strengths	
	<i>Adolescents—Combination 1.</i> One CMO met or exceeded the 90th percentile for <i>Childhood Immunization Status—Combination 7.</i> All three CMOs and the PeachCare for Kids® Average also met or exceeded the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life.</i>
	In the Quality of Care domain, one CMO and the PeachCare for Kids® Average met or exceeded the 75th percentile for the <i>Asthma Medication Ratio—5–11 Years</i> and <i>12–18 Years</i> age stratifications. One CMO met or exceeded the 90th percentile, while one CMO met or exceeded the 50th percentile for both <i>Asthma Medication Ratio</i> age groups. This strong performance suggests effective management of members with asthma, which may lend itself to the reduced need for rescue medication as well as costs associated with ED visits, inpatient hospital admissions, and missed days of school or work.
	In the Quality of Care domain, all three CMOs and the PeachCare for Kids® Average met or exceeded the 50th percentile for <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i> ; of note, CareSource met or exceeded the 75th percentile. Further, two of three CMOs and the PeachCare for Kids® Average met or exceeded the 75th percentile for <i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase.</i> For the <i>Continuation and Maintenance Phase</i> indicator, CareSource and the PeachCare for Kids® Average met or exceeded the 75th percentile, while Peach State met or exceeded the 90th percentile. This performance suggests appropriate and adequate monitoring of members with behavioral health needs.
	In the Stewardship domain, all three CMOs and the PeachCare for Kids® Average met or exceeded the 90th percentile for <i>Ambulatory Care—ED Visits</i> , indicating a strength for the PeachCare for Kids® population and suggesting that members received timely access to primary care, thereby reducing the cost of ED visits.

Weaknesses and Recommendations	
	<p>Weakness: In the Access to Care domain, all three CMOs were assigned an NA designation for both <i>Prenatal and Postpartum Care</i> indicators, and the PeachCare for Kids® Average ranked below the 25th percentile. In addition, two of three CMOs and the PeachCare for Kids® Average fell below the 50th percentile for <i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits</i> and <i>Immunizations for Adolescents—Combination 2</i>, suggesting that PeachCare for Kids® members had missed opportunities for recommended preventive visits and medically necessary vaccinations, which are a safe and effective way to protect children and adolescents from potentially deadly diseases.</p> <p>Recommendations: HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. For <i>Prenatal and Postpartum Care</i>, HSAG recommends that the CMOs consider piloting interventions to improve prenatal and postpartum care rates such as:</p> <ul style="list-style-type: none"> • Expanding and/or considering new provider education and engagement opportunities such as educational webinars and newsletters on prenatal women’s health services. • Sharing prenatal health education material with the population served. • Offering member incentives, such as gift cards, for accessing timely prenatal and postpartum care, and offering transportation services. <p>HSAG recommends that the CMOs identify best practices for ensuring that children receive timely access and medically appropriate vaccinations and well-care services.</p>

Weaknesses and Recommendations	
	<p>CMOs may consider expanding and/or offering new provider education and engagement opportunities such as:</p> <ul style="list-style-type: none"> • Webinars and newsletters on children’s vaccination and well-care visit best practices. • Sharing health education material with the population served. • Offering member incentives, such as gift cards, for accessing timely preventive and immunization services. • Evaluating and expanding current and/or new member outreach and engagement initiatives. • Soliciting contracted provider feedback on key drivers contributing to observed low performance.

Amerigroup 360° 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 systems and processes were compliant with all applicable NCQA IS standards. Amerigroup 360° was compliant with the HEDIS reporting requirements for the key GF 360° Medicaid measures for HEDIS MY 2022.

Table 3-5 displays Amerigroup 360°’s HEDIS MY 2022 PM rates, 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 2022 (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 2022 Child and Adult Core Set measures as an indicator of performance, with measure rates shaded blue, indicating performance met or exceeded the 50th percentile and measure rates shaded orange, indicating performance fell below 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, Oral Evaluation, Dental Services, Topical Fluoride for Children, and Inpatient Utilization—General Hospital/Acute Care* measures.

Table 3-5—MY 2022 Results for Amerigroup 360°

Measure	Amerigroup 360°
Access	
Chlamydia Screening in Women	
16–20 Years	63.55% ★★★★
21–24 Years	63.49% ★★★
Prenatal and Postpartum Care	
Timeliness of Prenatal Care	73.90% ★
Childhood Immunization Status	
Combination 7	66.67% ★★★★★
Developmental Screening in the First Three Years of Life	

Measure	Amerigroup 360°
<i>Total</i>	68.13%
Immunizations for Adolescents	
<i>Combination 1 (Meningococcal, Tdap)</i>	87.10% ★★★★
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	41.36% ★★★★
Well-Child Visits in the First 30 Months of Life	
<i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits</i>	70.53% ★★★★★
<i>Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits</i>	89.25% ★★★★★
Child and Adolescent Well-Care Visits	
<i>Total</i>	57.91% ★★★★
Quality	
Antidepressant Medication Management	
<i>Effective Acute Phase Treatment</i>	43.32% ★
<i>Effective Continuation Phase Treatment</i>	23.53% ★
Asthma Medication Ratio	
<i>5–11 Years</i>	90.80% ★★★★★
<i>12–18 Years</i>	77.16% ★★★★
Screening for Depression and Follow-Up Plan	
<i>12–17 Years</i>	2.69% NC
<i>18–64 Years</i>	2.36% NC
Hemoglobin A1c Control for Patients With Diabetes	
<i>HbA1c Control (<8.0%)</i>	30.08% ★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	52.75% ★
Follow-Up Care for Children Prescribed ADHD Medication	
<i>Initiation Phase</i>	45.60% ★★★
<i>Continuation and Maintenance Phase</i>	49.59% ★★
Use of Multiple Concurrent Antipsychotics in Children and Adolescents	
<i>Ages 1–5</i>	NA NC

Measure	Amerigroup 360°
Ages 6–11	2.73% NC
Ages 12–17	2.56% NC
Total	2.60% NC
Metabolic Monitoring for Children and Adolescents on Antipsychotics	
Blood Glucose Testing—1–11 Years	51.50% ★★★★
Blood Glucose Testing—12–17 Years	72.73% ★★★★★
Blood Glucose Testing—Total	65.26% ★★★★
Cholesterol Testing—1–11 Years	38.44% ★★★★
Cholesterol Testing—12–17 Years	60.57% ★★★★★
Cholesterol Testing—Total	52.78% ★★★★
Blood Glucose and Cholesterol Testing—1–11 Years	34.08% ★★★
Blood Glucose and Cholesterol Testing—12–17 Years	57.06% ★★★★★
Blood Glucose and Cholesterol Testing—Total	48.97% ★★★★
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	
1–11 Years	78.40% ★★★★★
12–17 Years	79.05% ★★★★★
Total	78.76% ★★★★★
Follow-Up After Hospitalization for Mental Illness	
7-Day Follow-Up—Total	50.17% ★★★★
30-Day Follow-Up—Total	74.84% ★★★★★
Oral Evaluation, Dental Services	
Age <1	0.42% NC
Ages 1–2	37.44% NC
Ages 3–5	56.84% NC

Measure	Amerigroup 360°
<i>Ages 6–7</i>	59.09% NC
<i>Ages 8–9</i>	59.71% NC
<i>Ages 10–11</i>	58.01% NC
<i>Ages 12–14</i>	56.13% NC
<i>Ages 15–18</i>	46.98% NC
<i>Ages 19–20</i>	14.78% NC
<i>Total</i>	49.73%
Topical Fluoride for Children	
<i>Rate 1—Dental or Oral Health Services—Ages 1-2</i>	23.86% NC
<i>Rate 1—Dental or Oral Health Services—Ages 3-5</i>	40.74% NC
<i>Rate 1—Dental or Oral Health Services—Ages 6-7</i>	39.81% NC
<i>Rate 1—Dental or Oral Health Services—Ages 8-9</i>	38.75% NC
<i>Rate 1—Dental or Oral Health Services—Ages 10-11</i>	36.97% NC
<i>Rate 1—Dental or Oral Health Services—Ages 12-14</i>	27.82% NC
<i>Rate 1—Dental or Oral Health Services—Ages 15-18</i>	4.47% NC
<i>Rate 1—Dental or Oral Health Services—Ages 19-20</i>	0.57% NC
<i>Rate 1—Dental or Oral Health Services—Total</i>	24.17%
<i>Rate 2—Dental Services—Ages 1-2</i>	9.70% NC
<i>Rate 2—Dental Services—Ages 3-5</i>	27.91% NC
<i>Rate 2—Dental Services—Ages 6-7</i>	29.27% NC
<i>Rate 2—Dental Services—Ages 8-9</i>	28.97% NC
<i>Rate 2—Dental Services—Ages 10-11</i>	28.67% NC
<i>Rate 2—Dental Services—Ages 12-14</i>	21.52% NC

Measure	Amerigroup 360°
Rate 2—Dental Services—Ages 15-18	3.77% NC
Rate 2—Dental Services—Ages 19-20	0.39% NC
Rate 2—Dental Services—Total	17.62% NC
Rate 3—Oral Health Services—Ages 1-2	11.44% NC
Rate 3—Oral Health Services—Ages 3-5	8.69% NC
Rate 3—Oral Health Services—Ages 6-7	7.22% NC
Rate 3—Oral Health Services—Ages 8-9	6.93% NC
Rate 3—Oral Health Services—Ages 10-11	5.27% NC
Rate 3—Oral Health Services—Ages 12-14	4.25% NC
Rate 3—Oral Health Services—Ages 15-18	0.38% NC
Rate 3—Oral Health Services—Ages 19-20	0.09% NC
Rate 3—Oral Health Services—Total	4.51% NC
Stewardship	
Inpatient Utilization—General Hospital/Acute Care—Total	
Total Inpatient—Discharges per 1,000 Member Years—Total	30.93 NC
Total Inpatient—Average Length of Stay—Total	4.48 NC
Ambulatory Care (Per 1,000 Member Years)	
ED Visits—Total*	447.50 ★★★★

* For this indicator, a lower rate indicates better performance.

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.

NA indicates that the CMO followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

MY 2022 performance levels represent the following percentile comparisons for non-HEDIS measures:



MY 2022 performance levels represent the following percentile comparisons for the HEDIS measures:

★★★★★ = 90th percentile and above






★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Strengths, Weaknesses, and Recommendations

Strengths	
	In the Access to Care domain, Amerigroup 360° continued to demonstrate strength for HEDIS MY 2022, meeting or exceeding the 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) were between the 75th and 89th percentile, and three measure rates (37.5 percent) met or exceeded the 90th percentile. The <i>Developmental Screening in the First Three Years of Life</i> measure rate met or exceeded the CMCS national 50th percentile, further demonstrating strength.
	In the Quality of Care domain, Amerigroup 360° continued to demonstrate strength for HEDIS MY 2022, meeting or exceeding the 50th percentile for 17 of 22 (77.3 percent) measure rates related to quality of care that were comparable to benchmarks. Of note, seven of these 17 (41.2 percent) measure rates were between 75th and 89th percentile, with eight of the rates (47.1 percent) exceeding the 90th percentile.
	In the Stewardship domain, Amerigroup 360° met or exceeded the 75th percentile for <i>Ambulatory Care—ED Visits—Total</i> , indicating that members were able to access a PCP and receive appropriate treatment needed to stay healthy and reduce unnecessary ED utilization.
Weaknesses and Recommendations	
	<p>Weakness: In the Access to Care domain, Amerigroup 360°’s <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> measure indicator rate fell below the 25th percentile. This performance demonstrates opportunities to improve timeliness and access to prenatal care services, thereby reducing complications during pregnancy and delivery and setting the stage for the long-term health and well-being new mothers and their infants.</p> <p>Recommendations: HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. HSAG recommends that Amerigroup 360° consider evaluating the feasibility in implementing appropriate interventions to improve quality of, access to, and timeliness of prenatal and postpartum care. Best practices that Amerigroup 360° may consider implementing to improve prenatal and postpartum care rates include:</p> <ul style="list-style-type: none"> • Offering provider education and engagement opportunities such as educational webinars and newsletters on prenatal women’s health services. • Evaluating additional forums to expand opportunities to provide prenatal health education material to the population served, such as community events. • Piloting a member incentives program designed to encourage timely prenatal and postpartum care services, such as gift cards.
	<p>Weakness: In the Quality of Care domain, five of 22 (22.7 percent) measure indicator rates related to quality of care that were comparable to benchmarks fell below the 50th percentile, showing a continued decrease in performance for this domain: <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>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)</i>, and <i>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase</i>. Of note, four of these five (80.0 percent) measure indicator rates fell below the 25th percentile: <i>Adherence to Antipsychotic Medications for Individuals With</i></p>

Weaknesses and Recommendations	
	<p><i>Schizophrenia, Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment, and Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%).</i> These results continue to demonstrate opportunities to improve members’ quality of care related to managing medications and chronic conditions.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° conduct root cause analyses to determine the nature and scope of the issue (e.g., communication barriers between patients and providers, lack of education and awareness on the importance of medication, and other SDOH impacting members’ ability to stay on the appropriate medication). HSAG recommends that Amerigroup 360° consider implementing appropriate interventions to improve performance related to these behavioral health measures. Best practices include partnering with providers and local pharmacies to stress timely 90-day prescription refills, when appropriate, to support medication adherence; as well as providing member and/or guardian education on the importance of medication adherence.</p>

Compliance With Standards

The DCH conducts compliance monitoring activities at least once during each three-year EQR cycle. During 2022, HSAG conducted comprehensive CMO compliance review activities for the Georgia Families and Georgia Families 360° programs.

Table 3-6 displays the scores for the current three-year period of compliance reviews conducted in SFY 2022.

Table 3-6—Standards and Scores in the Compliance Reviews for the Three-Year Period: SFY 2020–SFY 2022

	CFR	Standard Name	Amerigroup	Amerigroup 360°	CareSource	Peach State Health Plan	Total Compliance Score
I.	438.56	Enrollment and Disenrollment	100%	100%	100%	100%	100%
II.	438.100 438.224	Member Rights and Confidentiality	100%	100%	100%	100%	100%
III.	438.10	Member Information	100%	100%	100%	95.7%	98.9%
IV.	438.114	Emergency and Poststabilization Services	100%	100%	100%	100%	100%
V.	438.206 438.207	Adequate Capacity and Availability of Services	100%	100%	94.4%	100%	98.6%
VI.	438.208	Coordination and Continuity of Care	100%	100%	100%	100%	100%
VII.	438.210	Coverage and Authorization of Services	89.5%	89.5%	68.4%	100%	86.9%


	CFR	Standard Name	Amerigroup	Amerigroup 360°	CareSource	Peach State Health Plan	Total Compliance Score
VIII.	438.214	Provider Selection	75.0%	75.0%	75.0%	75.0%	75.0%
IX.	438.230	Subcontractual Relationships and Delegation	50.0%	50.0%	75.0%	75.0%	62.5%
X.	438.236	Practice Guidelines	100%	100%	100%	100%	100%
XI.	438.242	Health Information Systems*	100%	100%	100%	100%	100%
XII.	438.330	Quality Assessment and Performance Improvement Program	100%	100%	100%	100%	100%
XIII	438.228	Grievance and Appeal System	85.2%	81.5%	92.6%	96.3%	88.9%
XIV.	438.608	Program Integrity	91.7%	91.7%	100%	91.7%	93.8%
TOTAL SCORE			93.6%	93.0%	92.9%	96.8%	94.1%






* The Health Information Systems standard includes an information systems capability assessment of each CMO. Additional ISCA review is conducted during the PM validation activity.

The regulations at 42 CFR §438.242 and §457.1233(d) require the state to ensure that each CMO maintains a health information system that collects, analyzes, integrates, and reports data for purposes including utilization, claims, grievances and appeals, disenrollment for reasons other than loss of Medicaid or CHIP eligibility, rate setting, risk adjustment, quality measurement, value-based purchasing, program integrity, and policy development.

While the CMS EQR Protocols published in October 2019 stated that an ISCAT is a required component of the mandatory EQR activities, CMS later clarified that the systems reviews that were conducted as part of the NCQA HEDIS Compliance Audit may be substituted for an ISCA. Findings from HSAG’s review of the CMOs’ HEDIS FARs are in the Validation of Performance Measures section of this report. HSAG also conducted an ISCA as a component of the SFY 2022 PMV activities and the 2022 compliance review activities.

Strengths, Weaknesses, and Recommendations

Strengths	
	<p>The findings from the compliance reviews show how well the CMOs have interpreted federal regulations and the CMO contract requirements and developed the necessary policies, procedures, and plans to carry out the required functions of the CMO. All CMOs achieved full compliance in seven of the standards reviewed, demonstrating strengths and adherence to all requirements measured in the areas of Enrollment and Disenrollment, Member Rights and Confidentiality, Emergency and Poststabilization</p>

Strengths	
	Services, Coordination and Continuity of Care, Practice Guidelines; Quality Assessment and Performance Improvement Program, and Program Integrity.
	Overall, the CMOs had robust auditing systems to ensure member-facing staff and vendors were compliant with requirements for member rights.
	Overall, the CMOs' staff members articulated strong, interdepartmental processes for reviewing, updating, and ensuring consistent use of current practice guidelines.
	The CMOs were developing processes to enhance meaningful use of certified EHRs for purposes of quality improvement.
Weaknesses and Recommendations	
	Weakness: The CMOs did not consistently include all elements of the federal and DCH CMO contract requirements in the written agreement with each provider. The CMOs' subcontracts and delegated agreements did not consistently include the Medicaid and Georgia-specific requirements.
	Recommendations: HSAG recommends that the CMOs include all required elements of the federal and DCH CMO contract in the written agreement with each provider. HSAG also recommends that the CMOs review provider agreements and amend the agreements, as necessary, to ensure all federal and Georgia CMO contract requirements are met. HSAG also recommends that the CMOs include all federal and Georgia CMO contract requirements in their subcontracts and delegated agreements. HSAG further recommends that the CMOs amend existing subcontracts to include the Georgia Regulatory Exhibit.
	Weakness: The CMOs' policies and procedures did not consistently include all requirements for establishing and maintaining their provider networks, including the number of network providers accepting/not accepting new Medicaid members; the ability of providers to communicate with members with limited English proficiency in their preferred language; the ability of network providers to ensure physical access, reasonable accommodations, culturally competent communications, and accessible equipment for members with physical or mental disabilities; and the availability of triage lines or screening systems, as well as use of telemedicine, e-visits, and/or other technology solutions.
	Recommendations: HSAG recommends that the CMOs update policies and procedures to include all requirements for establishing and maintaining provider networks, including, but not limited to: <ul style="list-style-type: none"> • The number of network providers accepting/not accepting new Medicaid members. • The ability of providers to communicate with members with limited English proficiency in their preferred language. • The ability of network providers to ensure physical access, reasonable accommodations, culturally competent communications, and accessible equipment for members with physical or mental disabilities. • The availability of triage lines or screening systems, as well as use of telemedicine, e-visits, and/or other technology solutions.

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 for the provider type to be subject to such time and distance standards:

- Primary care (adult and pediatric)
- OB/GYN
- Behavioral health
- Specialist (adult and pediatric)
- Hospital
- Pharmacy
- Pediatric dental
- Additional provider types when they promote the objectives of the Medicaid program

The DCH established time and distance standards and additional network capacity requirements in its contracts with the CMOs. The DCH receives monthly CMO network files and conducts internal analysis to determine network adequacy and compliance with contract 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 confirm 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.

In February 2023, CMS released the final EQR NAV Protocol.³⁻² The protocol requires that States ensure that Medicaid and CHIP managed care plans maintain provider networks that are sufficient to provide timely and accessible care to Medicaid and CHIP beneficiaries across the continuum of services. As set forth in 42 CFR §438.68, states are required to set quantitative network adequacy standards for MCOs that account for regional

³⁻² Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf>. Accessed on: Nov 1, 2023.

factors and the needs of the state's Medicaid and CHIP populations. HSAG conducts the validation of CMO network adequacy during the preceding 12 months to comply with §42 CFR 438.68, including validating data to determine whether the network standards, as defined by DCH, were met.

The DCH defines network adequacy standards in the State's quality strategy as required under 42 CFR §340(b)(1). The DCH works with the CMOs to drive improvement in network adequacy and member access to care according to the Georgia quality strategy goals and objectives and the quality assessment and performance improvement program.

The DCH requires the CMOs to conduct various activities to assess the adequacy of their networks as well as maintain provider and member data sets that allow monitoring of their networks' adequacy. The DCH requires CMOs to conduct:

- Geomapping to determine if provider networks meet quantitative time and distance standards.
- Calculation of provider-to-member ratios, by type of provider and geographic region.
- Analysis of in-network and out-of-network utilization data to determine gaps in realized access.
- Appointment availability and accessibility studies, including the proportion of in-network providers accepting new patients and the average wait time for an appointment.
- Validation of provider directory information.

The DCH and the CMOs share data, analyses, and results from their network adequacy assessment activities with HSAG. HSAG's NAV activity includes (1) validating the data and methods used by CMOs to assess network adequacy, and (2) validating the results and generating a validation rating. HSAG will report the validation findings in the annual EQR technical report beginning in 2025. The DCH NAV activity is conducted in two phases. Phase I includes:

- Review the network standards and indicators with DCH.
- Develop and disseminate the document request packet, which will require the health plans to submit the information necessary to facilitate the NAV audit. This includes, but is not limited to, the following:
 - Information system documentation for all systems used to monitor network adequacy and a completed comprehensive ISCAT.
 - Network adequacy indicator rates for each standard required by DCH, including any associated data required to validate each rate.
 - NAV source code used to calculate the rates.
- Initial review of the ISCAT and rates submitted.

Phase II includes:

- Virtual audit with each health plan to review the ISCAT, verify data sources, review a live demonstration of each health plan's information systems, perform primary source verification, etc.
- Validate plan-submitted NAV data and results.
- Generate the NAV audit aggregate report.
- Incorporate NAV findings into the technical report.

HSAG has obtained from DCH a list of the State's quantitative network adequacy standards, by provider and plan type, as specified in the State's contract with the CMOs. The DCH has also provided a description of the network adequacy data and documentation that CMOs submit to the State to demonstrate compliance with network adequacy standards, including a list of the data and documentation submitted by the CMOs, the frequency with

which the CMOs submit each type of data, formatting requirements for CMO data and documentation, DCH standards for data completeness and accuracy, and DCH data dictionaries and applicable companion guides.

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, 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 3-7 shows the results of the CMO comparisons analysis of the 2023 adult Medicaid CAHPS top-box scores.

Table 3-7—Adult Medicaid Plan Comparisons

	State Average	Amerigroup	CareSource	Peach State
Composite Measures				
<i>Getting Needed Care</i>	76.39%	74.79%+ ↔	76.78%+ ↔	77.08% ↔
<i>Getting Care Quickly</i>	76.52%	71.33%+ ↔	79.97%+ ↔	76.97% ↔
<i>How Well Doctors Communicate</i>	90.83%	91.12%+ ↔	91.65%+ ↔	90.05% ↔
<i>Customer Service</i>	88.94%	85.79%+ ↔	95.00%+ ↑	85.90%+ ↔
Global Ratings				
<i>Rating of All Health Care</i>	75.40%	80.00%+ ↔	75.00% ↔	73.13% ↔
<i>Rating of Personal Doctor</i>	83.21%	82.41% ↔	84.25% ↔	82.93% ↔
<i>Rating of Specialist Seen Most Often</i>	80.29%	79.63%+ ↔	85.92%+ ↔	75.90%+ ↔
<i>Rating of Health Plan</i>	74.25%	80.13% ↔	71.43% ↔	72.44% ↔
Medical Assistance With Smoking and Tobacco Use Cessation Items*				
<i>Advising Smokers and Tobacco Users to Quit</i>	63.01%	64.29%+ ↔	63.01%+ ↔	62.07%+ ↔
<i>Discussing Cessation Medications</i>	31.79%	29.27%+ ↔	31.08%+ ↔	34.48%+ ↔
<i>Discussing Cessation Strategies</i>	28.82%	29.27%+ ↔	24.66%+ ↔	33.93%+ ↔

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 statistically significantly higher than the State 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	
	CareSource's 2023 top-box score for <i>Customer Service</i> was statistically significantly higher than the Georgia CMO program score.
Weaknesses and Recommendations	
	<p>Weakness: HSAG did not identify any weaknesses for the CMOs compared to the Georgia CMO program score, as none of the measure scores were statistically significantly lower than the Georgia CMO program.</p> <p>Recommendations: HSAG does not have any recommendations for the Georgia CMO program.</p>

Child CMO Comparisons

Table 3-8 shows the results of the CMO comparison analysis of the 2023 child Medicaid CAHPS top-box scores.

Table 3-8—Child Medicaid Plan Comparisons

	State Average	Amerigroup	CareSource	Peach State
Composite Measures				
<i>Getting Needed Care</i>	81.22%	81.63% ↔	78.78% ↔	82.86% ↔
<i>Getting Care Quickly</i>	87.18%	90.58% ↑	83.50% ↓	87.31% ↔
<i>How Well Doctors Communicate</i>	93.17%	93.66% ↔	91.76% ↔	93.86% ↔
<i>Customer Service</i>	86.45%	88.89% ↔	87.29% ↔	83.65% ↔
Global Ratings				
<i>Rating of All Health Care</i>	84.01%	81.64% ↔	84.29% ↔	85.59% ↔
<i>Rating of Personal Doctor</i>	88.84%	86.42% ↔	88.07% ↔	91.32% ↔
<i>Rating of Specialist Seen Most Often</i>	78.86%	79.52%+ ↔	76.24% ↔	80.70% ↔
<i>Rating of Health Plan</i>	85.00%	87.83% ↔	83.25% ↔	84.05% ↔



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 statistically significantly higher than the State average.
- ↔ Indicates the CMO’s score is not statistically significantly different than the State average.
- ↓ Indicates the CMO’s score is statistically significantly lower than the State average.

Strengths, Weaknesses, and Recommendations

Summary of Child Medicaid Plan Comparison Results

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

Strengths	
	Amerigroup’s 2023 top-box score for <i>Getting Care Quickly</i> was statistically significantly higher than the Georgia CMO program score.
Weaknesses and Recommendations	
	<p>Weakness: CareSource’s 2023 top-box score for <i>Getting Care Quickly</i> was statistically significantly lower than the Georgia CMO program score, which indicates that members perceived a lack of timely access to care.</p> <p>Recommendations: HSAG recommends that CareSource identify if there are any operational issues contributing to access to care barriers for members. CareSource could explore ways to direct members to useful and reliable sources of information on the Internet by expanding its website to include easily accessible health information and relevant tools, as well as links to related information. CareSource could also consider implementing a variety of programs designed to provide immediate, on-demand access to information, advice, diagnosis, and treatment related to nonurgent health conditions and problems.</p>

Statewide Performance and Findings

Table 3-9 shows the 2022 and 2023 statewide adult Medicaid CAHPS top-box scores.

Table 3-9—Statewide Adult Medicaid CAHPS Results

	2022 Top-Box Scores	2023 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	80.86%	76.39%
<i>Getting Care Quickly</i>	76.26%	76.52%
<i>How Well Doctors Communicate</i>	92.07%	90.83%
<i>Customer Service</i>	82.63%	88.94% ▲
Global Ratings		
<i>Rating of All Health Care</i>	76.79%	75.40%
<i>Rating of Personal Doctor</i>	83.02%	83.21%

	2022 Top-Box Scores	2023 Top-Box Scores
<i>Rating of Specialist Seen Most Often</i>	81.93%	80.29%
<i>Rating of Health Plan</i>	76.41%	74.25%
Medical Assistance With Smoking and Tobacco Use Cessation Items*		
<i>Advising Smokers and Tobacco Users to Quit</i>	61.82%	63.01%
<i>Discussing Cessation Medications</i>	32.73%	31.79%
<i>Discussing Cessation Strategies</i>	27.33%	28.82%

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

▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.

■ Indicates the 2023 score is statistically significantly lower than the 2022 national average.

Statewide Child Medicaid Findings

Table 3-10 shows the 2022 and 2023 statewide child Medicaid CAHPS top-box scores.

Table 3-10—Statewide Child Medicaid CAHPS Results

	2022 Top-Box Scores	2023 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	83.31%	81.22%
<i>Getting Care Quickly</i>	86.66%	87.18%
<i>How Well Doctors Communicate</i>	94.89%	93.17% ▼
<i>Customer Service</i>	90.79%	86.45% ▼
Global Ratings		
<i>Rating of All Health Care</i>	89.31%	84.01% ▼
<i>Rating of Personal Doctor</i>	90.81%	88.84%
<i>Rating of Specialist Seen Most Often</i>	86.88%	78.86% ▼
<i>Rating of Health Plan</i>	85.29%	85.00%

▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.

■ Indicates the 2023 score is statistically significantly lower than the 2022 national average.

Statewide Georgia Families 360° Findings

Table 3-11 shows the 2022 and 2023 Amerigroup 360° program CAHPS top-box scores.

Table 3-11—Statewide Amerigroup 360° CAHPS Results




	2022 Top-Box Scores	2023 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	85.32%	85.43%
<i>Getting Care Quickly</i>	88.96%	92.51%



	2022 Top-Box Scores	2023 Top-Box Scores
<i>How Well Doctors Communicate</i>	97.09%	98.37%
<i>Customer Service</i>	87.12%	89.48% +
Global Ratings		
<i>Rating of All Health Care</i>	86.20%	88.65%
<i>Rating of Personal Doctor</i>	92.80%	93.46%
<i>Rating of Specialist Seen Most Often</i>	86.67%	89.90% +
<i>Rating of Health Plan</i>	76.79%	80.56%

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 2023 score is statistically significantly higher than the 2022 national average.
- Indicates the 2023 score is statistically significantly lower than the 2022 national average.

Strengths, Weaknesses, and Recommendations

Strengths	
	A comparison of the 2023 Georgia CMO program average scores for the adult Medicaid population to the 2022 Georgia CMO program average scores revealed that the Georgia CMO program’s 2023 score was statistically significantly higher than the 2022 Georgia CMO program’s score for one measure, <i>Customer Service</i> .
	A comparison of the 2023 Amerigroup 360° program average scores to the 2022 NCQA child Medicaid national averages revealed that the Amerigroup 360° program’s 2023 score was statistically significantly higher than the 2022 NCQA child Medicaid national average for three measures: <i>Getting Care Quickly</i> , <i>How Well Doctors Communicate</i> , and <i>Rating of Personal Doctor</i> .
Weaknesses and Recommendations	
	<p>Weakness: A comparison of the 2023 Georgia CMO program average scores for the adult Medicaid population to the 2022 NCQA adult Medicaid national averages revealed that the Georgia CMO program’s 2023 score was statistically significantly lower than the 2022 NCQA adult Medicaid national average for five measures: <i>Getting Needed Care</i>, <i>Rating of Health Plan</i>, and all three Medical Assistance With Smoking and Tobacco Use Cessation items, which indicates that members perceived a lack of quality of and access to care.</p> <p>Recommendations: HSAG recommends that the CMOs conduct root cause analyses or focus studies to determine why their members perceived a lack of access to care or why they were not satisfied with the care and services they received. In addition to considering if there are disparities within their populations that contribute to the lower performance in a particular race or ethnicity, age group, ZIP Code, etc., the CMOs could include information about the ratings from the CAHPS survey in provider communications during the year, include reminders about the importance of handling challenging patient encounters, and emphasize patient-centered communication for the CMO members. The CMOs should also evaluate the process of care delivery and identify if there are any operational issues contributing to access to care barriers for members. Upon</p>

Weaknesses and Recommendations	
	identification of a root cause, the CMOs should implement appropriate interventions to improve performance related to the care members need.
	<p>Weakness: A comparison of the 2023 Georgia CMO program average scores for the child Medicaid population to the 2022 NCQA child Medicaid national averages revealed that the Georgia CMO program’s 2023 score was statistically significantly lower than the 2022 NCQA child Medicaid national average for three measures: <i>Getting Needed Care</i>, <i>Rating of All Health Care</i>, and <i>Rating of Specialist Seen Most Often</i>. Additionally, the 2023 Georgia CMO program average scores for <i>How Well Doctors Communicate</i>, <i>Customer Service</i>, <i>Rating of All Health Care</i>, and <i>Rating of Specialist Seen Most Often</i> were statistically significantly lower than the 2022 scores.</p> <p>Recommendations: HSAG recommends that the CMOs conduct root cause analyses or focus studies to determine why their members perceived a lack of access to care or why they were not satisfied with the care and services they received. In addition to considering if there are disparities within their populations that contribute to the lower performance in a particular race or ethnicity, age group, ZIP Code, etc., the CMOs could include information about the ratings from the CAHPS survey in provider communications during the year, include reminders about the importance of handling challenging patient encounters, and emphasize patient-centered communication for parents/caretakers of child members. The CMOs should also evaluate the process of care delivery and identify if there are any operational issues contributing to access to care barriers or receiving timely care from specialists for members. Upon identification of a root cause, the CMOs should implement appropriate interventions to improve performance related to the care members need.</p>
	<p>Weakness: A comparison of the 2023 Amerigroup 360° program average scores to the 2022 NCQA child Medicaid national averages revealed that the Amerigroup 360° program’s 2023 score was statistically significantly lower than the 2022 NCQA child Medicaid national average for one measure, <i>Rating of Health Plan</i>.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° conduct root cause analyses or focus studies to determine why its members were not satisfied with the care and services they received. In addition to considering if there are disparities within its populations that contribute to the lower performance in a particular race or ethnicity, age group, ZIP Code, etc., Amerigroup 360° could include information about the ratings from the CAHPS survey in provider communications during the year, include reminders about the importance of handling challenging patient encounters, and emphasize patient-centered communication for parents/caretakers of child members.</p>

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 calendar year 2023 validation, the CMOs continued their DCH-mandated PIP topics, reporting Remeasurement 2 performance indicator outcomes. The purpose of each PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical and nonclinical areas. HSAG's PIP validation ensures 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 conducted by the CMO during the project. The topics addressed CMS' requirements related to quality outcomes—specifically, the quality, timeliness, and accessibility of care and services.

The baseline, Remeasurement 1 and Remeasurement 2 data reported below for each CMO is reflective of quarter two of CY 2021, 2022, and 2023 respectively (April 1–June 30).

Approach to PIP Validation

For the PIPs continued in SFY 2023, each CMO submitted its Remeasurement 2 data, reflective of the second quarter of CY 2023 (April 1, 2023–June 30, 2023). 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 2023 validation cycle.

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 the PIPs initiation. HSAG provided technical assistance throughout the process. With the initial annual submission, HSAG provided feedback to ensure that the PIPs followed the CMS protocols. The CMOs had the opportunity to resubmit PIPs for final validation following receipt of HSAG's initial validation feedback and scores.

PIP Validation Status

The CMOs reported Remeasurement 2 quarter data for the 2023 annual validation. The submissions contained each project's data analysis results and QI efforts. HSAG validated each PIP's Remeasurement 2 data analysis, as compared to the baseline, and the QI efforts to ensure each CMO followed the CMS protocols, reporting all appropriate information. The PIP validation findings for each CMO are provided below.

Recommendations

The CMOs should revisit the causal/barrier analysis at least annually to ensure that the identified barriers are being addressed and to determine if any new barriers exist that require the development of interventions. The CMOs should continue to evaluate each intervention to determine its effectiveness.

Validation Findings

Amerigroup

Table 4-1 displays the overall validation status, baseline, Remeasurement 1, and Remeasurement 2 quarter results, and the plan-designated goal 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%	90.06%↓	84.55%↓	96.99%
<i>Clinical High-Risk Obstetric Case Management</i>	<i>Met</i>	Enrollment in High-Risk OB Case Management	25.26%	21.36%↓	36.07%↑	30.26%

R1 = Remeasurement 1

R2 = Remeasurement 2

↑ = Statistically significant improvement over the baseline measurement period (*p* value < 0.05)



↔ = Improvement or decline from the baseline measurement period that was not statistically significant (*p* value ≥ 0.05)


↓ = Statistically significant decline over the baseline measurement period (*p* value < 0.05)

Table 4-2—Interventions for Amerigroup

Intervention Descriptions	
<i>Administrative Timeliness of Prenatal Care</i>	<i>Clinical High-Risk Obstetric Case Management</i>
Initiated targeted live telephonic outreach to members to educate on the importance of the timely prenatal visit and assisted with appointment scheduling.	Initiated targeted live telephonic outreach to members who did not complete the OB Screener. Unable to reach members are referred to community health workers who will then perform visits to those members' homes.
Increased timely perinatal care visits by sending new pregnant members an appointment reminder as soon as they are eligible with the CMO.	Initiated targeted live telephonic outreach to members who did not complete the OB Screener. A warm transfer process occurs when members from different referral sources are outreached by CMO staff and enrolled into OB case management.
Obstetrical practice consultant identified six providers with low performance for timeliness of prenatal care to measure their submission of the notification of pregnancy (NOP).	OB practice consultant identified high-volume obstetric providers and enrolled them in the plans' obstetric quality incentive program.

Strengths, Weaknesses, and Recommendations

Strengths	
	Amerigroup used QI tools to conduct its causal/barrier analysis to identify barriers to care, and initiated timely interventions that were reasonably linked to their corresponding barriers. Interventions were implemented in a timely manner, were reasonably linked to the identified barriers, and had the potential to impact the performance indicator outcomes.
	Amerigroup demonstrated statistically significant improvement over the baseline performance with the second remeasurement quarter for the <i>Clinical High-Risk Obstetric Case Management</i> PIP topic.

Weaknesses and Recommendations	
	<p>Weakness: Amerigroup did not achieve significant improvement over the baseline performance for the <i>Administrative Timeliness of Prenatal Care</i> PIP topic.</p> <p>Recommendations: HSAG recommends that Amerigroup reassess barriers linked to the targeted populations and develop active targeted interventions that can be tracked and trended to determine the impact on the performance indicator outcomes. The results should be used to guide decisions for QI efforts.</p>

CareSource

Table 4-3 displays the overall validation status and baseline, Remeasurement 1, and Remeasurement 2 quarter results for each PIP topic. CareSource did not establish designated goals for the PIPs.

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 Visits Within 42 Days of Pregnancy Identification	51.0%	48.97% ↓	50.06% ⇔
<i>Increase the Percentage of Pregnant Members Identified as High Risk or Complex Who Enroll in Complex Case Management (CCM)</i>	Met	Enrollment in High-Risk or Complex Case Management	32.97%	30.14% ⇔	29.59% ⇔

R1 = Remeasurement 1

R2 = Remeasurement 2

↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05)

⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05)




↓ = Statistically significant decline over the baseline measurement period (p value < 0.05)

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>
Weekly telephonic outreach to members offering information on the importance of visit/rewards and support for completing prenatal visits.	Weekly telephonic outreach to members offering information on case management and support for meeting complex needs/removing barriers.

Intervention Descriptions	
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	Increase the Percentage of Pregnant Members Identified as High Risk or Complex Who Enroll in Complex Case Management (CCM)
Weekly interactive text message to members reminding of the importance of a prenatal visit, rewards information, and support for completing care.	Provided telephonic outreach to all identified pregnant members regardless of risk stratifications, offered enrollment into case management, and provided education on the rewards program.

Strengths, Weaknesses, and Recommendations

Strengths	
	CareSource met 100 percent of the requirements for data analysis and implementation of improvement strategies. CareSource used QI tools to conduct its causal/barrier analysis and initiated timely interventions that were reasonably linked to their corresponding barriers.
	CareSource demonstrated programmatically significant improvement through an intervention initiated for each PIP topic. The intervention, telephonic outreach to members, increased member enrollment in CareSource’s rewards program, interaction with pregnant members, and member enrollment into case management.
Weaknesses and Recommendations	
	<p>Weakness: No weaknesses were identified.</p> <p>Recommendations: Although there were no identified weaknesses, HSAG recommends that CareSource revisit the causal/barrier analysis annually to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The CMO should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention’s next steps.</p>

Peach State

Table 4-5 displays the overall validation status, baseline, Remeasurement 1, and Remeasurement 2 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 the Percentage of Timely Prenatal Visits</i>	<i>Met</i>	Prenatal Visits That Occurred Within Forty-Two Days of Notice of Pregnancy	56.34%	76.26% ↑	67.68% ↑	67.29%

PIP Topic	Validation Status	Performance Indicator	Performance Indicator Results			
			Baseline	R1	R2	Goal
Increasing the Percentage of High-Risk Pregnant Women Who Enroll into the High-Risk Obstetric (HROB) Case Management Program	Met	Enrollment Into HROB	22.40%	26.40% ↑	29.9% ↑	26.4%

R1 = Remeasurement 1

R2 = Remeasurement 2

↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05)




↔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05)

↓ = Statistically significant decline over the baseline measurement period (p value < 0.05)

Table 4-6—Interventions for Peach State

Intervention Descriptions	
Improving Timely Prenatal Visits	Increasing Enrollment Into the High-Risk Obstetric (HROB) Program
The CMO provided a \$100 incentive for providers who submit an early notice of pregnancy (NOP) form prior to the second trimester of pregnancy.	The Wellframe app [application] was used to outreach to eligible members. The app allows members to communicate with the CMO using preferred technology easily and conveniently. Wellframe allows for members to learn about and sign up for HROB.

Strengths, Weaknesses, and Recommendations

Strengths	
	Peach State met 100 percent of the requirements for data analysis and implementation of improvement strategies. Peach State used QI tools to conduct its causal/barrier analysis and initiated timely interventions that were reasonably linked to their corresponding barriers.
	Peach State sustained statistically significant improvement over the baseline performance and achieved the plan-selected goals for both PIP topics.
Weaknesses and Recommendations	
	<p>Weakness: No weaknesses were identified.</p> <p>Recommendations: Although there were no identified weaknesses, HSAG recommends that Peach State revisit the causal/barrier analysis annually to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The CMO should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention's next steps.</p>

Amerigroup 360°

Table 4-7 displays the overall validation status, baseline, Remeasurement 1, and Remeasurement 2 quarter results for each PIP topic. Amerigroup 360° did not establish designated goals for the PIPs.

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

PIP Topic	Validation Status	Performance Indicator	Performance Indicator Results		
			Baseline	R1	R2
<i>Behavioral Health Readmissions</i>	<i>Met</i>	Decrease the percentage of readmissions to a psychiatric or acute care hospital with a behavioral health primary diagnosis within 30 days of initial discharge	14.69%	13.97% ⇔	14.35% ⇔
<i>Increasing Transition Age Youth (TAY) Membership</i>	<i>Met</i>	Percentage of GF 360° members ≥18 years of age enrolled in Former Foster Care or Chafee (TAY)	66.88%	70.35% ↑	74.28% ↑

R1 = Remeasurement 1

R2 = Remeasurement 2

↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05)



⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05)

↓ = Statistically significant decline over the baseline measurement period (p value < 0.05)

Table 4-8—Interventions for Amerigroup 360°

Intervention Descriptions	
<i>Behavioral Health Readmissions</i>	<i>Increasing Transition Age Youth (TAY) Membership</i>
Complex care coordinators outreach assigned members within five days of discharge from inpatient with a behavioral health primary diagnosis. Complex care coordinators will complete an NCQA-approved assessment form to ensure successful discharge and stabilization within the community.	Care coordinators received a monthly list of members currently enrolled in foster care who are at or approaching 17.5 years of age. Care coordinators attempted telephonic outreach to identified members, educating them on their benefits once they turn 18 years of age.

Strengths, Weaknesses, and Recommendations

Strengths	
	Amerigroup 360° met 100 percent of the requirements for data analysis and implementation of improvement strategies. Amerigroup 360° used QI tools to conduct its causal/barrier analysis and initiated timely interventions that were reasonably linked to their corresponding barriers.
	Amerigroup 360° demonstrated clinically significant improvement through an intervention initiated on a subset of the population for the first PIP topic, <i>Behavioral Health Readmissions</i> . The intervention, use of an NCQA assessment tool, resulted in improved quality of care coordination outreach. Amerigroup 360° sustained statistically significant improvement over the baseline quarter for the second PIP topic, <i>Increasing Transition Age Youth (TAY) Membership</i> .

Weaknesses and Recommendations



Weakness: No weaknesses were identified.

Recommendations: Although there were no identified weaknesses, HSAG recommends that Amerigroup 360° revisit the causal/barrier analysis annually to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The CMO should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention's next steps.

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*, February 2023.⁵⁻¹ 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 and PeachCare for Kids[®] measures required by the State. HSAG reviewed Amerigroup's FAR and IDSS files 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.

⁵⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf>. Accessed on: Oct 31, 2023.

Strengths, Weaknesses, and Recommendations

Strengths	
	In the Access to Care domain for the GF population, the CMO’s performance for preventive screening measures and immunizations met or exceeded the MY 2022 HEDIS 75th percentile for <i>Cervical Cancer Screening</i> . Amerigroup also met or exceeded the MY 2022 HEDIS 75th percentile for <i>Immunizations for Adolescents—Combination 1</i> . In addition, Amerigroup met or exceeded the MY 2022 HEDIS 50th percentile for <i>Child and Adolescent Well-Care Visits—Total</i> , <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 <i>Well-Child Visits for Age 15 Months—30 Months—Two or More Well-Child Visits</i> . Further, Amerigroup exceeded the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life</i> . This performance demonstrates that female members were receiving the appropriate screenings, and children and adolescents were accessing well-care visits and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.
	In the Quality of Care domain for the GF population, Amerigroup met or exceeded the MY 2022 HEDIS 50th percentile for <i>Asthma Medication Ratio—5–11 Years</i> and met or exceeded the MY 2022 HEDIS 75th percentile for the <i>Asthma Medication Ratio—12–18 Years</i> age stratification, indicating that the CMO’s members were able to access a PCP to help them manage their chronic conditions, thereby reducing unnecessary inpatient utilization.
	In the Stewardship domain for the GF population, Amerigroup met or exceeded the MY 2022 HEDIS 50th percentile for <i>Ambulatory Care—ED Visits—Total</i> and met or exceeded the HEDIS 90th percentile for the <i>Plan All-Cause Readmissions—O/E Ratio—Total</i> measure indicator rates, indicating that members were able to access a PCP and receive appropriate treatment needed to stay healthy and reduce unnecessary ED utilization and readmissions.
	In the Access to Care domain for the PeachCare for Kids® population, Amerigroup met or exceeded the MY 2022 HEDIS 50th percentile for <i>Chlamydia Screening in Women—16–20 Years</i> , <i>Child and Adolescent Well-Care Visits—Total</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> . Amerigroup met or exceeded the MY 2022 HEDIS 75th percentile for <i>Childhood Immunization Status—Combination 7</i> , <i>Immunizations for Adolescents—Combination 1</i> , and <i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months—30 Months—Two or More Well-Child Visits</i> . This performance demonstrates an overall strength for Amerigroup’s PeachCare for Kids® members.
	In the Quality of Care domain for the PeachCare for Kids® population, Amerigroup met or exceeded the HEDIS MY 2022 75th percentile for <i>Asthma Medication Ratio—5–11 Years</i> and <i>12–18 Years</i> . In addition, Amerigroup met or exceeded the 50th percentile for <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i> and the <i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase</i> and <i>Continuation and Maintenance Phase</i> indicators. This performance demonstrates improved quality of care and follow-up for child and adolescent PeachCare for Kids® members.
	In the Stewardship domain for the PeachCare for Kids® population, Amerigroup met or exceeded the MY 2022 HEDIS 90th percentile for <i>Ambulatory Care—ED Visits—Total</i> , indicating that members were able to access a PCP and receive appropriate treatment needed to stay healthy and reduce unnecessary ED utilization.

Weaknesses and Recommendations	
	<p>Weakness: In the Access to Care domain for Amerigroup’s GF population, seven of 15 (46.7 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2022 50th percentile; of note, none fell below the 25th percentile. The following measures fell below the 50th percentile: <i>Childhood Immunization Status—Combination 7, Immunizations for Adolescents—Combination 2), Child and Adolescent Well-Care Visits—3–11 Years and 18–21 Years, Breast Cancer Screening, and Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care.</i></p> <p>Recommendations: HSAG recommends that Amerigroup continue its improvement efforts for these critical women’s and children’s health measures. HSAG recommends considering targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. HSAG also recommends considering stratifying data and soliciting quantitative and qualitative feedback from contracted providers to identify potential key drivers contributing to low performance (e.g., are the issues related to barriers to accessing care, lack of transportation, a lack of family planning service providers, or the need for improved community outreach and education). Amerigroup could consider implementing small tests of change, for example using the PDSA cycle. Amerigroup could also consider then evaluating the effectiveness of the small tests of change to identify any additional areas for improvement or adjustment before scaling up the interventions to sustain the changes.</p>
	<p>Weakness: In the Quality of Care domain for Amerigroup’s GF population, PM rates for the <i>Controlling High Blood Pressure</i> measure and the <i>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Poor Control (>9.0%)</i> measure indicator continued to fall below the HEDIS MY 2022 25th percentile. <i>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)</i> and <i>Asthma Medication Ratio—19–50 Years</i> fell below the HEDIS MY 2022 50th percentile, while <i>Asthma Medication Ratio—51–64 Years</i> fell below the HEDIS MY 2022 25th percentile.</p> <p>Recommendations: HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. HSAG recommends assessing the feasibility and achievability of implementing PHM strategies that focus on disease and chronic condition management such as:</p> <ul style="list-style-type: none"> • Considering the feasibility and cost of providing at-home devices, such as blood pressure monitoring devices, to hypertensive members. • Evaluating and expanding current and/or new member outreach and engagement initiatives. • Offering provider education and engagement opportunities such as webinars and newsletters on chronic condition management best practices. • Sharing health education material with the population served on the appropriate use of medications, diet and nutrition, or physical activity to help manage chronic conditions.
	<p>Weakness: In the Access to Care domain for the PeachCare for Kids® population, Amerigroup fell below the 50th percentile for <i>Immunizations for Adolescents—Combination 2</i>, suggesting opportunities for adolescents to receive the recommended immunization screenings.</p> <p>Recommendations: HSAG recommends that Amerigroup continue to build upon performance improvement interventions already implemented for ensuring children receive medically appropriate preventive vaccinations. HSAG also recommends</p>



Weaknesses and Recommendations	
	<p>considering whether there are disparities within its populations that contribute to lower performance in a particular race or ethnicity, age group, and ZIP Code. Amerigroup could consider piloting suggested best practices to improve immunization rates such as:</p> <ul style="list-style-type: none"> • Expanding upon existing and/or offering new provider education and engagement opportunities such as webinars and newsletters on children’s vaccination best practices. • Sharing health education material with the population served. • Offering member or family incentives, such as gift cards, for accessing timely preventive and immunization services. • Evaluating and expanding current and/or new member outreach and engagement initiatives. <p>HSAG recommends that Amerigroup consider implementing small scale tests, for example using the PDSA cycle. HSAG also recommends that Amerigroup consider evaluating the effectiveness of the small tests of change to identify any additional areas for improvement or adjustment before scaling up the interventions to sustain the changes.</p>






CareSource



CareSource contracted with an NCQA-LO to conduct the HEDIS Compliance Audit for the HEDIS GF and PeachCare for Kids® measures required by the State. HSAG reviewed CareSource’s FAR and IDSS files 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	
	<p>In the Access to Care domain for the GF population, CareSource met or exceeded the HEDIS MY 2022 50th percentile for the <i>Chlamydia Screening in Women—16–20 Years</i> and <i>Cervical Cancer Screening</i>. CareSource also met and exceeded the HEDIS MY 2022 50th percentile for the <i>Childhood Immunization Status—Combination 7</i>, <i>Immunizations for Adolescents—Combination 1</i>, and <i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits</i> measure indicators. This performance demonstrates that many children and adolescents were accessing well-care visits and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.</p>
	<p>In the Quality of Care domain for the GF population, CareSource met or exceeded the HEDIS MY 2022 90th percentile for the <i>Asthma Medication Ratio—12–18 Years</i> and <i>51–64 Years</i> age groups. CareSource also met or exceeded the HEDIS MY 2022 75th percentile for <i>Asthma Medication Ratio—5–11 Years</i> and the 50th percentile for the <i>19–50 Years</i> age group. The performance for this measure suggests effective management</p>

Strengths	
	of members with asthma, which may help reduce the need for rescue medication as well as costs associated with ED visits, inpatient hospital admissions, and missed days of school or work.
	In the Stewardship domain for the GF population, CareSource met or exceeded the MY 2022 HEDIS 50th percentile for <i>Ambulatory Care—ED Visits—Total</i> , indicating that members were able to access a PCP and receive appropriate treatment needed to stay healthy and reduce unnecessary ED utilization.
	In the Access to Care domain for CareSource’s PeachCare for Kids® population, five of seven (71.4 percent) measure indicators met or exceeded the HEDIS MY 2022 50th percentile. Of note, three of these five (60.0 percent) measure indicator rates met or exceeded the HEDIS MY 2022 75th percentile.
	In the Quality of Care domain, CareSource met or exceeded the HEDIS MY 2022 75th percentile for five of five (100.0 percent) measure indicators that could be compared to benchmarks for its PeachCare for Kids® population. Of note, <i>Asthma Medication Ratio</i> for both age groups met or exceeded the HEDIS MY 2022 90th percentile.
	In the Stewardship domain for the PeachCare for Kids® population, CareSource met or exceeded the MY 2022 HEDIS 90th percentile for <i>Ambulatory Care—ED Visits—Total</i> , indicating that members were able to access a PCP and receive appropriate treatment needed to stay healthy and reduce unnecessary ED utilization.
Weaknesses and Recommendations	
	<p>Weakness: In the Access to Care domain for CareSource’s GF population, 10 of 15 (66.7 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2022 50th percentile; of note, three of these 10 (30.0 percent) rates fell below the 25th percentile: <i>Immunizations for Adolescents—Combination 2</i>, <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>, and <i>Postpartum Care</i>.</p> <p>Recommendations: HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. CareSource could consider implementing small scale tests, for example using the PDSA cycle. HSAG recommends evaluating the effectiveness of the small tests of change to identify any additional areas for improvement or adjustment before scaling up the interventions to sustain the changes.</p> <p>For the <i>Immunizations for Adolescents—Combination 2</i> measure, HSAG recommends that CareSource continue to build upon performance improvement interventions already implemented for ensuring that adolescents receive medically appropriate preventive vaccinations. CareSource could also consider analyzing the data to determine variations in the compliance rates of vaccines. For the <i>Prenatal and Postpartum Care</i> measure, HSAG recommends that CareSource stratify data and solicit quantitative and qualitative feedback from contracted providers to identify potential key drivers contributing to low performance (e.g., are the issues related to barriers to accessing care, lack of transportation, a lack of family planning service providers, or the need for improved community outreach and education). In addition, HSAG recommends that CareSource consider piloting interventions to improve prenatal and postpartum care rates such as:</p> <ul style="list-style-type: none"> • Expanding and/or considering new provider education and engagement opportunities such as educational webinars and newsletters on prenatal women’s health services. • Sharing prenatal health education material with the population served.






Weaknesses and Recommendations	
	<ul style="list-style-type: none"> Offering member incentives, such as gift cards, for accessing timely prenatal and postpartum care. Offering transportation services.
	<p>Weakness: In the Quality of Care domain for CareSource's GF population, the PM rate for the <i>Controlling High Blood Pressure</i> measure fell below the HEDIS MY 2022 50th percentile. The <i>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i> measure indicators continued to fall below the HEDIS MY 2022 25th percentile.</p> <p>Recommendations: HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. HSAG recommends assessing the feasibility and achievability of implementing PHM strategies that focus on disease and chronic condition management such as:</p> <ul style="list-style-type: none"> Considering the feasibility and cost of providing at-home devices, such as blood pressure monitoring devices, to hypertensive members. Evaluating and expanding current and/or new member outreach and engagement initiatives. Offering provider education and engagement opportunities such as webinars and newsletters on chronic condition management best practices. Sharing health education material with the population served on the appropriate use of medications, diet and nutrition, or physical activity to help manage chronic conditions.
	<p>Weakness: In the Access to Care domain for CareSource's PeachCare for Kids® population, <i>Immunizations for Adolescents—Combination 2</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> fell below the HEDIS MY 2022 50th percentile. These rates suggest opportunities for improvement in providing adequate and timely preventive and immunization services. Immunizations are essential for disease prevention and are a critical aspect of prevention care for children.</p> <p>Recommendations: HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. In addition, HSAG recommends building upon performance improvement interventions already implemented to ensure that adolescents receive medically appropriate preventive vaccinations. CareSource could consider implementing small scale tests, for example using the PDSA cycle. CareSource could then evaluate the effectiveness of the small tests of change to identify any additional areas for improvement or adjustment before scaling up the interventions to sustain the changes. Best practices that CareSource may consider piloting to improve immunization and well-care visits rates include:</p> <ul style="list-style-type: none"> Offering provider education and engagement opportunities such as webinars and newsletters on children's vaccination and well-care visit best practices. Sharing health education material with the population served. Offering member incentives, such as gift cards, for accessing timely preventive and immunization services. Evaluating and expanding current and/or new member outreach and engagement initiatives.



Peach State


Peach State contracted with an NCQA-LO to conduct the HEDIS Compliance Audit for the HEDIS GF and PeachCare for Kids® measures required by the State. HSAG reviewed Peach State’s FAR and IDSS files 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	
	In the Access to Care domain for the GF population, Peach State met or exceeded the HEDIS MY 2022 50th percentile for <i>Chlamydia Screening in Women—16–20 Years</i> , <i>Chlamydia Screening in Women—21–24 Years</i> , and <i>Cervical Cancer Screening</i> . Of note, the <i>Chlamydia Screening in Women—16–20 Years</i> indicator met or exceeded the 75th percentile. Peach State also met or exceeded the HEDIS MY 2022 50th percentile for the <i>Immunizations for Adolescents—Combination 1</i> and <i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits</i> measure indicators. This performance demonstrates that many children and adolescents were accessing well-care visits and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.
	In the Quality of Care domain for Peach State’s GF population, Peach State met or exceeded the HEDIS MY 2022 50th percentile for the <i>Asthma Medication Ratio—12–18 Years</i> and <i>51–64 Years</i> measure indicators. This performance suggests that for some age groups, the CMO’s members with asthma were able to access their PCPs and were receiving appropriate medication management, which could reduce the need for rescue medication as well as the costs associated with ED visits, inpatient admissions, and missed days of work or school.
	In the Access to Care domain for Peach State’s PeachCare for Kids® population, Peach State met or exceeded the HEDIS MY 2022 50th percentile for six of seven (85.7 percent) measure indicator rates that could be compared to benchmarks. Of these six measures, three (50.0 percent) met or exceeded the HEDIS MY 2022 75th percentile: <i>Immunizations for Adolescents—Combination 1</i> , <i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits</i> , and <i>Childhood Immunization Status—Combination 7</i> . Of note, <i>Childhood Immunization Status—Combination 7</i> met or exceeded the HEDIS MY 2022 90th percentile.
	In the Quality of Care domain for Peach State’s PeachCare for Kids® population, Peach State met or exceeded the HEDIS MY 2021 50th percentile for five of five (100.0 percent) measure indicator rates that could be compared to benchmarks. Of note, <i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase</i> met or exceeded the HEDIS MY 2021 75th percentile and <i>Continuation and Maintenance Phase</i> met or exceeded the HEDIS MY 2022 90th percentile.
	In the Stewardship domain for the PeachCare for Kids® population, Peach State met or exceeded the MY 2022 HEDIS 90th percentile for <i>Ambulatory Care—ED Visits—Total</i> ,

Strengths	
	indicating that members were able to access a PCP and receive appropriate treatment needed to stay healthy and reduce unnecessary ED utilization.
Weaknesses and Recommendations	
	<p>Weakness: In the Access to Care domain for Peach State's GF population, 10 of 15 (66.7 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2022 50th percentile. Of note, two of these 10 (20.0 percent) rates fell below the 25th percentile: <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care</i>.</p> <p>Recommendations: HSAG recommends that for the <i>Prenatal and Postpartum Care</i> measure, Peach State stratify the data and solicit quantitative and qualitative feedback from contracted providers to identify potential key drivers contributing to low performance (e.g., are the issues related to barriers to accessing care, lack of transportation, a lack of family planning service providers, or the need for improved community outreach and education). In addition, HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. HSAG recommends that Peach State consider piloting interventions to improve prenatal and postpartum care rates such as:</p> <ul style="list-style-type: none"> • Expanding and/or considering new provider education and engagement opportunities such as educational webinars and newsletters on prenatal women's health services. • Sharing prenatal health education material with the population served. • Offering member incentives, such as gift cards, for accessing timely prenatal and postpartum care. • Offering transportation services.
	<p>Weakness: In the Quality of Care domain for Peach State's GF population, four measure indicator rates for measures that could be compared to benchmarks fell below the HEDIS MY 2021 25th percentile: <i>Asthma Medication Ratio—19–50 Years</i>, <i>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i>, and <i>Controlling High Blood Pressure</i>. This performance suggests that not all of the CMO's GF adult members were accessing their PCPs and properly managing their chronic conditions, which may lead to increased costs for ED visits.</p> <p>Recommendations: HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. HSAG also recommends assessing the feasibility and achievability of implementing PHM strategies that focus on disease and chronic condition management such as:</p> <ul style="list-style-type: none"> • Considering the feasibility and cost of providing at-home devices, such as blood pressure monitoring devices, to hypertensive members. • Evaluating and expanding current and/or new member outreach and engagement initiatives. • Offering provider education and engagement opportunities such as webinars and newsletters on chronic condition management best practices. • Sharing health education material with the population served on the appropriate use of medications, diet and nutrition, or physical activity to help manage chronic conditions.


Weaknesses and Recommendations	
	<p>Weakness: In the Access to Care domain for the PeachCare for Kids® population, Peach State fell below the 50th percentile for <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>.</p> <p>Recommendations: HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. Peach State could consider implementing small scale tests, for example using the PDSA cycle. Peach State could then consider evaluating the effectiveness of the small tests of change to identify any additional areas for improvement or adjustment before scaling up the interventions to sustain the changes. HSAG also recommends that Peach State identify best practices for ensuring that children receive timely and medically appropriate well-care services. Best practices that Peach State may consider piloting to improve well-care visits rates include:</p> <ul style="list-style-type: none"> • Offering provider education and engagement opportunities such as webinars and newsletters on children’s well-care visit best practices. • Sharing health education material with the population served. • Offering member incentives, such as gift cards, for accessing timely preventive and immunization services. • Evaluating and expanding current and/or new member outreach and engagement initiatives.





Amerigroup 360°

Amerigroup 360° contracted with an NCQA-LO to conduct the HEDIS Compliance Audit for the GF 360° HEDIS measures required by the State. HSAG reviewed Amerigroup 360°’s FAR and IDSS file approved by the CMO’s LO. HSAG found that 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 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 360° measures under the scope of the PMV were reportable.

Strengths, Weaknesses, and Recommendations

Strengths	
	<p>In the Access to Care domain, Amerigroup 360° met or exceeded the HEDIS MY 2022 50th percentile for all but one measure indicator rate that could be compared to benchmarks. Of note, Amerigroup 360° met or exceeded the 75th percentile for the <i>Child and Adolescent Well-Care Visits, Immunizations for Adolescents—Combination 1, and Immunizations for Adolescents—Combination 2</i> measure indicator rates. Additionally, the CMO met or exceeded the 90th percentile for <i>Childhood Immunization Status—Combination 7, 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 Well-Child Visits for Age 15 Months—30 Months—Two or More Well-Child Visits</i>.</p>

Strengths	
	Amerigroup 360° demonstrated strength for the Quality of Care domain. Amerigroup 360° met or exceeded the HEDIS MY 2022 50th percentile for <i>Asthma Medication Ratio—5–11 Years and 12–18 Years</i> , <i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total</i> and <i>30-Day Follow-Up—Total</i> , <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i> (all measure indicator rates), <i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase</i> , and <i>Use of First-Line Psychosocial Care for Children on Antipsychotics</i> (all measure indicator rates). Of note, the CMO met or exceeded the 90th percentile for <i>Asthma Medication Ratio—5–11 Years; Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total; Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose—12–17 Years, Cholesterol—12–17 Years, and Blood Glucose and Cholesterol—12–17 Years; and Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—1–11 Years, 12–17 Years, and Total</i> .
	In the Stewardship domain, Amerigroup 360° met or exceeded the MY 2022 HEDIS 75th percentile for <i>Ambulatory Care—ED Visits—Total</i> , indicating that members were able to access a PCP and receive appropriate treatment needed to stay healthy and reduce unnecessary ED utilization.
Weaknesses and Recommendations	
	<p>Weakness: In the Access to Care domain, Amerigroup 360°’s <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> measure indicator rate fell below the 25th percentile. This performance demonstrates opportunities to improve timeliness and access to prenatal care services, thereby reducing complications during pregnancy and delivery, and setting the stage for the long-term health and well-being new mothers and their infants.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° solicit quantitative and qualitative feedback from contracted providers and members to determine potential key drivers contributing to low performance (e.g., are the issues related to barriers to accessing care, a lack of family planning service providers, or the need for improved outreach and education). HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. HSAG also recommends that Amerigroup 360° consider evaluating the feasibility of implementing appropriate interventions to improve quality of, access to, and timeliness of prenatal and postpartum care. Best practices that Amerigroup 360° may consider implementing to improve prenatal and postpartum care rates include:</p> <ul style="list-style-type: none"> • Offering provider education and engagement opportunities such as educational webinars and newsletters on prenatal women’s health services. • Evaluating additional forums to expand opportunities to provide prenatal health education material to the population served, such as community events. • Piloting a member incentives program designed to encourage timely prenatal and postpartum care services, such as gift cards.
	Weakness: In the Quality of Care domain, five of 22 (22.7 percent) measure indicator rates related to quality of care that were comparable to benchmarks fell below the 50th percentile, showing a continued decrease in performance for this domain: <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>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)</i> ,

Weaknesses and Recommendations	
	<p>and <i>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase</i>. Of note, four of these five (80.0 percent) measure indicator rates fell below the 25th 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>, and <i>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)</i>. These results continue to demonstrate opportunities to improve members’ quality of care related to managing medications and chronic conditions.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° conduct root cause analyses to determine the nature and scope of the issue (e.g., communication barriers between patients and providers, lack of education and awareness on the importance of medication, and other SDOH impacting members’ ability to stay on the appropriate medication). Amerigroup 360° should consider implementing appropriate interventions to improve performance related to these behavioral health measures. Best practices include partnering with providers and local pharmacies to stress timely 90-day prescription refills, when appropriate, to support medication adherence; as well as providing member and/or guardian education on the importance of medication adherence.</p>

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.

The compliance review standards were derived from the requirements as set forth in the *Department of Human Services, Division of Health Care Financing and Policy Request for Proposal No. 3260 for Managed Care*, and all attachments and amendments in effect during the review period of July 1, 2022, through June 30, 2022. To conduct the compliance review, HSAG followed the guidelines set forth in CMS’ *EQR Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, October 2019.⁶⁻¹

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 6-2 through Table 6-5 display the scores for the current three-year period of compliance reviews for each CMO.

⁶⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, October 2019. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. Accessed on: Dec 20, 2022.

Deeming

Federal regulations allow DCH to exempt an CMO from a review of certain administrative functions when the CMO’s Medicaid contract has been in effect for at least two consecutive years before the effective date of the exemption, and during those two years the CMO has been subject to EQR and found to be performing acceptably for the quality of, timeliness of, and access to healthcare services it provides to Medicaid beneficiaries. The DCH requires the CMOs to be NCQA accredited, which allowed DCH to leverage or deem certain review findings from a private national accrediting organization that CMS has approved as applying standards at least as stringently as Medicaid under the procedures in 42 CFR §422.158 to meet a portion of the EQR compliance review requirements. The DCH exercised the deeming option to meet a portion of the EQR compliance review requirements. The DCH and HSAG followed the requirements in 42 CFR §438.362, which included obtaining:

- Information from a private, national accrediting organization’s review finding. Each year, DCH obtains from each CMO the most recent private accreditation review findings reported on the CMO, including:
 - All data, correspondence, and information pertaining to the CMO’s private accreditation review.
 - All reports, findings, and other results pertaining to the CMO’s most recent private accreditation review.
 - Accreditation review results of the evaluation of compliance with individual accreditation standards, noted deficiencies, CAPs, and summaries of unmet accreditation requirements.
 - All measures of the CMO’s performance.
 - The findings and results of all PIPs pertaining to Medicaid members.

HSAG organized the compliance review standards by functional area. Table 6-1 specifies the related CMS categories of access, quality, and timeliness for each standard.

Table 6-1—Georgia Compliance Reviews for All CMOs

Standard	SFY 2020–2021	Access	Quality	Timeliness
Provider Network Management				
V. Adequate Capacity and Availability of Services	✓	✓	✓	✓
VIII. Provider Selection	✓	✓	✓	✓
IX. Subcontractual Relationships and Delegation	✓	✓	✓	✓
Member Services and Experiences				
II. Member Rights and Confidentiality	✓		✓	
III. Member Information	✓		✓	
IV. Emergency and Poststabilization Services	✓	✓	✓	✓
VI. Coordination and Continuity of Care	✓	✓	✓	✓
VII. Coverage and Authorization of Services	✓	✓	✓	✓
XIII. Grievance and Appeal System	✓	✓	✓	✓
Managed Care Operations				
I. Enrollment and Disenrollment	✓	✓		✓

Standard	SFY 2020–2021	Access	Quality	Timeliness
X. Practice Guidelines	✓		✓	
XI. Health Information Systems	✓	✓	✓	✓
XII. Quality Assessment and Performance Improvement	✓	✓	✓	✓
XIV. Program Integrity	✓	✓	✓	

The CMO compliance review results are displayed in the following tables and include the results of the current three-year period of compliance reviews. HSAG also provides a summary of each CMO’s strengths, weaknesses, and recommendations, as applicable, for the CMO to meet federal and DCH requirements.



Amerigroup

Table 6-2 presents a summary of Amerigroup’s compliance with standards review results.

Table 6-2—Compliance Review Standards and Scores for the Three-Year Period: SFY 2020–SFY 2022

	CFR	Compliance Reviews	Amerigroup		
		Standard Name	2020	2021	2022
I.	438.56	Enrollment and Disenrollment			100%
II.	438.100 438.224	Member Rights and Confidentiality			100%
III.	438.10	Member Information			100%
IV.	438.114	Emergency and Poststabilization Services			100%
V.	438.206 438.207	Adequate Capacity and Availability of Services			100%
VI.	438.208	Coordination and Continuity of Care			100%
VII.	438.210	Coverage and Authorization of Services			89.5%
VIII.	438.214	Provider Selection			75.0%
IX.	438.230	Subcontractual Relationships and Delegation			50.0%
X.	438.236	Practice Guidelines			100%
XI.	438.242	Health Information Systems			100%
XII.	438.330	Quality Assessment and Performance Improvement			100%
XIII.	438.228	Grievance and Appeal System			85.2%
XIV.	438.608	Program Integrity			91.7%
TOTAL SCORE					93.6%

Strengths, Weaknesses, and Recommendations

Strengths	
	Strengths were discussed in the Georgia 2023 EQR Annual Technical Report dated March 2023.
Weaknesses and Recommendations	
	<p>Weakness: Weaknesses were discussed in the Georgia 2023 EQR Annual Technical Report dated March 2023.</p> <p>Recommendations: CMO follow-up on recommendations can be found in Appendix E.</p>



CareSource

Table 6-3 presents a summary of CareSource’s compliance with standards review results.

Table 6-3—Compliance Review Standards and Scores for the Three-Year Period: SFY 2020–SFY 2022

	CFR	Compliance Reviews	CareSource		
		Standard Name	2020	2021	2022
I.	438.56	Enrollment and Disenrollment			100%
II.	438.100 438.224	Member Rights and Confidentiality			100%
III.	438.10	Member Information			100%
IV.	438.114	Emergency and Poststabilization Services			100%
V.	438.206 438.207	Adequate Capacity and Availability of Services			94.4%
VI.	438.208	Coordination and Continuity of Care			100%
VII.	438.210	Coverage and Authorization of Services			68.4%
VIII.	438.214	Provider Selection			75.0%
IX.	438.230	Subcontractual Relationships and Delegation			75.0%
X.	438.236	Practice Guidelines			100%
XI.	438.242	Health Information Systems			100%
XII.	438.330	Quality Assessment and Performance Improvement			100%
XIII.	438.228	Grievance and Appeal System			92.6%
XIV.	438.608	Program Integrity			100%
TOTAL SCORE					92.9%

Strengths, Weaknesses, and Recommendations

Strengths	
	Strengths were discussed in the Georgia 2023 EQR Annual Technical Report dated March 2023.
Weaknesses and Recommendations	
	<p>Weakness: Weaknesses were discussed in the Georgia 2023 EQR Annual Technical Report dated March 2023.</p> <p>Recommendations: CMO follow-up on recommendations can be found in Appendix E.</p>



Peach State

Table 6-4 presents a summary of Peach State’s compliance with standards review results.

Table 6-4—Compliance Review Standards and Scores for the Three-Year Period: SFY 2020–SFY 2022

	CFR	Compliance Reviews	Peach State		
		Standard Name	2020	2021	2022
I.	438.56	Enrollment and Disenrollment			100%
II.	438.100 438.224	Member Rights and Confidentiality			100%
III.	438.10	Member Information			95.7%
IV.	438.114	Emergency and Poststabilization Services			100%
V.	438.206 438.207	Adequate Capacity and Availability of Services			100%
VI.	438.208	Coordination and Continuity of Care			100%
VII.	438.210	Coverage and Authorization of Services			100%
VIII.	438.214	Provider Selection			75.0%
IX.	438.230	Subcontractual Relationships and Delegation			75.0%
X.	438.236	Practice Guidelines			100%
XI.	438.242	Health Information Systems			100%
XII.	438.330	Quality Assessment and Performance Improvement			100%
XIII.	438.228	Grievance and Appeal System			96.3%
XIV.	438.608	Program Integrity			91.7%
TOTAL SCORE					96.8%

Strengths, Weaknesses, and Recommendations

Strengths	
	Strengths were discussed in the Georgia 2023 EQR Annual Technical Report dated March 2023.
Weaknesses and Recommendations	
	<p>Weakness: Weaknesses were discussed in the Georgia 2023 EQR Annual Technical Report dated March 2023.</p> <p>Recommendations: CMO follow-up on recommendations can be found in Appendix E..</p>



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 2020–SFY 2022

	CFR	Compliance Reviews	Amerigroup 360°		
		Standard Name	2020	2021	2022
I.	438.56	Enrollment and Disenrollment			100%
II.	438.100 438.224	Member Rights and Confidentiality			100%
III.	438.10	Member Information			100%
IV.	438.114	Emergency and Poststabilization Services			100%
V.	438.206 438.207	Adequate Capacity and Availability of Services			100%
VI.	438.208	Coordination and Continuity of Care			100%
VII.	438.210	Coverage and Authorization of Services			89.5%
VIII.	438.214	Provider Selection			75.0%
IX.	438.230	Subcontractual Relationships and Delegation			50.0%
X.	438.236	Practice Guidelines			100%
XI.	438.242	Health Information Systems			100%
XII.	438.330	Quality Assessment and Performance Improvement			100%
XIII.	438.228	Grievance and Appeal System			81.5%
XIV.	438.608	Program Integrity			91.7%
TOTAL SCORE					93.0%

Strengths, Weaknesses, and Recommendations

Strengths	
	Strengths were discussed in the Georgia 2023 EQR Annual Technical Report dated March 2023.
Weaknesses and Recommendations	
	<p>Weakness: Weaknesses were discussed in the Georgia 2023 EQR Annual Technical Report dated March 2023.</p> <p>Recommendations: CMO follow-up on recommendations can be found in Appendix E.</p>

DCH Intermediate Sanctions Applied

During 2023, DCH monitored the CMOs' implementation of CAPs from prior years' compliance reviews and continued to monitor compliance with federal and State requirements.

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 2022 and 2023 adult Medicaid CAHPS top-box scores.

Table 7-1—Amerigroup Adult Medicaid CAHPS Results

	2022 Top-Box Scores	2023 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	71.08% +	74.79% +
<i>Getting Care Quickly</i>	69.82% +	71.33% +
<i>How Well Doctors Communicate</i>	91.35% +	91.12% +
<i>Customer Service</i>	82.95% +	85.79% +
Global Ratings		
<i>Rating of All Health Care</i>	77.22% +	80.00% +
<i>Rating of Personal Doctor</i>	85.23% +	82.41%
<i>Rating of Specialist Seen Most Often</i>	81.08% +	79.63% +
<i>Rating of Health Plan</i>	77.44%	80.13%



	2022 Top-Box Scores	2023 Top-Box Scores
Medical Assistance With Smoking and Tobacco Use Cessation Items*		
<i>Advising Smokers and Tobacco Users to Quit</i>	60.98% +	64.29% +
<i>Discussing Cessation Medications</i>	21.95% +	29.27% +
<i>Discussing Cessation Strategies</i>	20.00% +	29.27% +

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 these measures.

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

 Indicates the 2023 score is statistically significantly lower than the 2022 national average.

Strengths, Weaknesses, and Recommendations

Strengths	
	HSAG did not identify any CAHPS survey strengths for Amerigroup, as none of the measure scores were statistically significantly higher than the 2022 NCQA adult Medicaid national averages or the 2022 scores.
Weaknesses and Recommendations	
	<p>Weakness: Two of the three Medical Assistance With Smoking and Tobacco Use Cessation item scores, <i>Discussing Cessation Medications</i> and <i>Discussing Cessation Strategies</i>, were statistically significantly lower than the 2022 NCQA adult Medicaid national averages.</p> <p>Recommendations: HSAG recommends that Amerigroup work with providers to adopt strategies to improve member awareness of smoking and tobacco cessation medications and strategies.</p>

Child Findings

Table 7-2 displays Amerigroup’s 2022 and 2023 child Medicaid CAHPS top-box scores.

Table 7-2—Amerigroup Child Medicaid CAHPS Results

	2022 Top-Box Scores	2023 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	86.90%	81.63%
<i>Getting Care Quickly</i>	89.53%	90.58%
<i>How Well Doctors Communicate</i>	95.83%	93.66%
<i>Customer Service</i>	92.70%	88.89%
Global Ratings		
<i>Rating of All Health Care</i>	93.12%	81.64% ▼
<i>Rating of Personal Doctor</i>	90.98%	86.42% ▼

	2022 Top-Box Scores	2023 Top-Box Scores
<i>Rating of Specialist Seen Most Often</i>	85.56% +	79.52% +
<i>Rating of Health Plan</i>	89.60%	87.83%



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 these measures.

Indicates the 2023 score is statistically significantly higher than the 2022 national average.

Indicates the 2023 score is statistically significantly lower than the 2022 national average.

▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.

Strengths, Weaknesses, and Recommendations

Strengths	
	Parents/caretakers of child members enrolled in Amerigroup had more positive experiences with getting care quickly for their child, as the 2023 score for <i>Getting Care Quickly</i> was statistically significantly higher than the 2022 NCQA child Medicaid national average.
Weaknesses and Recommendations	
	<p>Weakness: Fewer parents/caretaker of child members enrolled in Amerigroup reported positive experiences related to care and services their child received and care provided by their child’s personal doctor, as the scores for <i>Rating of All Health Care</i> and <i>Rating of Personal Doctor</i> were statistically significantly lower than the 2022 NCQA child Medicaid national average and the 2022 scores.</p> <p>Recommendations: HSAG recommends that Amerigroup include information about the ratings from the CAHPS survey in provider communications during the year, include reminders about the importance of handling challenging patient encounters, and emphasize patient-centered communication for parents/caretakers of child members. Amerigroup could also consider obtaining feedback from parents/caretakers on their recent office visits, such as a follow-up call or email, to gather more specific information concerning areas for improvement and implement strategies of quality improvement to address these concerns.</p>

CareSource

Adult Findings

Table 7-3 displays CareSource’s 2022 and 2023 adult Medicaid CAHPS top-boxes scores.

Table 7-3—CareSource Adult Medicaid CAHPS Results

	2022 Top-Box Scores	2023 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	82.85% +	76.78% +
<i>Getting Care Quickly</i>	75.52% +	79.97% +

	2022 Top-Box Scores	2023 Top-Box Scores
<i>How Well Doctors Communicate</i>	92.82% +	91.65% +
<i>Customer Service</i>	83.28% +	95.00% + ▲
Global Ratings		
<i>Rating of All Health Care</i>	70.10% +	75.00%
<i>Rating of Personal Doctor</i>	78.35% +	84.25%
<i>Rating of Specialist Seen Most Often</i>	84.38% +	85.92% +
<i>Rating of Health Plan</i>	73.75%	71.43%
Medical Assistance With Smoking and Tobacco Use Cessation*		
<i>Advising Smokers and Tobacco Users to Quit</i>	60.61% +	63.01% +
<i>Discussing Cessation Medications</i>	34.85% +	31.08% +
<i>Discussing Cessation Strategies</i>	27.27% +	24.66% +

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 these measures.



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

 Indicates the 2023 score is statistically significantly higher than the 2022 national average.

 Indicates the 2023 score is statistically significantly lower than the 2022 national average.

▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.

Strengths, Weaknesses, and Recommendations

Strengths	
	Adult members enrolled in CareSource reported more positive experiences with their health plan’s customer service, as the 2023 score for <i>Customer Service</i> was statistically significantly higher than the 2022 NCQA child Medicaid national average and the 2022 score.
Weaknesses and Recommendations	
	<p>Weakness: Fewer adult members enrolled in CareSource reported positive experiences with two of the three Medical Assistance With Smoking and Tobacco Use Cessation item scores, <i>Discussing Cessation Medications</i> and <i>Discussing Cessation Strategies</i>, as the 2023 scores were statistically significantly lower than the 2022 NCQA adult Medicaid national average.</p> <p>Recommendations: HSAG recommends that CareSource work with providers to adopt strategies to improve member awareness of smoking and tobacco cessation medications and strategies.</p>


Child Findings

Table 7-4 shows CareSource’s 2022 and 2023 child Medicaid CAHPS top-box scores.



Table 7-4—CareSource Child Medicaid CAHPS Results

	2022 Top-Box Scores	2023 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	82.08%	78.78%
<i>Getting Care Quickly</i>	86.36%	83.50%
<i>How Well Doctors Communicate</i>	93.47%	91.76%
<i>Customer Service</i>	89.73%	87.29%
Global Ratings		
<i>Rating of All Health Care</i>	86.51%	84.29%
<i>Rating of Personal Doctor</i>	88.71%	88.07%
<i>Rating of Specialist Seen Most Often</i>	84.93%	76.24%
<i>Rating of Health Plan</i>	82.73%	83.25%

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 these measures.

 Indicates the 2023 score is statistically significantly lower than the 2022 national average.

Strengths, Weaknesses, and Recommendations

Strengths	
	HSAG did not identify any CAHPS survey strengths for CareSource, as none of the measure scores were statistically significantly higher than the 2022 NCQA child Medicaid national averages or the 2022 scores.
Weaknesses and Recommendations	
	<p>Weakness: Fewer parents/caretakers of child members reported positive experiences related to receiving the care they thought they needed in a timely manner and care received from specialists, as the 2023 <i>Getting Needed Care</i> and <i>Rating of Specialist Seen Most Often</i> scores were statistically significantly lower than the 2022 NCQA child Medicaid national averages.</p> <p>Recommendations: HSAG recommends that CareSource conduct root cause analyses or focus studies to determine why members thought they were not getting needed care overall and from specialists. CareSource could consider obtaining feedback from parents/caretakers on their recent office visit, such as a follow-up call or email, to gather more specific information concerning areas for improvement and implement strategies of quality improvement to address these concerns. CareSource could also identify if there are any operational issues contributing to access to care barriers for parents/caretakers of child members.</p>

Peach State

Adult Findings

Table 7-5 shows Peach State’s 2022 and 2023 adult Medicaid CAHPS top-box scores.

Table 7-5—Peach State Adult Medicaid CAHPS Results



	2022 Top-Box Scores	2023 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	84.89% +	77.08%
<i>Getting Care Quickly</i>	81.48% +	76.97%
<i>How Well Doctors Communicate</i>	91.91% +	90.05%
<i>Customer Service</i>	81.85% +	85.90% +
Global Ratings		
<i>Rating of All Health Care</i>	82.05%	73.13%
<i>Rating of Personal Doctor</i>	84.96%	82.93%
<i>Rating of Specialist Seen Most Often</i>	80.00% +	75.90% +
<i>Rating of Health Plan</i>	77.96%	72.44%
Medical Assistance With Smoking and Tobacco Use Cessation*		
<i>Advising Smokers and Tobacco Users to Quit</i>	63.79% +	62.07% +
<i>Discussing Cessation Medications</i>	37.93% +	34.48% +
<i>Discussing Cessation Strategies</i>	32.73% +	33.93% +

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 these measures.

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

 Indicates the 2023 score is statistically significantly lower than the 2022 national average.

Strengths, Weaknesses, and Recommendations

Strengths	
	HSAG did not identify any CAHPS survey strengths for Peach State, as none of the measure scores were statistically significantly higher than the 2022 NCQA adult Medicaid national averages or the 2022 scores.
Weaknesses and Recommendations	
	Weakness: Fewer adult members enrolled in Peach State reported positive experiences with one of the three Medical Assistance With Smoking and Tobacco Use Cessation item scores, <i>Discussing Cessation Medications</i> , as the 2023 score was statistically significantly lower than the 2022 NCQA adult Medicaid national average.

Weaknesses and Recommendations	
	Recommendations: HSAG recommends that Peach State work with providers to adopt strategies to improve member awareness of smoking and tobacco cessation medications.

Child Findings

Table 7-6 shows Peach State's 2022 and 2023 child Medicaid CAHPS top-box scores.



Table 7-6—Peach State Child Medicaid CAHPS Results

	2022 Top-Box Scores	2023 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	81.79%	82.86%
<i>Getting Care Quickly</i>	84.09%	87.31%
<i>How Well Doctors Communicate</i>	96.34%	93.86%
<i>Customer Service</i>	90.33% +	83.65%
Global Ratings		
<i>Rating of All Health Care</i>	90.25%	85.59%
<i>Rating of Personal Doctor</i>	94.30%	91.32%
<i>Rating of Specialist Seen Most Often</i>	91.67% +	80.70% ▼
<i>Rating of Health Plan</i>	84.96%	84.05%

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 these measures.

▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.

Strengths, Weaknesses, and Recommendations

Strengths	
	HSAG did not identify any CAHPS survey strengths for Peach State, as none of the measure scores were statistically significantly higher than the 2022 NCQA child Medicaid national averages or the 2022 scores.
Weaknesses and Recommendations	
	<p>Weakness: Fewer parents/caretakers of child members reported positive experiences related to care their child received from specialists, as the 2023 <i>Rating of Specialist Seen Most Often</i> score was statistically significantly lower than the 2022 score.</p> <p>Recommendations: HSAG recommends that Peach State conduct root cause analyses or focus studies to determine why parents/caretakers of child members were not satisfied with care received from specialists. Peach State could consider obtaining feedback from parents/caretakers on their recent office visit, such as a follow-up call or email, to gather more specific information concerning areas for improvement and implement strategies of quality improvement to address these concerns.</p>

Amerigroup 360°

Table 7-7 shows Amerigroup 360°’s 2022 and 2023 Medicaid CAHPS top-box scores.

Table 7-7—Amerigroup 360° CAHPS Results

	2022 Top-Box Scores	2023 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	85.32%	85.43%
<i>Getting Care Quickly</i>	88.96%	92.51%
<i>How Well Doctors Communicate</i>	97.09%	98.37%
<i>Customer Service</i>	87.12%	89.48% +
Global Ratings		
<i>Rating of All Health Care</i>	86.20%	88.65%
<i>Rating of Personal Doctor</i>	92.80%	93.46%
<i>Rating of Specialist Seen Most Often</i>	86.67%	89.90% +
<i>Rating of Health Plan</i>	76.79%	80.56%

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 these measures.

Indicates the 2023 score is statistically significantly higher than the 2022 national average.

Indicates the 2023 score is statistically significantly lower than the 2022 national average.

Strengths, Weaknesses, and Recommendations

Strengths	
	A comparison of the 2023 Amerigroup 360° program average scores to the 2022 NCQA child Medicaid national averages revealed that the Amerigroup 360° program’s 2023 scores were statistically significantly higher than the 2022 NCQA child Medicaid national averages for three measures: <i>Getting Care Quickly</i> , <i>How Well Doctors Communicate</i> , and <i>Rating of Personal Doctor</i> .
Weaknesses and Recommendations	
	<p>Weakness: A comparison of the 2023 Amerigroup 360° program average scores to the 2022 NCQA child Medicaid national averages revealed that the Amerigroup 360° program’s 2023 score was statistically significantly lower than the 2022 NCQA child Medicaid national average for one measure, <i>Rating of Health Plan</i>.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° conduct root cause analyses or focus studies to determine why parents/caretakers of child members were not satisfied with the care and services they received. In addition to considering if there are disparities within its populations that contribute to the lower performance in a particular race or ethnicity, age group, ZIP Code, etc., Amerigroup 360° could include information about the ratings from the CAHPS survey in provider communications during the year, include reminders about the importance of handling challenging patient encounters, and emphasize patient-centered communication for parents/caretakers of child members.</p>

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

Strengths Related to Quality	
	Amerigroup demonstrated strength in the Quality of Care domain for the GF and Peach Care for Kids® programs with the <i>Asthma Medication Ratio—12–18 Years</i> age stratification exceeding the MY 2022 HEDIS 75th percentile. Amerigroup also met or exceeded the MY 2022 HEDIS 75th percentile for this measure in the <i>5–11 Years</i> stratification. The results indicate that children diagnosed with asthma were able to access their PCP to help them manage their chronic condition, potentially reducing ED visits and unnecessary inpatient utilization.
Strengths Related to Access and Timeliness	
	<p>Amerigroup demonstrated strength in some measures of access to care. For the GF program, Amerigroup exceeded the NCQA MY 2022 75th percentile for <i>Cervical Cancer Screening</i>. This performance demonstrates that female members were receiving the appropriate screenings for cervical cancer, increasing the ability to identify cancer early.</p> <p>For the GF and Peach Care for Kids® populations, the CMO met or exceeded the NCQA MY 2022 75th percentile for <i>Immunizations for Adolescents—Combination 1</i>. Improvements were also demonstrated in the following access to care measures:</p>

Strengths Related to Access and Timeliness	
	<p><i>Child and Adolescent Well-Care Visits—Total, 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 Well-Child Visits for Age 15 Months—30 Months—Two or More Well-Child Visits.</i> Amerigroup exceeded the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life.</i></p> <p>In addition, for the PeachCare for Kids® program, Amerigroup met or exceeded the MY 2022 75th percentile for <i>Childhood Immunization Status—Combination 7.</i> For both Medicaid and CHIP, children and adolescents were accessing well-care visits and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.</p> <p>The performance measure results were consistent with the results of the member experience of care survey results. Parents/caretakers of child members enrolled in Amerigroup had more positive experiences with getting care quickly for their child, as the 2023 score for <i>Getting Care Quickly</i> was statistically significantly higher than the 2022 NCQA child Medicaid national average.</p>
	<p>In the Stewardship domain for the PeachCare for Kids® population, Amerigroup met or exceeded the MY 2022 HEDIS 90th percentile for <i>Ambulatory Care—ED Visits—Total</i>, indicating that members were able to access a PCP and receive appropriate treatment needed to stay healthy and reduce unnecessary ED utilization.</p>







Weaknesses and Recommendations	
	<p>Weakness: In the Access to Care domain for Amerigroup’s GF population, seven of 15 (46.7 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2022 50th percentile. Measures that fell below the 50th percentile included: <i>Childhood Immunization Status—Combination 7, Immunizations for Adolescents—Combination 2, Child and Adolescent Well-Care Visits—3–11 Years and 18–21 Years, Breast Cancer Screening, and Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care.</i> The CMO’s PeachCare for Kids® population also fell below the 50th percentile for <i>Immunizations for Adolescents—Combination 2</i>, suggesting opportunities for adolescents to receive the recommended immunization screenings.</p> <p>Recommendations: HSAG recommends that Amerigroup consider targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. HSAG also recommends that Amerigroup stratify data and solicit quantitative and qualitative feedback from contracted providers to identify potential key drivers contributing to low performance (e.g., are the issues related to barriers to accessing care, lack of transportation, a lack of family planning service providers, or the need for improved community outreach and education).</p> <p>HSAG also recommends that Amerigroup consider piloting suggested best practices to improve immunization rates such as:</p> <ul style="list-style-type: none"> • Expanding upon existing and/or offering new provider education and engagement opportunities such as webinars and newsletters on children’s vaccination best practices. • Sharing health education material with the population served.


Weaknesses and Recommendations	
	<ul style="list-style-type: none"> Offering member or family incentives, such as gift cards, for accessing timely preventive and immunization services. Evaluating and expanding current and/or new member outreach and engagement initiatives.
	<p>Weakness: In the Quality of Care domain for Amerigroup’s GF population, PM rates for the <i>Controlling High Blood Pressure</i> measure and the <i>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Poor Control (>9.0%)</i> measure indicator continued to fall below the HEDIS MY 2022 25th percentile. The <i>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)</i> and <i>Asthma Medication Ratio—19–50 Years</i> measure indicators fell below the HEDIS MY 2022 50th percentile, while <i>Asthma Medication Ratio—51–64 Years</i> fell below the HEDIS MY 2022 25th percentile.</p> <p>Recommendations: HSAG recommends that Amerigroup use targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. HSAG also recommends that Amerigroup assess the feasibility and achievability of implementing PHM strategies that focus on disease and chronic condition management such as:</p> <ul style="list-style-type: none"> Considering the feasibility and cost of providing at-home devices, such as blood pressure monitoring devices, to hypertensive members. Evaluating and expanding current and/or new member outreach and engagement initiatives. Offering provider education and engagement opportunities such as webinars and newsletters on chronic condition management best practices. Sharing health education material with the population served on the appropriate use of medications, diet and nutrition, or physical activity to help manage chronic conditions. Working with community resources and programs to address SDOH that may be impacting members’ ability to receive recommended care for chronic conditions.
	<p>Weakness: The CAHPS Adult survey results found that two of the three Medical Assistance With Smoking and Tobacco Use Cessation item scores, <i>Discussing Cessation Medications</i> and <i>Discussing Cessation Strategies</i>, were statistically significantly lower than the 2022 NCQA adult Medicaid national averages.</p> <p>Recommendations: HSAG recommends that Amerigroup work with providers to adopt strategies to improve member awareness of smoking and tobacco cessation medications and strategies. HSAG also recommends that Amerigroup work with the Georgia Department of Public Health and Georgia Tobacco Quit Line to improve members’ access to resources and supports to quit smoking and using tobacco products.</p>
	<p>Weakness: The CMO’s member experience CAHPS survey results demonstrate that fewer parents/caretakers of child members enrolled in Amerigroup reported positive experiences related to care and services their child received and care provided by their child’s personal doctor, as the scores for <i>Rating of All Health Care</i> and <i>Rating of Personal Doctor</i> were statistically significantly lower than the 2022 NCQA child Medicaid national average and the 2022 scores.</p>



Weaknesses and Recommendations	
	<p>Recommendations: HSAG recommends that Amerigroup inform providers about the ratings from the CAHPS survey in provider communications during the year, include reminders about the importance of handling challenging patient encounters, and emphasize patient-centered communication for parents/caretakers of child members. HSAG also recommends that Amerigroup consider obtaining feedback from parents/caretakers on their recent office visits, such as a follow-up call or email, to gather more specific information concerning areas for improvement and implement strategies of quality improvement to address these concerns.</p>

CareSource

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


Strengths Related to Quality	
	In the Quality of Care domain for the GF population, CareSource met or exceeded the HEDIS MY 2022 90th percentile for <i>Asthma Medication Ratio—12–18 Years</i> and <i>51–64 Years</i> . CareSource also met or exceeded the HEDIS MY 2022 75th percentile for <i>Asthma Medication Ratio—5–11 Years</i> and the 50th percentile for the <i>19–50 Years</i> age group. The performance for this measure suggests effective management of members with asthma, which may help reduce the need for rescue medication as well as costs associated with ED visits, inpatient hospital admissions, and missed days of school or work.
	In the Quality of Care domain, CareSource met or exceeded the HEDIS MY 2022 75th percentile for five of five (100.0 percent) measure indicators that could be compared to benchmarks for its PeachCare for Kids® population. Of note, <i>Asthma Medication Ratio</i> for both age groups met or exceeded the HEDIS MY 2022 90th percentile.
	Adult members enrolled in CareSource reported more positive experiences with their health plan’s customer service, as the 2023 score for <i>Customer Service</i> was statistically significantly higher than the 2022 NCQA child Medicaid national average and the 2022 score.
Strengths Related to Access and Timeliness	
	In the Access to Care domain for CareSource’s PeachCare for Kids® population, five of seven (71.4 percent) measure indicators met or exceeded the HEDIS MY 2022 50th percentile. Of note, three of these five (60.0 percent) measure indicator rates met or exceeded the HEDIS MY 2022 75th percentile.
	In the Stewardship domain for the PeachCare for Kids® population, CareSource met or exceeded the MY 2022 HEDIS 90th percentile for <i>Ambulatory Care—ED Visits—Total</i> , indicating that members were able to access a PCP and receive appropriate treatment needed to stay healthy and reduce unnecessary ED utilization.
Weaknesses and Recommendations	
	<p>Weakness: In the Access to Care domain for CareSource’s GF population, 10 of 15 (66.7 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2022 50th percentile; of note, three of these 10 (30.0</p>





Weaknesses and Recommendations	
	<p>percent) rates fell below the 25th percentile: <i>Immunizations for Adolescents—Combination 2</i> as well as <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> and <i>Postpartum Care</i>.</p> <p>Similarly, in the Access to Care domain for CareSource’s PeachCare for Kids® population, <i>Immunizations for Adolescents—Combination 2</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> fell below the HEDIS MY 2022 50th percentile.</p> <p>These rates suggest opportunities for improvement in providing adequate and timely preventive and immunization services. Immunizations are essential for disease prevention and are a critical aspect of prevention care for children.</p> <p>Recommendations: HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code.</p> <p>For the <i>Immunizations for Adolescents—Combination 2</i> measure, HSAG recommends that CareSource continue to build upon performance improvement interventions already implemented for ensuring that adolescents receive medically appropriate preventive vaccinations. CareSource could also consider analyzing the data to determine variations in the compliance rates of vaccines. For the <i>Prenatal and Postpartum Care</i> measure, HSAG recommends that CareSource stratify data and solicit quantitative and qualitative feedback from contracted providers to identify potential key drivers contributing to low performance (e.g., are the issues related to barriers to accessing care, lack of transportation, a lack of family planning service providers, or the need for improved community outreach and education).</p> <p>In addition, HSAG recommends that CareSource consider piloting interventions to improve prenatal and postpartum care rates such as:</p> <ul style="list-style-type: none"> • Expanding and/or considering new provider education and engagement opportunities such as educational webinars and newsletters on prenatal women’s health services. • Sharing prenatal health education material with the population served. • Offering member incentives, such as gift cards, for accessing timely prenatal and postpartum care. • Offering transportation services.
	<p>Weakness: In the Quality of Care domain for CareSource’s GF population, PM rates for the <i>Controlling High Blood Pressure</i> measure fell below the HEDIS MY 2022 50th percentile. The <i>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i> measure indicators continued to fall below the HEDIS MY 2022 25th percentile.</p> <p>Recommendations: HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. HSAG recommends assessing the feasibility and achievability of implementing PHM strategies that focus on disease and chronic condition management such as:</p>

Weaknesses and Recommendations	
	<ul style="list-style-type: none"> Considering the feasibility and cost of providing at-home devices, such as blood pressure monitoring devices, to hypertensive members. Evaluating and expanding current and/or new member outreach and engagement initiatives. Offering provider education and engagement opportunities such as webinars and newsletters on chronic condition management best practices. Sharing health education material with the population served on the appropriate use of medications, diet and nutrition, or physical activity to help manage chronic conditions.
	<p>Weakness: Fewer adult members enrolled in CareSource reported positive experiences in the CAHPS survey, as two of the three Medical Assistance With Smoking and Tobacco Use Cessation item scores, <i>Discussing Cessation Medications</i> and <i>Discussing Cessation Strategies</i>, were statistically significantly lower than the 2022 NCQA adult Medicaid national average.</p> <p>Recommendations: HSAG recommends that Amerigroup work with providers to adopt strategies to improve member awareness of smoking and tobacco cessation medications and strategies. HSAG also recommends that Amerigroup work with the Georgia Department of Public Health and Georgia Tobacco Quit Line to improve members' access to resources and supports to quit smoking and using tobacco products.</p>
	<p>Weakness: Fewer parents/caretakers of child members reported positive experiences related to receiving the care they thought they needed in a timely manner and care received from specialists, as the 2023 <i>Getting Needed Care</i> and <i>Rating of Specialist Seen Most Often</i> scores were statistically significantly lower than the 2022 NCQA child Medicaid national averages.</p> <p>Recommendations: HSAG recommends that CareSource conduct root cause analyses or focus studies to determine why members thought they were not getting needed care overall and from specialists. HSAG also recommends that CareSource consider obtaining feedback from parents/caretakers on their recent office visit, such as a follow-up call or email, to gather more specific information concerning areas for improvement and implement strategies of quality improvement to address these concerns. HSAG further recommends that CareSource identify if there are any operational issues contributing to access to care barriers for parents/caretakers of child members.</p>

Peach State







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



Strengths Related to Quality	
	<p>In the Quality of Care domain for Peach State's PeachCare for Kids® population, Peach State met or exceeded the HEDIS MY 2021 75th percentile for <i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase</i>, and <i>Continuation and Maintenance Phase</i> met or exceeded the HEDIS MY 2022 90th percentile. This indicates that providers were implementing follow-up processes to monitor children prescribed long-term medications.</p>


Strengths Related to Access and Timeliness	
	<p>In the Access to Care domain for the GF population, Peach State met or exceeded the HEDIS MY 2022 NCQA HEDIS 75th percentile for the <i>Chlamydia Screening in Women—16–20 Years</i> indicator.</p> <p>Similarly for Peach State’s PeachCare for Kids® population, Peach State met or exceeded the HEDIS MY 2022 75th percentile for three indicators: <i>Immunizations for Adolescents—Combination 1</i>, <i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits</i>, and <i>Childhood Immunization Status—Combination 7</i>. Of note, <i>Childhood Immunization Status—Combination 7</i> met or exceeded the HEDIS MY 2022 90th percentile.</p> <p>The CMO’s performance for these measure indicators demonstrates that many children and adolescents were accessing well-care visits and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.</p>
	<p>In the Stewardship domain for the PeachCare for Kids® population, Peach State met or exceeded the MY 2022 HEDIS 90th percentile for <i>Ambulatory Care—ED Visits—Total</i>, indicating that members were able to access a PCP and receive appropriate treatment needed to stay healthy and reduce unnecessary ED utilization.</p>
Weaknesses and Recommendations	
	<p>Weakness: Fewer adult members enrolled in Peach State reported positive experiences with one of the three Medical Assistance With Smoking and Tobacco Use Cessation item scores, <i>Discussing Cessation Medications</i>, as the 2023 score was statistically significantly lower than the 2022 NCQA adult Medicaid national average.</p> <p>Recommendations: HSAG recommends that Peach State work with providers to adopt strategies to improve member awareness of smoking and tobacco cessation medications and strategies. HSAG also recommends that Peach State work with the Georgia Department of Public Health and Georgia Tobacco Quit Line to improve members’ access to resources and supports to quit smoking and using tobacco products.</p>
	<p>Weakness: Fewer parents/caretakers of child members reported positive experiences related to care their child received from specialists, as the 2023 <i>Rating of Specialist Seen Most Often</i> score was statistically significantly lower than the 2022 score.</p> <p>Recommendations: HSAG recommends that Peach State conduct root cause analyses or focus studies to determine why parents/caretakers of child members were not satisfied with the care received from specialists. HSAG also recommends that Peach State consider obtaining feedback from parents/caretakers on their recent office visit, such as a follow-up call or email, to gather more specific information concerning areas for improvement and implement strategies of quality improvement to address these concerns.</p>

Amerigroup 360°

Table 8-4—Overall Conclusions for Amerigroup 360°: Quality, Access, and Timeliness

Strengths Related to Quality	
	In the Quality of Care domain, Amerigroup 360° continued to demonstrate strength for HEDIS MY 2022, with seven of the 17 (41.2 percent) measure rates related to quality of care between the 75th and 89th percentile, and eight of these rates (47.1 percent) exceeding the 90th percentile. The results indicate that children were able to access their PCP to help them manage their health, potentially reducing ED visits and unnecessary inpatient utilization.
	The CMO met or exceeded the 90th percentile for <i>Asthma Medication Ratio—5–11 Years; Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total; Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose—12–17 Years, Cholesterol—12–17 Years, and Blood Glucose and Cholesterol—12–17 Years; and Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—1–11 Years, 12–17 Years, and Total</i> . The results indicate that members were able to access their providers and receive timely follow-up care, reducing unnecessary use of EDs and inpatient utilization. In addition, members were able to receive ongoing care for some chronic conditions.
	A comparison of the 2023 Amerigroup 360° program average scores to the 2022 NCQA child Medicaid national averages revealed that the Amerigroup 360° program’s 2023 scores were statistically significantly higher than the 2022 NCQA child Medicaid national averages for three CAHPS measures: <i>Getting Care Quickly, How Well Doctors Communicate, and Rating of Personal Doctor</i> . The experience of care survey results align with the performance measure results, demonstrating that members were receiving timely follow-up care and care needed to manage chronic conditions and to monitor results of prescribed medications.
Strengths Related to Access and Timeliness	
	In the Access to Care domain, Amerigroup 360° continued to demonstrate strength for HEDIS MY 2022, with four measure rates (50.0 percent) between the 75th and 89th percentile, and three measure rates (37.5 percent) meeting or exceeding the 90th percentile.
	In the Stewardship domain, Amerigroup 360° met or exceeded the 75th percentile for <i>Ambulatory Care—ED Visits—Total</i> , indicating that members were able to access a PCP and receive appropriate treatment needed to stay healthy and reduce unnecessary ED utilization.
	Amerigroup 360° met or exceeded the 75th percentile for the <i>Child and Adolescent Well-Care Visits</i> and <i>Immunizations for Adolescents—Combination 1</i> and <i>Combination 2</i> measure indicator rates. Additionally, the CMO met or exceeded the 90th percentile for <i>Childhood Immunization Status—Combination 7, 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 Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits</i> . The results indicate that the CMO’s PCPs have implemented processes to ensure that children receive timely well and preventive care.

Weaknesses and Recommendations	
	<p>Weakness: In the Access to Care domain, Amerigroup 360°s <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> measure indicator rate fell below the 25th percentile. This performance demonstrates opportunities to improve timeliness and access to prenatal care services, thereby reducing complications during pregnancy and delivery, and setting the stage for the long-term health and well-being of new mothers and their infants. Timely access to prenatal care services may also have an impact on maternal and infant mortality.</p> <p>Recommendations: HSAG recommends that the CMO implement targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. HSAG recommends that Amerigroup 360° evaluate the feasibility of implementing appropriate interventions to improve quality of, access to, and timeliness of prenatal and postpartum care. HSAG also recommends that the CMO evaluate best practices that Amerigroup 360° may implement to improve prenatal and postpartum care rates, including:</p> <ul style="list-style-type: none"> • Offering provider education and engagement opportunities such as educational webinars and newsletters on prenatal women’s health services. • Evaluating additional forums to expand opportunities to provide prenatal health education material with the population served, such as community events. • Piloting a member incentives program designed to encourage timely prenatal and postpartum care services, such as gift cards.
	<p>Weakness: In the Quality of Care domain, five of 22 (22.7 percent) measure indicator rates related to quality of care that were comparable to benchmarks fell below the 50th percentile, showing a continued decrease in performance for this domain: <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia, Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment, Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%), and Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase</i>. Of note, four of these five (80.0 percent) measure indicator rates fell below the 25th percentile: <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia, Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment, and Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)</i>. These results continue to demonstrate opportunities to improve members’ quality of care related to managing medications and chronic conditions.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° conduct root cause analyses to determine the nature and scope of the issue (e.g., communication barriers between patients and providers, lack of education and awareness on the importance of medication, and other SDOH impacting members’ ability to stay on the appropriate medication). HSAG recommends that Amerigroup 360° consider implementing appropriate interventions to improve performance related to these behavioral health measures. Best practices include partnering with providers and local pharmacies to stress timely 90-day prescription refills, when appropriate, to support medication adherence and providing member and/or guardian education on the importance of medication adherence.</p>
	<p>Weakness: A comparison of the 2023 Amerigroup 360° program average scores to the 2022 NCQA child Medicaid national averages revealed that the Amerigroup</p>

Weaknesses and Recommendations	
	<p>360° program's 2023 score was statistically significantly lower than the 2022 NCQA child Medicaid national average for one CAHPS measure, <i>Rating of Health Plan</i>.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° conduct root cause analyses or focus studies to determine why parents/caretakers of child members were not satisfied with the care and services they received. In addition to considering if there are disparities within its populations that contribute to the lower performance in a particular race or ethnicity, age group, ZIP Code, etc., Amerigroup 360° could include information about the ratings from the CAHPS survey in provider communications during the year, include reminders about the importance of handling challenging patient encounters, and emphasize patient-centered communication for parents/caretakers of child members.</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, the February 2023 CMS EQR Protocols, and CMS technical report feedback received by states. Table A-1 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
1a	The state submitted its EQR technical report by April 30th.	Cover page
1b	Include a clickable or hyperlinked table of contents for easy navigation throughout the report.	Table of Contents Pages ii–iii
1c	Produce a searchable PDF to enable stakeholders to review topics of interest and facilitate use of the reports for topic-specific analyses.	Table of Contents Pages ii–iii
1d	Use the names of the MCEs when referring to plan performance. Findings and comparisons should refer to MCEs by name in order to facilitate transparency and stakeholder understanding of specific plan performance.	Entire report
2	All eligible Medicaid and Children’s Health Insurance Program (CHIP) plans are included in the report. <i>TIPS: Identify the MCPs subject to EQR by plan name, MCP type, managed care authority, and population(s) served in an introduction, executive summary, or appendix. Explain MCE exclusions (overall or by mandatory or optional EQR activity) by providing context on MCE mergers, acquisitions, or terminations. §438.364(a)</i>	Section 1 Page 1-1
3a	Required elements are included in the report: The technical report must summarize findings on quality, access, and timeliness of care for each MCO, PIHP, PAHP, and PCCM entity that provides benefits to Medicaid and CHIP enrollees. <i>TIPS: Describe the manner in which the data from all activities conducted in accordance with 42 CFR §438.358 and 2 CFR 438.364(a)(1) were 1. aggregated, 2. analyzed, and 3. conclusions were drawn about the MCP’s ability to furnish services. These findings should reflect a comparison to the domains of quality, timeliness, and access to the healthcare services furnished by the MCO, PIHP, PAHP, or PCCM entity.</i>	Section 1 Page 1-3 Section 8 Pages 8-1 – 8-10
3b	Required elements are included in the report: An assessment of the strengths and weaknesses of each MCO, PIHP, PAHP and PCCM entity 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]) 42 CFR 438.364(a)(1), and §438.364(a)(3)), furnished to Medicaid and/or CHIP beneficiaries. Contain specific recommendations for improvement of identified weaknesses. <i>TIPS:</i>	Section 4 Pages 4-1 – 4-8 Section 5 Pages 5-2 – 5-11 Section 6 6-4 – 6-7

	Required Elements	Page Number
	<ul style="list-style-type: none"> Include a chart outlining each MCP’s strengths and weaknesses for each EQR activity and designate a quality, timeliness, and access domain. Highlight substantive findings concerning the extent to which each MCP is furnishing high quality, timely, and appropriate access to health care services. Findings should focus on the specific strengths and weaknesses the EQRO identified, rather than on numerical ratings or validation scores obtained under the EQRO’s review methodology. 	<p>Section 7 7-2 – 7-8</p> <p>Section 8 Pages 8-1 – 8-10</p>
3c	<p>Required elements are included in the report: Describe how the state can target goals and objectives in the quality strategy, under 42 CFR §438.340 and 42 CFR 438.364(a)(4), to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid or CHIP enrollees.</p> <p>TIPS:</p> <ul style="list-style-type: none"> Consider connecting EQR findings to the quality strategy goals and objectives, particularly in sections of the report that assess the state’s overall performance of the quality, timeliness, and access to health care services; when discussing strengths and weaknesses of a MCP or activity; or when discussing the basis of performance measures or PIPs. Note when goals in the quality strategy are considered in EQR activities and which goals they are. Describe the relationship between goals in the state’s quality strategy and the four mandatory EQR activities. 	<p>Section 1 Pages 1-6 – 1-7</p>
3d	<p>Recommend improvements for improving the quality of health care services furnished by each MCO, PIHP, PAHP, or PCCM Entity. §438.310(c)(2) and 2 CFR 438.364(a)(4)</p> <p>TIPS:</p> <ul style="list-style-type: none"> Include recommendations for each MCP. Recommendations should share the EQRO’s understanding of why the weakness exists and suggest steps for how the MCP—potentially in concert with the state—can best address the issue. If the cause for the weakness is unclear or unknown, the EQRO should suggest how the MCP and/or state can identify the cause. When determining recommendations, EQROs should consider whether the suggested actions are within the authority of the MCP (or state). 	<p>Section 1 Pages 1-4 – 1-5</p>
3e	<p>Summarize results across all MCEs and provide state-level recommendations for performance improvement.</p>	<p>Section 1 Pages 1-4 – 1-5</p>
3f	<p>Ensure methodologically appropriate, comparative information about all MCPs in accordance with 42 CFR 438.364(a)(5).</p> <p>TIPS:</p> <ul style="list-style-type: none"> Aggregate findings across MCPs for each EQR activity and show comparisons. Provide context for the individual MCP to make it easier for stakeholders to understand the results of the review and more readily determine whether issues are localized or systemic. 	<p>Section 3 Pages 3-2 – 3-27</p>
3f	<p>Assess the degree to which each MCP has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year’s EQR. §438.364(a)(6)</p>	<p>Appendix E</p>

	Required Elements	Page Number
	<p><i>TIPS:</i></p> <ul style="list-style-type: none"> State the prior year finding and describe the assessment of each MCP’s approach to addressing the recommendation or findings issued by the state or EQRO in the previous year’s EQR technical report. This is not a restatement of a response or rebuttal to the recommendation by the MCP or state. Document assessments with the same specificity used when reporting on initial findings. 	
3f	<p>The information included in the technical report must not disclose the identity or other protected health information of any patient. 2 CFR 438.364(d)</p> <p><i>TIPS:</i></p> <ul style="list-style-type: none"> Ensure the technical report is consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (42 C.F.R. §431 Subpart F and § 457.1110). Ensure that MCPs comply with HIPAA and all other federal and state laws concerning confidentiality and disclosure. Ensure that EQR-related data collection and reporting activities are consistent with HIPAA requirements. 	Entire report
3g	An assessment of the MCO, PIHP, PAHP, or PCCM entity information system as part of the validation process. §438.242	Section 5 Page 5-1
	The EQRO can address these plan level reporting requirements via tables or appendices to the aggregate report or prepare separate aggregate reports by type of MCP if appropriate.	
4	<p>Validation of performance improvement projects (PIPs): A description of PIP interventions associated with each state-required PIP topic that were underway during the preceding 12 months, and the following for the validation of PIPs: objectives, technical methods of data collection and analysis, description of data obtained, and conclusions drawn from the data. §438.358(b)(1)(i) and 2 CFR 438.364(a)(2)(iv)</p> <p><i>CONSIDERATIONS:</i></p> <ul style="list-style-type: none"> Provide a validation of all PIPs underway during the 12-month period preceding the EQR review, regardless of the phase of the PIP’s implementation. States often link the timeframe under review to a corresponding measurement or performance period such as state or federal fiscal year, or calendar year. 	
4a	<p>Validation of performance improvement projects (PIPs):</p> <ul style="list-style-type: none"> Interventions The technical report must include a description of PIP interventions associated with each state-required PIP topic for the current EQR review cycle. §438.330(d) <p><i>CONSIDERATIONS:</i></p> <ul style="list-style-type: none"> For states with many MCPs and PIPs, provide an appendix or link to each plan-level report, an appendix in an aggregate report, or a separate PIP-report that compiles the PIPs applicable to all or a group of plans. Present this information in 	Section 4 Pages 4-3 – 4-7

	Required Elements	Page Number
	<p><i>a cohesive way that allows for brevity in the sections that describe data analysis and conclusions.</i></p> <ul style="list-style-type: none"> <i>Note that a table listing all PIP interventions will not alone be considered as methodologically appropriate comparative information, as the table simply organizes information, but does not compare or draw conclusions from the information presented.</i> 	
4b	<p>Validation of performance improvement projects (PIPs):</p> <ul style="list-style-type: none"> Objectives <p><i>CONSIDERATIONS:</i></p> <ul style="list-style-type: none"> <i>Provide the state or EQRO’s objective for conducting the mandatory activity itself, including the general approach or methods of validation used by the EQRO. The state may also include the objective or aim statement for each PIP to satisfy this criterion for the PIP validation activity.</i> 	Section 4 Page 4-1
4c	<p>Validation of performance improvement projects (PIPs):</p> <ul style="list-style-type: none"> Technical methods of data collection and analysis <p><i>CONSIDERATIONS:</i></p> <ul style="list-style-type: none"> <i>Provide a description of how data was obtained by the EQRO to conduct the validation activity. If a collection tool is used, providing an example of the format of the tool, or questions asked, in an appendix is a best practice. Further, describe how data is analyzed to connect the data requested to the analytical methods that eventually support the conclusions drawn with those data and analyses.</i> 	Appendix B Pages B-1 – B-3
4d	<p>Validation of performance improvement projects (PIPs):</p> <ul style="list-style-type: none"> Description of data obtained; <p><i>CONSIDERATIONS:</i></p> <ul style="list-style-type: none"> <i>Based upon the collection efforts above, describe the types of data obtained – information system extracts, documents, answers to questions in data collection tools, and others – to explain the nature of the data collected and analyzed.</i> 	Appendix B Page B-3
4e	<p>Validation of performance improvement projects (PIPs):</p> <ul style="list-style-type: none"> Conclusions drawn from the data <p><i>CONSIDERATIONS:</i></p> <ul style="list-style-type: none"> <i>Having employed the process of data collection and validation using the types and nature of the data received, provide conclusions relevant to the mandatory activity.</i> 	Section 4 Pages 4-2 – 4-8
5	<p>Validation of performance measures (2 CFR 438.358(b)(1)(ii)): The technical report must include information on the validation of each MCO’s, PIHP’s, PAHP’s, or PCCM entity’s performance measures for each MCO, PIHP, PAHP, and PCCM entity performance measure calculated by the state during the preceding 12 months. Include a description of objectives, technical methods of data collection and analysis, description of data obtained, and conclusions drawn from the data.</p> <p><i>CONSIDERATIONS:</i></p>	

	Required Elements	Page Number
	<ul style="list-style-type: none"> Provide a validation of all performance measures in use during the 12-month period preceding the EQR review, regardless of the phase of the performance measure's implementation. States often link the timeframe under review to a corresponding measurement or performance period such as state or federal fiscal year, or calendar year. 	
5a	Validation of performance measure validation (PMV): <ul style="list-style-type: none"> Objectives CONSIDERATIONS: <ul style="list-style-type: none"> Provide the state or EQRO's objective for conducting the mandatory activity itself, including the general approach or methods of validation used by the EQRO. 	Section 5 Page 5-1 Appendix B Page B-4
5b	Validation of performance measure validation (PMV): <ul style="list-style-type: none"> Technical methods of data collection and analysis CONSIDERATIONS: <ul style="list-style-type: none"> Provide a description of how data was obtained by the EQRO to conduct the validation activity. If a collection tool is used, providing an example of the format of the tool, or questions asked, in an appendix is a best practice. Further, describe how data is analyzed to connect the data requested to the analytical methods that eventually support the conclusions drawn with those data and analyses. 	Appendix B Pages B-5 – 5-7
5c	Validation of performance measure validation (PMV): <ul style="list-style-type: none"> Description of data obtained CONSIDERATIONS: <ul style="list-style-type: none"> Based upon the collection efforts above, describe the types of data obtained – information system extracts, documents, answers to questions in data collection tools, and others – to explain the nature of the data collected and analyzed. 	Appendix B Pages B-6 – B-7
5d	Validation of performance measure validation (PMV): <ul style="list-style-type: none"> Conclusions drawn from the data. CONSIDERATIONS: <ul style="list-style-type: none"> Having employed the process of data collection and validation using the types and nature of the data received, provide conclusions relevant to the mandatory activity. 	Section 5 Pages 5-1 – 5-11
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 on a review, conducted within the previous three-year period , 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. The technical report must provide MCP results for the following 11 Subpart D and QAPI standards: 42 CFR §438.206, §457.1230(a), Availability of services 42 CFR §438.207, §457.1230(b), Assurances of adequate capacity and services 42 CFR §438.208, §457.1230(c) Coordination and continuity of care 42 CFR §438.210, §457.1230(d), Coverage and authorization of services 42 CFR §438.214, §457.1233(a), Provider selection 42 CFR §438.224, §457.1230(c), Confidentiality 42 CFR §438.228, §457.1260, Grievance and	

	Required Elements	Page Number
	<p>appeals system 42 CFR §230, §457.1233(b), Subcontractual relationships and delegation 42 CFR §438.236, §457.1233(c), Practice guidelines 42 CFR §438.242, §457.1233(d), Health information system 42 CFR §438.330, §457.1240(b), QAPI.</p> <p>CONSIDERATIONS:</p> <ul style="list-style-type: none"> For each of the 10 Subpart D standards and individual QAPI standard, ensure that the method of compliance review clearly links the EQRO’s activities to the standard under review. Further, ensure that a clear compliance determination is made and recorded for each standard for each plan. A best practice is to list a compliance score of a numerical or semi-quantitative nature. EQROs that assess domains, standards, and requirements that do not neatly overlap with the regulatory standards should provide a clear crosswalk of their activities to the standards under review. As a best practice, the technical report may include a table outlining the timeline for reviewing all standards for MCPs across the three-year review period. <p>Additional information that needs to be included for compliance is listed in the rows below:</p>	
6a	<p>Review for compliance:</p> <ul style="list-style-type: none"> Objectives <p>CONSIDERATIONS:</p> <ul style="list-style-type: none"> Provide the state or EQRO’s objective for conducting the mandatory activity itself, including the general approach or methods of validation used by the EQRO. 	<p>Section 6 Page 6-1</p> <p>Appendix B Page B-8</p>
6b	<p>Review for compliance:</p> <ul style="list-style-type: none"> Technical methods of data collection and analysis <p>CONSIDERATIONS:</p> <ul style="list-style-type: none"> Provide a description of how data was obtained by the EQRO to conduct the validation activity. If a collection tool is used, providing an example of the format of the tool, or questions asked, in an appendix is a best practice. Further, describe how data is analyzed to connect the data requested to the analytical methods that eventually support the conclusions drawn with those data and analyses. 	<p>Appendix B Pages B-9 – B-10</p>
6c	<p>Review for compliance:</p> <ul style="list-style-type: none"> Description of data obtained <p>CONSIDERATIONS:</p> <ul style="list-style-type: none"> This requirement does not apply to the compliance review activity (Protocol 3). 	<p>Appendix B Page B-10</p>
6d	<p>Review for compliance:</p> <ul style="list-style-type: none"> Conclusions drawn from the data <p>CONSIDERATIONS:</p> <ul style="list-style-type: none"> Having employed the process of data collection and validation using the types and nature of the data received, provide conclusions relevant to the mandatory activity. 	<p>Section 6 Pages 6-3 – 6-7</p>

Appendix B. Technical Methods of Data Collection and Analysis

This section of the report presents the approved technical methods of data collection and analysis, and a description of the data obtained (including the time period to which the data applied) for each mandatory and optional activity for the CMOs. It includes:

- PIP Validation Approach and Methodology
- Validation of Performance Measure Methodology
- Assessment of Compliance With Medicaid Managed Care Regulations
- Member Experience of Care Methodology

PIP Validation Approach and Methodology

Objectives

For SFY 2023–2024, DCH required CMOs to conduct PIPs in accordance with 42 CFR §438.330(b)(1) and §438.330(d)(2)(i–iv). In accordance with §438.330(d)(2)(i–iv), each PIP must include:

- Measuring performance using objective quality indicators.
- Implementing system interventions to achieve QI.
- Evaluating effectiveness of the interventions.
- Planning and initiating activities for increasing and sustaining improvement.

In its PIP evaluation and validation, HSAG used the CMS publication, *Protocol 1: Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, October 2019.^{B-1} For future validations, HSAG will use *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023.^{B-2} HSAG's evaluation of the PIP includes two key components of the QI process:

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

^{B-1} Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects (PIPs): A Mandatory EQR-Related Activity*, October 2019. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. Accessed on: Oct 5, 2023.

^{B-2} Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects (PIPs): A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf>. Accessed on: Nov 1, 2023.

how well the CMO improves its rates through implementation of effective processes (i.e., barrier analyses, interventions, and evaluation of results).

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

Technical Methods of Data Collection

Using the CMS protocol, HSAG, in collaboration with DCH, developed the PIP Submission Form, which each CMO completed and submitted to HSAG for review and validation. The PIP Submission Form standardizes the process for submitting information regarding PIPs and ensures alignment with the CMS protocol requirements.

HSAG, with DCH's input and approval, developed a PIP Validation Tool to ensure a uniformed validation of the PIPs. Using this tool, HSAG evaluated each of the PIPs according to the CMS protocols. The HSAG PIP Team consisted of, at a minimum, an analyst with expertise in statistics and PIP design and a clinician with expertise in performance improvement processes. The CMS protocols identify nine steps that should be validated for each PIP. For the 2023-2024 submissions, the CMOs reported Remeasurement 2 data and were validated for steps 7 through 9 in the PIP Validation Tool as appropriate.

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

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

HSAG used the following methodology to evaluate PIPs conducted by the CMOs to determine PIP validity and to rate 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 Review Team scores each evaluation element within a given step as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designates evaluation elements pivotal to the PIP process as "critical elements." For a PIP to produce valid and reliable results, all critical elements must be *Met*. 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 of *Not Met* for the PIP. The CMO is 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 a General Feedback when enhanced documentation would have demonstrated a stronger understanding and application of the PIP activities 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 PIP’s findings on the likely validity and reliability of the results as follows:

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

The CMOs had the opportunity to receive initial PIP validation scores, request additional technical assistance from HSAG, make any necessary corrections, and resubmit the PIP for final validation. HSAG forwarded the completed validation tools to DCH and the CMOs.

Description of Data Obtained

For the SFY 2023-2024 validation, the CMOs submitted Remeasurement 2 data. The performance indicator measurement period dates for the PIPs are listed below.

Table B-1—Measurement Period Dates

Data Obtained	Measurement Period	Reporting Year (Measurement Period)
Administrative	Baseline	Q2 2021 (April 1–June 30, 2021)
Administrative	Remeasurement 1	Q2 2022 (April 1–June 30, 2022)
Administrative	Remeasurement 2	Q2 2023 (April 1–June 30, 2023)

How Data Were Aggregated and Analyzed

For PIPs, data were not aggregated or analyzed by HSAG.

How Conclusions Were Drawn

To draw conclusions about the quality and timeliness of, and access to care and services that the CMO provided to members, HSAG validated the PIPs to ensure the CMO used a sound methodology in its design, implementation, analysis, and reporting of the PIP’s findings and outcomes. The process assesses the validation findings on the likely validity and reliability of the results by assigning a validation score of *Met*, *Partially Met*, or *Not Met*. HSAG further analyzed the quantitative results (e.g., performance indicator results compared to baseline, prior remeasurement period results, and PIP goal) and qualitative results (e.g., technical design of the PIP, data analysis, and implementation of improvement strategies) to identify strengths and weaknesses and determine whether each strength and weakness impacted one or more of the domains of quality, timeliness, or access. Additionally, for each weakness, HSAG made recommendations to support improvement in the quality, timeliness, and accessibility of care and services furnished to the CMO’s Medicaid members.

Validation of Performance Measure 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][iii]). 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, *Protocol 2: Validation of Performance Measures: A Mandatory EQR-Related Activity*, February 2023.^{B-3} 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 to 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, 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' IS 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.

^{B-3} Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Nov 9, 2023.

Technical Methods of Data Collection

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 PM.
- 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.

Prior to the virtual audit 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.

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

Reportable (R)	Measure data were compliant with the specifications required by the state.
Do Not Report (DNR)	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.”

Description of Data Obtained

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 2022 ISCAT:** The CMOs completed and submitted the required and relevant portions of their ISCATs for HSAG’s review. HSAG used responses from the ISCATs to complete the pre-audit review assessment of information systems.
- Medical record documentation:** The CMOs completed the medical record section within the ISCATs. 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 On-Site Interviews and Demonstrations—**HSAG also obtained information through interaction, discussion, and formal interviews with key CMO staff members as well as through virtual on-site systems demonstrations.

How Data Were Aggregated and Analyzed

As part of performance measurement, the Georgia CMOs were required to submit HEDIS data to NCQA. Each CMO contracted with an NCQA-LO to conduct the HEDIS Compliance Audit. HSAG reviewed the CMOs' FARs, which included the LO's Certified HEDIS Compliance Auditor's assessment of compliance with each IS standard, and the IDSS files approved by each CMO's LO. Additionally, DCH contracted with HSAG to conduct PMV activities for a set of selected non-HEDIS and State custom measures for MY 2022. HSAG validated findings for each of the required performance measures and prepared a report for each CMO, with documentation of any identified issues of noncompliance, problematic performance measures, and recommended corrective actions. HSAG received the final rates for each CMO and compared each CMO's rates to previous years, if applicable, and also compared rate results across the CMOs to identify outliers.

How Conclusions Were Drawn

To draw conclusions about the quality and timeliness of, and access to care and services that the CMOs provided to members, HSAG validated the required performance measures to ensure there were no gaps in the CMOs' processes in place for collecting claims and encounter, enrollment, provider, and medical record data. In addition, HSAG reviewed the CMOs' processes for integrating the various data types and their processes for calculating and reporting the measure rates.

Assessment of Compliance With Medicaid Managed Care Regulations

Compliance reviews are a mandatory activity that are used to determine the extent to which Medicaid and CHIP MCPs are in compliance with federal standards. HHS developed standards for MCPs, which are codified at 42 CFR §438 and 42 CFR §457, as revised by the Medicaid and CHIP managed care final rule issued in 2020. Federal regulations require MCPs to undergo a review at least once every three years to determine MCP compliance with federal standards as implemented by the state.

HSAG divided the federal regulations into 14 standards consisting of related regulations and contract requirements. Table B-3 describes the standards and associated regulations and requirements reviewed for each standard during the Compliance Reviews.

Table B-3—Summary of Compliance Standards and Associated Regulations

Standard	Federal Requirements Included	Standard	Federal Requirements Included
Standard I—Enrollment and Disenrollment	42 CFR §438.3(d) 42 CFR §438.56	Standard VIII—Provider Selection	42 CFR §438.12 42 CFR §438.102 42 CFR §438.106 42 CFR §438.214
Standard II—Member Rights and Confidentiality	42 CFR §438.100 42 CFR §438.224 42 CFR §422.128	Standard IX—Subcontractual Relationships and Delegation	42 CFR §438.230
Standard III—Member Information	42 CFR §438.10	Standard X—Practice Guidelines	42 CFR §438.236
Standard IV—Emergency and Poststabilization Services	42 CFR §438.114	Standard XI—Health Information Systems*	42 CFR §438.242
Standard V—Adequate Capacity and Availability of Services	42 CFR §438.206 42 CFR §438.207	Standard XII—Quality Assessment and Performance Improvement	42 CFR §438.330
Standard VI—Coordination and Continuity of Care	42 CFR §438.208	Standard XIII—Grievance and Appeal System	42 CFR §438.228 42 CFR §438.400 - 42 CFR §438.424
Standard VII—Coverage and Authorization of Services	42 CFR §438.210 42 CFR §438.404	Standard XIV—Program Integrity	42 CFR §438.602(b) 42 CFR §438.608 42 CFR §438.610

*Requirement §438.242: Validation of IS standards for each MCE was conducted under the PM validation activity.

Objectives

Private accreditation organizations, state licensing agencies, and state Medicaid agencies all recognize that having standards is only the first step in promoting safe and effective health care. Making sure that the standards are followed is the second step. During CY 2020-2021 HSAG conducted a full review of the Part 438 Subpart D and QAPI standards for all CMOs to ensure compliance with federal requirements. The objective of each virtual site review was to provide meaningful information to DCH and the CMOs regarding:

- The CMOs’ compliance with federal managed care regulations and contract requirements in the areas selected for review.
- Strengths, opportunities for improvement, recommendations, or required actions to bring the CMOs into compliance with federal managed care regulations and contract requirements in the standard areas reviewed.
- The quality and timeliness of, and access to care and services furnished by the CMOs, as addressed within the specific areas reviewed.
- Possible additional interventions recommended to improve the quality of the CMOs’ care provided and services offered related to the areas reviewed.

Technical Methods of Data Collection

To assess for CMOs’ compliance with regulations, HSAG conducted the five activities described in CMS’ EQR Protocol 3. *Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, October 2019.^{B-4} Table B-4 describes the five protocol activities and the specific tasks that HSAG performed to complete each activity.

Table B-4—Protocol Activities Performed for Assessment of Compliance With Regulations

For this protocol activity,	HSAG completed the following activities:
Activity 1:	Establish Compliance Thresholds
	<p>Conducted before the review to assess compliance with federal managed care regulations and DCH contract requirements:</p> <ol style="list-style-type: none"> HSAG and DCH participated in virtual meetings to determine the timing and scope of the reviews, as well as scoring strategies. HSAG collaborated with DCH to develop monitoring tools, record review tools, report templates, agendas, and set review dates. HSAG submitted all materials to DCH for review and approval. HSAG conducted training for all reviewers to ensure consistency in scoring across the CMOs.
Activity 2:	Perform Preliminary Review
	<ul style="list-style-type: none"> HSAG conducted an CMO training webinar to describe HSAG’s processes and allow the CMOs the opportunity to ask questions about the review process and CMO expectations. HSAG confirmed a primary CMO contact person for the review and assigned HSAG reviewers to participate. No less than 60 days prior to the scheduled date of the review, HSAG notified the CMO in writing of the request for desk review documents via email delivery of a desk review form, the compliance monitoring tool, and a webinar review agenda. The desk review request included instructions for organizing and preparing the documents to be submitted. Thirty days prior to the review, the CMO provided data files from which HSAG chose sample grievance, appeal, and denial cases to be reviewed. HSAG provided the final samples to the CMOs via HSAG’s secure access file exchange (SAFE) site. No less than 30 days prior to the scheduled review, the CMO provided documentation for the desk review, as requested. Examples of documents submitted for the desk review and compliance review consisted of the completed desk review form, the compliance monitoring tool with the CMO’s section completed, policies and procedures, staff training materials, administrative records, reports, minutes of key committee meetings, and member and provider informational materials. The HSAG review team reviewed all documentation submitted prior to the scheduled virtual review and prepared a request for further documentation and an interview guide to use during the webinar.

^{B-4} Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, October 2019. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. Accessed on: Dec 20, 2022.

For this protocol activity,	HSAG completed the following activities:
Activity 3:	Conduct CMO Review
	<ul style="list-style-type: none"> • During the review, HSAG met with the CMO’s key staff members to obtain a complete picture of the CMO’s compliance with Medicaid and CHIP managed care regulations and contract requirements, explore any issues not fully addressed in the documents, and increase overall understanding of the CMO’s performance. • HSAG requested, collected, and reviewed additional documents, as needed. • At the close of the virtual review, HSAG provided CMO staff members and DCH personnel an overview of preliminary findings.
Activity 4:	Compile and Analyze Findings
	<ul style="list-style-type: none"> • HSAG used the CY 2020–2021 DCH-approved Compliance Review Report Template to compile the findings and incorporate information from the compliance review activities. • HSAG analyzed the findings and calculated final scores based on DCH-approved scoring strategies. • HSAG determined opportunities for improvement, recommendations, and corrective actions required based on the review findings.
Activity 5:	Report Results to DCH
	<ul style="list-style-type: none"> • HSAG populated the DCH-approved report template. • HSAG submitted the draft report to DCH for review and comment. • HSAG incorporated the DCH comments, as applicable, and submitted the draft report to the CMO for review and comment. • HSAG incorporated the CMO’s comments, as applicable, and finalized the report. • HSAG included a pre-populated corrective action plan (CAP) template in the final report for all requirements determined to be out of compliance with managed care regulations (i.e., received a score of <i>Not Met</i>). • HSAG distributed the final report to the CMO and DCH.

Description of Data Obtained

The following are examples of documents reviewed and sources of the data obtained:

- Committee meeting agendas, minutes, and reports
- Policies and procedures
- Management/monitoring reports
- Quarterly reports
- Provider manual and directory
- Member handbook and informational materials
- Staff training materials and documentation of training attendance
- Applicable correspondence or template communications
- Records or files related to administrative tasks (grievances and appeals)
- Interviews with key CMO staff members conducted virtually

How Data Were Aggregated and Analyzed

HSAG aggregated and analyzed the data resulting from desk review, the review of grievance, appeal, denial records, and provider and subcontractor agreements provided by each CMO, virtual interviews conducted with key CMO personnel, and any additional documents submitted as a result of the interviews. The data that HSAG aggregated and analyzed included the following:

- Documented findings describing the CMO’s performance in complying with each standard requirement.
- Scores assigned to the CMO’s performance for each requirement.
- The total percentage-of-compliance score calculated for each standard.
- The overall percentage-of-compliance score calculated across the standards.
- Documentation of the actions required to bring performance into compliance with the requirements for which HSAG assigned scores of *Not Met*.
- Recommendations for program enhancements.

Based on the results of the data aggregation and analysis, HSAG prepared and forwarded draft reports to DCH and to each CMOs’ staff members for their review and comment prior to issuing final reports.

HSAG analyzed the quantitative results obtained from the above compliance activity to identify strengths and weaknesses in each domain of quality, timeliness, and access to services furnished by each CMO. HSAG then identified common themes and the salient patterns that emerged across CMOs related to the compliance activity conducted.

How Conclusions Were Drawn

To draw conclusions about the quality and timeliness of, and access to care and services provided by the CMOs, HSAG assigned each of the components reviewed for assessment of compliance with regulations to one or more of those domains of care. Each standard may involve assessment of more than one domain of care due to the combination of individual requirements within each standard. HSAG then analyzed, to draw conclusions and make recommendations, the individual requirements within each standard that assessed the quality and timeliness of, or access to care and services provided by the CMOs. Table B-5 depicts assignment of the standards to the domains of care.

Table B-5—Assignment of Compliance Standards to the Quality, Timeliness, and Access Domains

Compliance Review Standard	Quality	Timeliness	Access
Standard I—Enrollment and Disenrollment	✓		✓
Standard II—Member Rights and Confidentiality			✓
Standard III—Member Information			✓
Standard IV—Emergency and Poststabilization Services		✓	✓
Standard V—Adequate Capacity and Availability of Services		✓	✓
Standard VI—Coordination and Continuity of Care	✓	✓	✓
Standard VII—Coverage and Authorization of Services		✓	✓
Standard VIII—Provider Selection	✓	✓	✓
Standard IX—Subcontractual Relationships and Delegation	✓		

Compliance Review Standard	Quality	Timeliness	Access
Standard X—Practice Guidelines	✓		
Standard XI—Health Information Systems	✓		✓
Standard XII—Quality Assessment and Performance Improvement	✓		
Standard XIII—Grievance and Appeal System	✓	✓	✓
Standard XIV—Program Integrity	✓	✓	✓

Member Experience of Care Surveys

Objectives

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 Medical Assistance With Smoking and Tobacco Use Cessation items (*Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessation Strategies—adult populations only*).

For each CMO and the overall statewide averages, the 2023 adult and child CAHPS scores were compared to 2022 NCQA national adult and child Medicaid averages, respectively.^{B-5} In addition, HSAG compared the CMO-specific scores for the adult and child Medicaid populations to the Georgia CMO program. Also, HSAG performed a trend analysis for each CMO and the overall statewide averages. The 2023 scores were compared to their corresponding 2022 scores to determine whether there were statistically significant differences. These comparisons were performed on the four composite measures, four global ratings, and three Medical Assistance With Smoking and Tobacco Use Cessation items.

Technical Methods of Data Collection

Two populations were surveyed for Amerigroup, CareSource, and Peach State: adult Medicaid and child Medicaid. One population was surveyed for Amerigroup 360°: GF 360° child Medicaid. Center for the Study of Services administered the 2023 CAHPS surveys for Amerigroup and Amerigroup 360°. SPH Analytics

^{B-5} National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022*. Washington, DC: NCQA, September 2022.

administered the 2023 CAHPS surveys for CareSource and Peach State. 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 and Amerigroup 360° 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, 2022; and child members included as eligible for the survey were 17 years of age or younger as of December 31, 2022.

The survey questions were categorized into various measures of experience. These measures included four global ratings, four composite measures, and three Medical Assistance With Smoking and Tobacco Use Cessation items.^{B-6} 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 Medical Assistance With Smoking and Tobacco Use Cessation items 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 Medical Assistance With Smoking and Tobacco Use Cessation items, responses of Always/Usually/Sometimes were used to determine if the respondent qualified for inclusion in the numerator. The scores presented follow 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 2022 Volume 3: Specifications for Survey Measures*.^{B-7}

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 (+).

Description of Data Obtained

HSAG requested the CMOs provide their 2023 NCQA final deidentified CSV member files; NCQA final results report Excel files containing survey results (such as means, global proportions, and question summary rates); NCQA final results report PDF files (such as means, global proportions, and question summary rates); and CAHPS report(s) produced by the CMOs' CAHPS vendors.

^{B-6} Medical Assistance With Smoking and Tobacco Use Cessation items related to smoking cessation were only included for the adult surveys.

^{B-7} National Committee for Quality Assurance. *HEDIS® Measurement Year 2022, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2022.

How Data Were Aggregated and Analyzed

For each CMO and the overall statewide averages, the 2023 adult and child CAHPS scores were compared to their corresponding 2022 CAHPS scores.^{B-8} A *t* test was performed to determine whether results in 2023 were statistically significantly different from results in 2022. 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 2023 than in 2022 are noted with upward (▲) triangles. Scores that were statistically significantly lower in 2023 than in 2022 are noted with downward (▼) triangles. Scores in 2023 that were not statistically significantly different from scores in 2022 are not noted with triangles.

Additionally, each CMO's and the overall statewide averages' 2023 adult and child CAHPS scores were compared to the 2022 NCQA adult and child Medicaid national averages, respectively.^{B-9} 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.

To identify performance differences in member experience between the three CMOs, the 2023 adult and child CAHPS scores for Amerigroup, CareSource, and Peach State were compared to the Georgia CMO program average using standard tests for statistical significance.^{B-10} 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.^{B-11} Given that differences in case-mix can result in differences in ratings between CMOs that were 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 that is statistically significantly higher than the Georgia CMO program average is denoted with a green upward (↑) arrow. Conversely, a measure score that is statistically significantly lower than the Georgia CMO program average is denoted with a red downward (↓) arrow. A measure score that is not statistically significantly different than the Georgia CMO program average is denoted with a black horizontal (↔) arrow.

How Conclusions Were Drawn

To draw conclusions about the quality and timeliness of, and access to care and services provided by the CMOs, HSAG assigned each of the measures to one or more of these three domains. This assignment to domains is displayed in Table B-6.

^{B-8} Please exercise caution when reviewing the trend analysis results for the medical assistance with smoking and tobacco use cessation items, as the 2022 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2021 and 2022.

^{B-9} Caution should be exercised when evaluating national comparisons, given that population and plan differences may impact CAHPS results.

^{B-10} Caution should be exercised when evaluating CMO comparisons, given that population and CMO differences may impact CAHPS results.

^{B-11} 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.

Table B-6—Assignment of CAHPS Measures to the Quality, Timeliness, and Access to Care Domains

CAHPS Topic	Quality	Timeliness	Access
<i>Getting Needed Care</i>	✓		✓
<i>Getting Care Quickly</i>	✓	✓	
<i>How Well Doctors Communicate</i>	✓		
<i>Customer Service</i>	✓		
<i>Rating of Health Plan</i>	✓		
<i>Rating of All Health Care</i>	✓		
<i>Rating of Specialist Seen Most Often</i>	✓		
<i>Rating of Personal Doctor</i>	✓		
<i>Advising Smokers and Tobacco Users to Quit (adult only)</i>	✓		
<i>Discussing Cessation Medications (adult only)</i>	✓		
<i>Discussing Cessation Strategies (adult only)</i>	✓		

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
<i>Amerigroup</i>	<p>Topic/Title: Social Drivers of Health and Whole-person Care (Health Equity Accreditation)</p> <p>Description:</p> <p>Understanding that health equity is about giving everyone the chance to be as healthy as possible, Amerigroup is dedicated to advancing health equity. We are committed to what we call “health equity by design”, our personalized and intentional approach to ensure that all people, regardless of race or ethnicity, sexual orientation, gender identity, disability, and geographic or financial access can receive individualized care. We have comprehensive, long-term goals to broadly advance health equity, such as ensuring people with disabilities and rural residents can find accessible care.</p> <p>Our whole health strategy is a person-centered approach that integrates member’s physical, social, pharmacy, and behavioral needs to proactively address the wide-ranging factors that contribute to equitable outcomes.</p>
	<p>Topic/Title: Rural Health Strategy</p> <p>Description:</p> <p>Amerigroup knows that our members in rural and underserved communities face significant challenges with access to care and health disparities and we are committed to addressing these challenges. As part of this commitment, our goal and mission is to offer solutions that address the challenges that our most vulnerable members face in these communities. Several of our rural health strategy interventions include:</p> <ul style="list-style-type: none"> • Remote Patient Monitoring for Hypertension – telehealth monitoring platform that provides remote blood pressure monitoring through cellular communication. This will promote blood pressure monitoring and opportunities to identify individual member needs and provide real-time education. • Pomelo Care – a virtual medical practice, maternity care program that supplements traditional OB care with unlimited customized support. This program focuses on maternity, post-partum, and early pediatric care for the post NICU transition with the objective to bridge the gaps in care between in person visits for those who have missed appointments or need care between in person visits.
	<p>Topic/Title: Ensuring Commitment/Inclusion from Pharmacy</p> <p>Description:</p> <p>Ongoing commitment to monitor medication adherence and improve health outcomes. Several key pharmacy focused initiatives include, but are not limited to:</p> <ul style="list-style-type: none"> • Offering 60-day prescription fills at the retail pharmacy for medications to treat asthma, depression, and diabetes. • Prescriber fax encouraging writing for 60-day supply per fill.

CMO	Best and Emerging Practices
	<ul style="list-style-type: none"> • Implementing mail order Rx program for eligible maintenance medications • Providing prescriber outreach and customized clinical messaging for targeted members. Members may receive info via mail, CVS prescription bags and/or pharmacist/technician verbal outreach. Clinical messages and/or next steps are focused on condition management, preventive services, and Plan benefit awareness. • Daily late to refill IVR (interactive voice response) to members 2-14 days late refilling blood pressure, diabetes, cholesterol, asthma, antidepressant, and COPD medications to improve medication adherence.
	<p>Topic/Title: Community Health Workers (High Touch/Face to Face Visits)</p> <p>Description:</p> <p>In March of 2022, the National QM Member Engagement team deployed community health workers (CHW) to complete home visits and provide face to face engagement to meet with members who had more than five (5) ED visits in the last year and no preventative visits in the two (2) years prior. During these visits, the community health worker meets with the member to address a variety of topics including but not limited assessing social determinants of health, providing customized education including available resources (Find Help), referrals to a Case Management program, as well as encouraging the member to schedule an appointment with their PCP. If the member is pregnant, the CHW may also assist with completion of an OB screener.</p>
	<p>Topic/Title: Commitment to addressing Behavioral Health (BH)</p> <p>Description:</p> <p>Amerigroup’s behavioral health program is centered around the belief that recovery is possible. The program addresses the full spectrum of behavioral health services, including mood disorders, substance misuse, suicide prevention, and crisis intervention, as well as underlying social determinants of health (SDOH)—including housing, employment, and food access — that greatly influence well-being.</p> <p>Together with care providers, we work to educate and connect our members with the resources and care they need, when and how they choose to receive it. Identification and access to appropriate behavioral healthcare is particularly critical to favorable patient outcomes, sustained recovery, and improved health status.</p> <p>As an NCQA Managed Behavioral Healthcare (MBHO) Accredited organization, we continue to develop stronger partnerships with our providers to improve both member outcomes and provider satisfaction. As part of these efforts, several key initiatives include:</p> <ul style="list-style-type: none"> • Behavioral health provider stakeholder meetings to tackle challenges and address barriers that providers are facing • Offering quality based provider incentives to recognize the work with our members, improve the provider's experience and improve provider retention • Offering provider training and certifications to ensure that our members are receiving the highest quality treatment. Amerigroup has offered DBT training, Trauma Informed Care Training, as well as Parent Child Interaction Therapy. Not only do these trainings allow for quality treatment but they also help to ensure that our members are more likely to receive early intervention of support at the right place and at the right time. <p>Amerigroup continues to review data trends to identify preventive measures that can be taken to prevent the need for higher levels of care in behavioral health. Amerigroup has</p>

CMO	Best and Emerging Practices
	<p>created a predictive modeling tool which helps us identify those members who are likely to have a crisis and we are able to intervene before that occurs.</p> <p>Amerigroup also offers several digital solutions for support to our members via user friendly phone applications and virtual systems. This helps us have more access to our members and meet them where they are.</p>
<p>CareSource</p>	<p>Topic/Title: CareSource Wellness on Wheels™ Program</p> <p>Description:</p> <p>This program leverages partnerships with mobile units and community based organizations to bring access to care to the community.</p> <ul style="list-style-type: none"> • Focuses on WCV measure to increase the number of well child visits • Target members who have not received a well visit in the last two years • Target multi-child families • Offer incentives to promote member engagement for the program • Providing Redetermination resources for members <hr/> <p>Topic/Title: Baby Days + CareSource</p> <p>Description:</p> <p>CareSource and Walmart have partnered to promote maternal and infant health. This family-focused event happens twice per year and provides maternal health education to new and expectant moms.</p> <ul style="list-style-type: none"> • Promotes maternal and well-baby information • Provides education on the prenatal, postpartum and well child visits • Connects members to community resources for moms and babies • Promotes member engagement incentives for healthy behaviors <hr/> <p>Topic/Title: School Based Health</p> <p>Description:</p> <p>CareSource’s School Based Health Administrator works closely with the School Based Health Centers and their medical sponsors in Georgia to ensure our members are educated about the opportunity to have their child seen at the health clinic during school hours for a variety of services to include:</p> <ul style="list-style-type: none"> • Primary Care • Immunizations • Vision Care (prescription glasses) • Dental Care • Vision and Hearing Screenings • Behavioral Health Screening and Counseling • Lab Testing • Sports Physicals • Diagnosis and treatment of acute chronic illnesses and minor injuries (i.e., asthma, diabetes, sickle cell) <p>With parental consent, school based health services are convenient, allow for less time away from parental work, reduce emergency room visits and decrease the amount of time missed from school.</p>

CMO	Best and Emerging Practices
	<p>Topic/Title: Social Determinant of Health Barrier Assistance</p> <p>Description:</p> <p>CareSource Life Services connects our members to services and supports available at no cost as part of the CareSource benefits. It provides a holistic foundation to address the social determinants that impede progress in a member’s journey toward self-sufficiency, improved health, and well-being. Social determinants of health include lack of employment, food and nutrition, homelessness or housing instability, etc. Life Services offers two programs: JobConnect and Social Determinants of Health.</p> <p>JobConnect links members to employment and education opportunities. Members have access to a life coach for up to two years to aid members in reaching their career and/or educational goals.</p> <p>Social Determinants of Health (SDOH) is a program that provides members with a life coach to help in identifying barriers and to provide resources and ongoing support. The life coach assists members with access to community resources and services, which include the following:</p> <ul style="list-style-type: none"> • Food and nutrition access, • Budgeting & financial assistance, • Transportation, • Legal assistance, • Housing resources, • Childcare
<p><i>Peach State</i></p>	<p>Topic/Title: Improving Identification of Social Determinants of Health (SDOH)</p> <p>Description:</p> <p>Provider Focused Initiative (Z-Code)—A crucial step to addressing members’ social needs is providers discussing member needs to understand what kind of issues they are experiencing to help identify patient factor inhibiting self-efficacy in everyday living. The goal of this pilot program is to help provider offices facilitate conversations with their patients about Social Determinants that may be barriers to improved health status, lowering costs, and improving outcomes. Select provider offices focus on six Z-codes. Providers were educated on this initiative and were provided the current listing of z-codes with descriptions along with resources.</p> <hr/> <p>Topic/Title: Integrated Care Management</p> <p>Description:</p> <p>Members Empowered to Succeed (METS)—The Peach State integrated and targeted METS Program focuses on the member’s individual needs and strengths to develop a roadmap to achieve recovery and resiliency by coordinating with multiple systems and teams to ensure that the member receives optimal care. The METS and other targeted care management programs are culturally relevant with a whole-person health approach.</p> <hr/> <p>Topic/Title: Addressing Healthcare Disparities</p> <p>Description:</p> <p>Crisis Response—Baby Formula Initiative—To help alleviate supply shortages of baby formula that hit hard in 2022, Peach State Health Plan sourced and delivered critically needed infant and baby formula to Georgia’s medical providers in underserved areas</p>

CMO	Best and Emerging Practices
	<p>around the state. Over 200 cannisters of formula were distributed to pediatric clinics providing approximately 4,200 meals to feed newborns and babies of parents and families struggling to access to this critical resource.</p> <p>Topic/Title: Meeting the Member Where They Are</p> <p>Description:</p> <p>Peach State Health Plan Cares—Peach State Health Plan launched its Peach State Cares campaign to raise brand visibility while expanding our services and support to the communities it serves. The events provide free, essential household items such as hygiene and first aid kits. Peach State Health Plan staff members reached thousands of members, educating them on the benefits they are offered while providing additional resources to support their individual health journeys. ▪ 17 events ▪ More than 1,400 attendees ▪ 440 impacted members.</p> <p>Topic/Title: Providing Better Access to Resources</p> <p>Description:</p> <p>Safety and Awareness—Peach State Health Plan is dedicated to supporting all Georgians, including expectant and new mothers and their babies. Community partner Safe Kids of Columbus joined Peach State Health Plan during several Peach State sponsored community baby showers to provide additional support to communities. They offer informational classes, such as car seat safety and safe sleep trainings, and provide free resources for completion of said classes – like car seats and extra educational resources. The relationship has allowed Peach State Health Plan members to become more aware and participate in safety classes as well as receive resources they may not be able to afford.</p> <p>Peach State Health Plan Recognized Infant Mortality Awareness Month in September through a partnership with Center for Black Women’s Wellness. The Plan joined the Center for their Maternal and Women’s Health and Wellness event to provide two safety items that could be used by a parent to transport or secure an infant. Peach State Health Plan’s ability to provide critical resources alongside our partners not only builds community collaboration but increases member engagement and health knowledge.</p>
<p><i>Amerigroup 360°</i></p>	<p>Topic/Title: Social Drivers of Health and Whole-person Care (Health Equity Accreditation)</p> <p>Description:</p> <p>Understanding that health equity is about giving everyone the chance to be as healthy as possible, Amerigroup is dedicated to advancing health equity. We are committed to what we call “health equity by design”, our personalized and intentional approach to ensure that all people, regardless of race or ethnicity, sexual orientation, gender identity, disability, and geographic or financial access can receive individualized care. We have comprehensive, long-term goals to broadly advance health equity, such as ensuring people with disabilities and rural residents can find accessible care.</p> <p>Our whole health strategy is a person-centered approach that integrates member’s physical, social, pharmacy, and behavioral needs to proactively address the wide-ranging factors that contribute to equitable outcomes.</p>

CMO	Best and Emerging Practices
	<p>Topic/Title: Ensuring Commitment/Inclusion from Pharmacy</p> <p>Description: Ongoing commitment to monitor medication adherence and improve health outcomes. Several key pharmacy focused initiatives include, but are not limited to:</p> <ul style="list-style-type: none"> • Targeted monitoring of psychotropic medications for duplication, polypharmacy, and age appropriateness. • Offering 60-day prescription fills at the retail pharmacy for medications to treat asthma, depression, and diabetes. • Prescriber fax encouraging writing for 60-day supply per fill. • Implementing mail order Rx program for eligible maintenance medications • Providing prescriber outreach and customized clinical messaging for targeted members. Clinical messages and/or next steps are focused on condition management, preventive services, and Plan benefit awareness. • Daily late to refill IVR (interactive voice response) to members 2-14 days late refilling blood pressure, diabetes, cholesterol, asthma, antidepressant, and COPD medications to improve medication adherence.
	<p>Topic/Title: Ensuring Commitment/Inclusion from Pharmacy</p> <p>Description: Ongoing commitment to monitor medication adherence and improve health outcomes. Several key pharmacy focused initiatives include, but are not limited to:</p> <ul style="list-style-type: none"> • Targeted monitoring of psychotropic medications for duplication, polypharmacy, and age appropriateness. • Offering 60-day prescription fills at the retail pharmacy for medications to treat asthma, depression, and diabetes. • Prescriber fax encouraging writing for 60-day supply per fill. • Implementing mail order Rx program for eligible maintenance medications • Providing prescriber outreach and customized clinical messaging for targeted members. Clinical messages and/or next steps are focused on condition management, preventive services, and Plan benefit awareness. • Daily late to refill IVR (interactive voice response) to members 2-14 days late refilling blood pressure, diabetes, cholesterol, asthma, antidepressant, and COPD medications to improve medication adherence.
	<p>Topic/Title: Commitment to addressing Behavioral Health (BH)</p> <p>Description: Amerigroup’s behavioral health program is centered around the belief that recovery is possible. The program addresses the full spectrum of behavioral health services, including mood disorders, substance misuse, suicide prevention, and crisis intervention, as well as underlying social determinants of health (SDOH) — including housing, employment, and food access — that greatly influence well-being.</p> <p>Together with care providers, we work to educate and connect our members with the resources and care they need, when and how they choose to receive it. Identification and access to appropriate behavioral healthcare is particularly critical to favorable patient outcomes, sustained recovery, and improved health status.</p>

CMO	Best and Emerging Practices
	<p>As an NCQA Managed Behavioral Healthcare (MBHO) Accredited organization, we continue to develop stronger partnerships with our providers to improve both member outcomes and provider satisfaction. As part of these efforts, several key initiatives include:</p> <ul style="list-style-type: none"> • Behavioral health provider stakeholder meetings to tackle challenges and address barriers that providers are facing • Offering quality based provider incentives to recognize the work with our members, improve the provider's experience and improve provider retention • Offering provider training and certifications to ensure that our members are receiving the highest quality treatment. Amerigroup has offered DBT training, Trauma Informed Care Training, as well as Parent Child Interaction Therapy. Not only do these trainings allow for quality treatment but they also help to ensure that our members are more likely to receive early intervention of support at the right place and at the right time. <p>Amerigroup continues to review data trends to identify preventive measures that can be taken to prevent the need for higher levels of care in behavioral health. Amerigroup has created a predictive modeling tool which helps us identify those members who are likely to have a crisis and we are able to intervene before that occurs.</p> <p>Amerigroup also offers several digital solutions for support to our members via user friendly phone applications and virtual systems. This helps us have more access to our members and meet them where they are.</p>
	<p>Topic/Title: Rural Health Strategy</p> <p>Description:</p> <p>Amerigroup knows that our members in rural and underserved communities face significant challenges with access to care and health disparities and we are committed to addressing these challenges. As part of this commitment, our goal and mission is to offer solutions that address the challenges that our most vulnerable members face in these communities. Several of our rural health strategy interventions include:</p> <ul style="list-style-type: none"> • Remote Patient Monitoring for Hypertension—telehealth monitoring platform that provides remote blood pressure monitoring through cellular communication. This will promote blood pressure monitoring and opportunities to identify individual member needs and provide real-time education. • Pomelo Care—a virtual medical practice, maternity care program that supplements traditional OB care with unlimited customized support. This program focuses on maternity, post-partum, and early pediatric care for the post NICU transition with the objective to bridge the gaps in care between in person visits for those who have missed appointments or need care between in person visits.

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 QS'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 QS Quality Initiatives

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1.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>Pillar Three: Access</p>	<p>Description of Quality Initiative(s):</p> <p>Dedicated efforts towards improving maternal/fetal outcomes and maternal/infant mortality and morbidity, such as:</p> <ul style="list-style-type: none"> Offering an OB case management program that supports the high-risk pregnant mother during prenatal care and post-partum period. The OB case managers also assist with care coordination during and after the pregnancy journey. Continuing the My Advocate™ Program (an opt-in program): Maternal health education by telephone and by smartphone app to pregnant and postpartum women. Ensuring outreach to all OB members that fall out of the MyAdvocate process via weekly text campaigns and live outbound calls. Ongoing high-risk rounds with representation from various areas including the OB medical director, CM, disease management, behavioral health medical director, a diabetic educator as well as the pharmacy department. Launching a doula pilot program to provide ongoing support to moms and families during pregnancy and postpartum period. Offering a virtual breastfeeding class during the prenatal period which provides education, support, and resources that encourage breastfeeding. Taking Care of Baby and Me (TCOBAM) program identifies pregnant women as early as possible, which allows Amerigroup to act 	<p>Quality Strategy Metric(s):</p> <p>HEDIS Measure(s):</p> <ul style="list-style-type: none"> Prenatal and Postpartum Care: Postpartum Care (PPC)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
	<p>quickly to assess OB risk, ensure appropriate levels of care and CM services are in place to mitigate risk.</p> <ul style="list-style-type: none"> • Baby Bump and Beyond offers parenting classes to all GF360 members. The class provides members with practical tools and strategies to help them raise healthy happy children. • Offering a car seat safety session to educate members on how to safely utilize car seats. Upon completion of the session, members receive a car seat. • Offering member incentives for completing timely prenatal and postpartum visits. • Text message campaigns that remind members of prenatal and postpartum appointments. • NCM monthly outreach to assist with any needs, barriers, concerns. Weekly outreach if member is high risk. • Daily review of delivery claims to provide early outreach/education to new moms and to assist with scheduling the first newborn appointment. • Offering an OB Quality Incentive Program (OBQIP) that rewards OB providers for meeting identified targets. • Obstetric (OB) practice consultant (PC) RN – Our OB PC’s work directly with OB provider groups focusing on women’s health and pregnancy gaps in care, identifying opportunities for better outcomes for pregnant women. The OB PC serves as a clinical liaison between practice groups and the health plan, establishing collaborative relationships, sharing HEDIS and state provider outcome data, educating providers on current best practices, and developing strategies for quality improvement to positively impact maternal and fetal outcomes. The OB PC also partners with the OB CM team to ensure referral coordination for high-risk members and increase accessibility to member pregnancy benefits. • Hosting community baby showers and diaper day events with resources available, baby items giveaways and maternal health information. 	

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1c: 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>Pillar Three: Access</p>	<p>Description of Quality Initiative(s):</p> <p>Dedicated efforts towards ensuring timely preventive health visits including, but not limited to:</p> <ul style="list-style-type: none"> • Ongoing member outreach, engagement and education including live calls, text messages, and/or mailings. • Offering member incentives to complete well-visits. • Preventive health mailers & overdue reminder postcards. • Provider support, education, and engagement, including provider incentives via the PQIP program for closing care gaps and meeting identified targets. • Ongoing communications to providers with members past due for EPSDT services. • Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. • Launched ‘Reach out and Read’ program in partnership with 14 providers. 	<p>Quality Strategy Metric(s):</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> • Well-Child Visits in the First 30 Months of Life (W30) • Child and Adolescent Well-Care Visits (WCV)
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1d: 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>Pillar Three: Access</p>	<p>Description of Quality Initiative(s):</p> <p>Dedicated efforts towards ensuring timely preventive health visits for adults including, but not limited to:</p> <ul style="list-style-type: none"> • Ongoing member outreach, engagement and education including live calls, text messages, and/or mailings. • Offering member incentives to complete well-visits. • Provider support, education, and engagement, including provider incentives via the PQIP program for closing care gaps and meeting identified targets. • Provider support, education, and engagement • Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. 	<p>Quality Strategy Metric(s):</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> • Adults’ Access to Preventive/Ambulatory Health Services (AAP)
<p>Aim 1: Improve Health, Services & Experience</p>	<p>Description of Quality Initiative(s):</p> <p>Amerigroup conducts annual and ongoing root cause analysis of study indicators identified as areas of low performance for both Adult and Child CAHPS results. Amerigroup has engaged in</p>	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • CAHPS—Getting Needed Care

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1.e: Increase percentage of members Getting Needed Care to perform at or above the 67th percentile by the end of CY 2023</p> <p>Pillar Three: Access</p>	<p>various efforts to gather real-time feedback and address barriers to members getting the care they need. These efforts include:</p> <ul style="list-style-type: none"> • Cleaning up provider data in PDM to ensure members are receiving and have access to accurate information. • Maintaining an up-to-date list of in-network providers on the plan’s website • Identifying assignment errors and accurately assigning prospective members to the appropriate PCP. • Reviewing PCP assignment data for prospective members to identify assignment errors prior to the member ID being sent. • Working with the Service Experience Learning Team (Enterprise) to ensure health plan updates captured in the Knowledge Management System which is utilized by Member Services Team • Sharing/incorporating best practices across LOBs at Enterprise and HP level • Joint in-office provider education events. • Promoting and engaging Providers in "What Matters Most: Improving the Patient Experience" online CME course • Tracking incentive utilization and HEDIS compliance on a monthly basis • Scheduling ongoing meetings with Marketing and HP member-facing associates to review incentive utilization, HEDIS compliance, and current marketing campaigns 	
<p>Aim 1: Improve Wellness and Preventive Care</p> <p>Goal 1.2: Increase Wellness and Preventive Care</p> <p>Objective 1.2.a: Increase the percentage of children less than 21 years of age that receive preventive oral health</p>	<p>Description of Quality Initiative(s):</p> <p>Amerigroup offers dental homes to members to further facilitate coordination of care and improve outcomes related to dental care/conditions. Dental homes, or primary dental providers, serve as the point of reference for coordinating dental care. Amerigroup’s delegated dental vendor, DentaQuest, completes most dental initiatives. Key dental initiatives include:</p> <ul style="list-style-type: none"> • Ongoing member outreach, engagement and education including live calls, text messages, and/or mailings. • Offering member incentives to complete dental visits. 	<p>Quality Strategy Metric(s):</p> <p>HEDIS Measure(s):</p> <ul style="list-style-type: none"> • Annual Dental Visit—Total (ADV)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup's Quality Initiative	Performance Metric
<p>services to perform at or above the CMCS 75th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>	<ul style="list-style-type: none"> Continuing partnership with Help a Child Smile for Mobile Assessment Units. Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. 	
<p>Aim 1: Improve Wellness and Preventive Care</p> <p>Goal 1.2: Increase Wellness and Preventive Care</p> <p>Objective 1.2.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</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative(s):</p> <p>Despite dedicated efforts towards encouraging members to receive timely immunizations, the pandemic has continued to have a negative impact on the plan's ability to improve immunization rates. Initiatives employed included, but were not limited to:</p> <ul style="list-style-type: none"> Ongoing member outreach, engagement and/or education including live calls and text messages. Implementing flu outreach campaign including IVR, text and postcard to promote flu vaccinations. Hosted Fight the Flu community events at provider offices and pharmacy locations to promote flu vaccination. Offering member incentives for immunizations. Social media campaigns promoting importance of vaccinations, such as flu and HPV. Provider support, education and engagement, including provider incentives via the PQIP program for closing care gaps and meeting identified targets. Ongoing communications to providers with members past due for EPSDT services. Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. 	<p>Quality Strategy Metric(s):</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> Childhood Immunization Status (CIS) Immunizations for Adolescents (IMA) Flu Vaccinations for Adults 18-65 (FVA) Flu Vaccinations for Adults Ages 65 and Older (FVO) Pneumococcal Vaccination Status for Older Adults (PNU)
<p>Aim 1: Improve Wellness and Preventive Care</p> <p>Goal 1.2: Increase Wellness and Preventive Care</p>	<p>Description of Quality Initiative(s):</p> <p>Dedicated efforts towards ensuring timely preventive screenings including, but were not limited to:</p> <ul style="list-style-type: none"> Ongoing member outreach, engagement and/or education including live calls and text messages. Offering an incentive for women to complete their recommended breast cancer screening. 	<p>Quality Strategy Metric(s):</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> Breast Cancer Screening (BCS)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup's Quality Initiative	Performance Metric
<p>Objective 1.2.c: Increase the number of breast cancer screenings for qualified women to perform at or above the HEDIS 75th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>	<ul style="list-style-type: none"> • Provider support, education and engagement, including provider incentives via the PQIP program for closing care gaps and meeting identified targets. • Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. 	
<p>Aim 1: Improve Wellness and Preventive Care</p> <p>Goal 1.2: Increase Wellness and Preventive Care</p> <p>Objective 1.2.d: Increase the number of qualified women receiving cervical cancer screenings at or above the HEDIS 75th national percentile by the end of 2023</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative(s):</p> <p>Dedicated efforts towards ensuring timely preventive screenings including, but were not limited to:</p> <ul style="list-style-type: none"> • Ongoing member outreach, engagement and/or education including live calls and text messages. • Offering an incentive for women to complete their recommended cervical cancer screening. • Provider support, education, and engagement, including provider incentives via the PQIP program for closing care gaps and meeting identified targets. • Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. 	<p>Quality Strategy Metric(s):</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> • Cervical Cancer Screening (CCS)
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.3: Improve Outcomes for Chronic Diseases</p> <p>Objective 1.3.a: Increase the number</p>	<p>Description of Quality Initiative(s):</p> <p>Amerigroup's care coordination and disease management programs address a variety of needs for members with chronic conditions including complex health challenges, preventive counseling, as well as social, environmental, financial and other issues that go beyond health and prevent a positive outcome. Case managers and Social Workers work closely with members to:</p> <ul style="list-style-type: none"> • Promote effective prevention and treatment of chronic disease. 	<p>Quality Strategy Metric(s):</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> • Hemoglobin Control for Patients with Diabetes (formerly Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9.5))

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>of members with controlled HbA1c to perform at or above the HEDIS national 50th percentile by the end of 2023</p> <p>Pillar One: Quality</p>	<ul style="list-style-type: none"> • Promote effective communication and coordination of care (provider/ member). • Encourage family engagement as partners in members’ care. • Work with communities to promote best practices of healthy living (member experience and advocacy). <p>Other initiatives for members with diabetes include:</p> <ul style="list-style-type: none"> • Member outreach, engagement and/or education, such as live calls and/or text messages • Offering incentives to members for completing their annual well-visit, a diabetes management quiz, an annual A1c screening, retinal eye exam, as well as medication refills for BP medications, etc. • Targeted initiatives, such as annual call campaigns to members with chronic conditions per claims that have not had a PCP visit within the previous nine months. Members are contacted through an introductory letter and a live phone call for education on the importance of medical follow-up and medication adherence. • Remote patient monitoring for members with Diabetes. Participants receive a touchscreen glucometer, testing supplies, and one-on-one support from diabetic educators. • Additional provider reimbursements for billing identified CAT II Codes. • Provider support, education, and engagement, including provider incentives via the PQIP program for closing care gaps and meeting identified targets. • Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. • Discussions with provider offices to share benefits of providing supplemental data and/or remote electronic medical record access to obtain/capture data not submitted on claims such as HbA1c and/or BP results. 	
<p>Aim 1: Improve Health, Services & Experience</p>	<p>Description of Quality Initiative(s):</p> <p>Amerigroup’s disease management program for members diagnosed with Heart Failure address a</p>	<p>Quality Strategy Metric(s):</p> <p>CMS Measure:</p>

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>Goal 1.3: Improve Outcomes for Chronic Diseases</p> <p>Objective 1.3.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</p> <p>Pillar One: Quality</p>	<p>variety gaps and barriers including complex health challenges, preventive counseling, as well as social, environmental, and financial issues. Disease management programs are designed to identify health and social obstacles that impede positive outcomes. Case managers and Social Workers work closely with members to:</p> <ul style="list-style-type: none"> Promote effective management and access to care for members with chronic diseases. Support communication and collaboration activities with members’ providers. Encourage family engagement as partners in members’ care. Work with community stakeholders to promote best practices of healthy lifestyles (member experience and advocacy). Amerigroup offers scales to high-risk Heart Failure members following a successful initial outreach and does not currently own a scale. Track program outcomes, such as readmission rates, repeat ED visits, etc. Amerigroup has a Heart Failure Concierge Care digital program used to track symptoms, activities, diet, medications, and more to help members manage their condition. 	<ul style="list-style-type: none"> PQI 08: Heart Failure Admission Rate (PQ108-AD)
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.3: Improve Outcomes for Chronic Diseases</p> <p>Objective 1.3.c: 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>Description of Quality Initiative(s):</p> <p>Amerigroup’s care coordination and disease management programs address a variety of needs for members with chronic conditions including complex health challenges, preventive counseling, as well as social, environmental, financial, and other issues that go beyond health and prevent a positive outcome. Case managers and Social Workers work closely with members to:</p> <ul style="list-style-type: none"> Promote effective prevention and treatment of chronic diseases. Promote effective communication and coordination of care (provider/ member). Encourage family engagement as partners in members’ care. Work with communities to promote best practices of healthy living (member experience and advocacy). <p>Other initiatives for members with hypertension include:</p>	<p>Quality Strategy Metric(s):</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> Controlling High Blood Pressure (CBP)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>Pillar One: Quality</p>	<ul style="list-style-type: none"> • Ongoing member outreach, engagement and/or education including live calls and text messages. • Offering member incentives to complete annual well-visits and for medication refills for BP medications, etc. • Targeted initiatives, such as annual call campaigns to members with chronic conditions per claims that have not had a PCP visit within the previous 9 months. Members are contacted through an introductory letter and a live phone call for education on the importance of medical follow-up and medication adherence. • Provider support, education, and engagement, including provider incentives via the PQIP program for closing care gaps and meeting identified targets. • Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. • Discussions with provider offices to share benefits of providing supplemental data and/or remote electronic medical record access to obtain/capture data not submitted on claims such as HbA1c and/or BP results. 	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.4: Improve Maternal and Newborn Care</p> <p>Objective 1.4.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>Pillar One: Quality</p>	<p>Description of Quality Initiative(s):</p> <p>Dedicated efforts towards improving low birth weight rate:</p> <ul style="list-style-type: none"> • Leverage the NOP (notification of pregnancy) report to engage moms into OB health benefits and OB CM as early as possible. • Offer member incentives for completing timely pregnancy visits. • Continue My Advocate™ Program (an opt-in program): Maternal health education by telephone and by smartphone app to pregnant and postpartum women. Continue to outreach members that fall out of the MyAdvocate process via weekly text campaign and live outbound calls. • Ongoing high-risk rounds with representation from various areas including the OB medical director, case management, disease management, behavioral health medical director, a diabetic educator as well as the pharmacy department. 	<p>Quality Strategy Metric(s):</p> <p>CMS Measure(s)</p> <ul style="list-style-type: none"> • Live Births Weighing Less Than 2,500 Grams (LBW-CH)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup's Quality Initiative	Performance Metric
	<ul style="list-style-type: none"> • Launch a doula pilot program to provide ongoing support to moms and families during pregnancy and postpartum period. • Enhance the PCM referral process with local health departments to engage moms in OB care and OB CM earlier. • Launched Mom's Meals targeting diabetic mothers. • Obstetric (OB) practice consultant RN - works directly with OB provider groups focusing on women's health and pregnancy gaps in care, identifying opportunities for better outcomes for pregnant. The practice consultant serves as a clinical liaison between practice groups and the health plan, establishing collaborative relationships, sharing HEDIS and state provider outcome data, educating providers on current best practices, and developing strategies for quality improvement to positively impact maternal and fetal outcomes. The OB practice consultant also partners with the OB case management team to ensure coordination of referrals for high-risk members and increase accessibility to member pregnancy benefits. 	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.5: Improve Behavioral Health Care Outcomes</p> <p>Objective 1.5.a: 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>Pillar</p>	<p>Description of Quality Initiative(s):</p> <p>Amerigroup facilitates integrated physical and behavioral health services as a vital part of healthcare. Our mission is to address the physical and behavioral healthcare of members by offering a wide range of targeted interventions, education, and enhanced access to care to ensure improved outcomes and quality of life for members, such as:</p> <ul style="list-style-type: none"> • Ongoing member outreach, family and/or caregiver inclusion and engagement. • Launched an NCQA approved program where internal care coordinators can complete the follow-up assessment within seven days of discharge to close FUH care gaps. • Provider support, education, and engagement • Continue post discharge management (PDM) for all members discharged from behavioral health inpatient reminding them of follow up appointment. • Offering a BH case management program that does not require a referral. 	<p>Quality Strategy Metric(s):</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> • Follow-Up After Hospitalization for Mental Illness (FUH)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup's Quality Initiative	Performance Metric
<p>One: Quality</p> <p>Three: Access</p>	<ul style="list-style-type: none"> Offering a \$50 member incentive to complete for completing a timely follow up appointment after hospitalization (limited to one per year). Launched a pilot program with inpatient and outpatient facility to facilitate a warm transfer. 	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.5: Improve Behavioral Health Care Outcomes</p> <p>Objective 1.5.b/1.5.c: Increase the number of adolescents/adults screened for follow-up for depression by the end of CY 2023</p> <p>Pillar</p> <p>One: Quality</p> <p>Three: Access</p>	<p>Description of Quality Initiative(s):</p> <p>Dedicated efforts towards ensuring timely preventive health visits including, but not limited to:</p> <ul style="list-style-type: none"> Ongoing member outreach, engagement and/or education including live calls and text messages. Offering incentives to members for completing healthy activities, such as annual well-visits Provider support, education and engagement including reminders to screen members for behavioral health (BH) conditions as part of initial assessments, or whenever there is a suspicion that a member may have a behavioral health condition 	<p>Quality Strategy Metric(s):</p> <p>CMS Measure(s)</p> <ul style="list-style-type: none"> Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF-CH) Screening for Depression and Follow-Up Plan: Ages 18 and older (CDF-AD)
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.6: Enhance Member Experience</p> <p>Objective 1.6.a: Increase annual CAHPS Overall Rating of Health Plan by 5% by the end of 2023</p>	<p>Description of Quality Initiative(s):</p> <p>Amerigroup conducts annual and ongoing root cause analysis of study indicators identified as areas of low performance for both Adult and Child CAHPS results. Amerigroup has engaged in various efforts to gather real-time feedback and address barriers to improving the member experience timely. These efforts include:</p> <ul style="list-style-type: none"> Inclusion of CAHPS education and a live survey of low-performing questions during member Health Education Advisory Committee (HEAC) meetings. Provider CAHPS education and guidance on how to address key drivers of the member/patient experience. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> CAHPS Overall Rating of Health Plan

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>Pillar Four: Service</p>	<ul style="list-style-type: none"> • Biannual (at a minimum) associate wide CAHPS education and monthly CAHPS workgroup meetings held to identify barriers and to track/monitor interventions. • Annual and ongoing root cause analysis of study indicators identified as areas of low performance for both Adult and Child CAHPS results. • Offer provider/member incentives for HEDIS compliance, focusing on access to care. • CAHPS 101 annual training available to all associates • Launched Community Service Center in May 2022. • Provider post survey implemented to gather real time feedback and address barriers to improving the member experience timely 	
<p>Aim 2: Smarter Spending</p> <p>Goal 2.1: Increase Appropriate Utilization of Levels of Care</p> <p>Objective 2.1.a: Decrease hospitalizations and ER utilization rates to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar Two: Stewardship</p>	<p>Description of Quality Initiative(s):</p> <p>Amerigroup monitors ER utilization, Inpatient Admissions, and Readmissions. There are several key interventions and initiatives dedicated to reducing hospitalizations and ER utilization including:</p> <ul style="list-style-type: none"> • Early and frequent contact with members and hospitals • Appropriate and timely referrals for post-acute services • Multi-disciplinary rounds with Amerigroup’s medical directors, social workers, nurse case managers, and other supportive staff to support transition of care activities. • Development of a UM Referral process to support members with care coordination activities post discharge. • ER case management programs target members who are frequent utilizers and overutilizers of ER and inpatient services. CM’s outreach members to provide education on the appropriate care, at the right time, and the right setting. • Remote patient monitoring programs for hypertensive and diabetic members are initiatives that target members with chronic conditions to have awareness of their status and reduce the risk of an urgent or emergent medical situation. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Plan All-Cause Readmissions (PCR; PCR-AD) • Ambulatory Care—ED Visits (AMB)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
	<ul style="list-style-type: none"> • Provider, facility, and member collaboration supports post discharge care coordination and reduce risks to members that have been discharged from an acute inpatient setting and helps to minimize readmissions. • The Provider Success team works with several value-based contracted providers on Potentially Avoidable ER visits by: <ul style="list-style-type: none"> – Identifying patients eligible for outreach based on data, type of campaign and available staff resources – Creating comprehensive telephone script and patient checklist for outreach and train staff on usage – Developing workflow for TOC patient outreach within 48 hours of discharge (include review of discharge instructions, med reconciliation, scheduling with PCP/Specialist as needed) – Evaluating data and stratify patient population for care management needs (e.g. review ER/IP, population health registry, PCMS, chronic conditions) – Establish/Evaluate Community partnerships for patient resources and referrals by CM Team 	

CareSource

Table D-2—CareSource’s QS Quality Initiatives

DCH QS Aim, Goal, Objective and Pillar	CareSource’s Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1.c: Increase number of children receiving well-child and preventive visits to perform at or above the HEDIS 50th</p>	<p>Description of Quality Initiative:</p> <ul style="list-style-type: none"> • Partnership with Georgia DECAL to provide wellness visits to children at the Early Head Start/ Head Start Program 	<p>Quality Strategy Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> • Child and Adolescent Well Care Visit (WCV)

DCH QS Aim, Goal, Objective and Pillar	CareSource's Quality Initiative	Performance Metric
<p>percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>		
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1.c: 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>Pillar One: Quality</p> <p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.2: Increase Wellness and Preventative Care</p> <p>Objective 1.2.b: Increase overall rate of immunizations vaccination across all ages and populations to perform at or above the HEDIS 90th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative:</p> <ul style="list-style-type: none"> School based health program initiative to increase parental consent to be able to allow children to be seen at the School Based Health Center during the school day Targeted gap closures of CareSource members who may attend focus schools where FQHCs are located. 	<p>Quality Strategy Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> Child and Adolescent Well Care Visit (WCV) Childhood Immunization Status (CIS) Immunizations for Adolescents (IMA)
<p>Aim: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p>	<p>Description of Quality Initiative:</p> <ul style="list-style-type: none"> Postpartum members are outreached to via text message and also receive an informational postcard. Additionally, CareSource utilizes Nurse Practitioners to accommodate postpartum Telehealth visits. 	<p>Quality Strategy Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> Prenatal and Postpartum Care (PPC): Timeliness Postpartum Care

DCH QS Aim, Goal, Objective and Pillar	CareSource's Quality Initiative	Performance Metric
<p>Objective 1.1b:</p> <p>Increase annual number of postpartum care visits to perform at or above the 50th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>		
<p>Aim: Improve Health, Services & Experience</p> <p>Goal 1.3: Improve Outcomes for Chronic Diseases</p> <p>Objective 1.3.c: 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>Pillar: Quality</p>	<p>Description of Quality Initiative:</p> <ul style="list-style-type: none"> Through our partnership with the Paramedic Home Visit Program (PHVP), our members are provided with disease management education, review of medical care plan/medication reconciliation, environmental/home safety assessments and communication with PCP. 	<p>Quality Strategy Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> Controlling High Blood Pressure (CBP)
<p>Aim: Improve Health, Services & Experience</p> <p>Goal 1.3: Improve Outcomes for Chronic Diseases</p> <p>Objective 1.3.a: 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>Pillar: Quality</p>	<p>Description of Quality Initiative:</p> <ul style="list-style-type: none"> Utilizing A1c kits in member home to support timely connection to provider. 	<p>Quality Strategy Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> Hemoglobin A1c Control for Patients With Diabetes (HBD)

Peach State

Table D-3—Peach State’s QS Quality Initiatives

DCH QS Aim, Goal, Objective and Pillar	Peach State’s Quality Initiative	Performance Metric
<p>Aim: Improve Health, Services & Experience</p> <p>Goal: Improve Access to Care</p> <p>Objective: Increase the percentage of children less than 21 years of age that receive preventive oral health services to perform at or above the CMCS 75th percentile by the end of CY 2023.</p> <p>Objective: 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>Objective: 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 20</p> <p>Pillar: Access</p>	<p>Description of Quality Initiative:</p> <p>Timely Prenatal Care</p> <ul style="list-style-type: none"> • Medical records collection based on non-HEDIS claim codes identified. • Financial incentives for pregnant members who complete prenatal visits within 42 days of enrollment or identification of pregnancy. • Clinical Practice Guideline (CPG) Medical Record Audits • Statewide baby showers and parenting education classes to provide pregnant women education about importance of attending prenatal care appointment. <p>Postpartum Care:</p> <ul style="list-style-type: none"> • Member outreach calls to postpartum members to remind them of their follow up PP care appointment and assess high-risk members f. additional needs. • Member Outreach to all members who delivered via c-section to remind them of their follow-up visit need. • Provider education on CPT II coding and postpartum care visit after completion of visit for incision <p>Child and Adult Well Visits</p> <ul style="list-style-type: none"> • Healthy Lifestyle Events for Children and Adults: The Community Health Services Department collaborates with community partners to provide relevant preventative services and resources to members through Healthy Lifestyle Events. These events are typically held at local health departments and/or community recreation centers throughout the state of Georgia. In 2022, the Community Health Services Department fully reintegrated back in the community partnering with Community Based Organizations (CBO) to provide in-person events. As a preventative measure, members enrolled in Case Management are encouraged by staff to participate in Healthy Lifestyle Events along 	<p>Quality Strategy Metric:</p> <ul style="list-style-type: none"> • Prenatal and Postpartum Care: Postpartum Care (PPC; PPC-CH) • Metric: • Well-Child Visits in the First 30 Months of Life (W30) • Child and Adolescent Well-Care Visits (WCV)

DCH QS Aim, Goal, Objective and Pillar	Peach State's Quality Initiative	Performance Metric
	<p>with their family members and/or support persons.</p> <ul style="list-style-type: none"> • Care Alerts: Care reminders are sent to members and providers when potential gaps in care are identified through claims, laboratory data, and other sources. These reminders aim to create actionable opportunities for specific individuals and align with industry recognized HEDIS measures to improve preventive health in addition to chronic condition management and more. • Live Calls: Live outbound calls are made to the members to educate them and attempt to coordinate the members' care. The Helping All Lives through Outreach (HALO) team conducts calls and offers DCH approved incentives and assistance arranging transportation. • Value-based Care: Peach State Health Plan offers a pay for performance (P4P) program that rewards providers for closing gaps in care related to improving health outcomes in a cost-effective manner. 	
<p>Aim: Improve Health, Services & Experience</p> <p>Goal: 1.2 Increase Wellness and Preventive Care</p> <p>Objective: Increase the percentage of children less than 21 years of age that receive preventive oral health services to perform at or above the CMCS 75th percentile by the end of CY 2023</p> <p>Objective: Increase overall rate of immunizations and vaccinations across all ages and populations to perform at or above the HEDIS 90th</p>	<p>Description of Quality Initiative:</p> <ul style="list-style-type: none"> • Community Partnerships: Partnerships are established with local providers throughout the state of Georgia to provide breast cancer screenings (BCS) to Peach State members who are non-compliant and/or identified with a need for a mammography screening. The Community Health Services team collaborates to offer mobile vans and/or targeted days at brick-and-mortar facilities specifically for members. • Wellness on Wheels: The Wellness on Wheels event focused on members who are non-compliant with breast cancer screenings. During these events, Peach State partnered with community-based mobile mammogram units such as Piedmont August Mobile Wellness Unit, CHI Memorial MaryEllen Breast Centre mobile unit, SJC mobile unit, and Macon-Bibb County Health Department to administer the breast cancer screening. Members were also offered the flu vaccination. 67.5% of members who were invited to the events received a breast cancer screening and all members attended who were due for flu vaccination received it. The Community Health 	<p>Quality Strategy Metric:</p> <ul style="list-style-type: none"> • Breast Cancer Screening (BCS) • Cervical Cancer Screening (CCS) • Annual Dental Visits (ADV) • Immunizations for Adolescents (IMA) • Childhood Immunization Status (CIS)IMA • CIS

DCH QS Aim, Goal, Objective and Pillar	Peach State's Quality Initiative	Performance Metric
<p>percentile by the end of CY 20</p> <p>Objective: Increase the number of breast cancer screenings for qualified women to perform at or above the HEDIS 75th percentile by the end of CY 2023</p> <p>Objective: Increase the number of qualified women receiving cervical cancer screenings at or above the HEDIS 75th national percentile by the end of 2023.</p> <p>Pillar: Quality</p>	<p>Services team educated the members on health resources, continuity and coordination of care, plan benefits, and the importance of a PCP and Dental Home.</p> <ul style="list-style-type: none"> • Summer Camp: This event was in collaboration with the Boys and Girls Club. The event focused on ensuring children had the required immunizations provided by Kids Doc on Wheels, teeth cleanings provided by Colgate Smile Van, and healthy eating provided by Healthy Heart Coalition. There was a total of 95 children who attended the event and received services. • Member Outreach: Increasing outreach is aimed at closing gaps, improving utilization, and providing access to preventative services for women between 50-74 years of age who need a breast cancer screening. Members are also educated on plan benefits and screened for SDOH needs. 	
<p>Aim: Improve Health, Services & Experience</p> <p>Goal 1.3: Improve Outcomes for Chronic Diseases</p> <p>Objective: 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>Objective: 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</p>	<p>Description of Quality Initiative:</p> <ul style="list-style-type: none"> • Diabetic Follow-up Program: The Diabetic follow-up program is an extension of the Complex Case Management program and is designed to provide members with the tools and techniques necessary to manage and control their condition. Peach State's Care Managers work to improve the overall health outcome of those recently discharged from the hospital. Care Managers and/or CM designees work in collaboration with hospital discharge planners to ensure effective care coordination, and to stabilize or improve members' health condition who may have been recently in inpatient care and/or received services through the ED. This is achieved by conducting telephonic follow-up with members enrolled in the CM program to assist with arranging follow-up appointments (post-discharge) and providing information on community-based services. • Diabetes Disease Management: The Diabetes program is a disease management program that provides telephonic outreach, education, and support services to promote adherence to diabetes guidelines, and optimize functional status. The DM team ensures effective care 	<p>Quality Strategy Metric:</p> <ul style="list-style-type: none"> • Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) (CDC, CDC-AD) • PQI 08: Heart Failure: Admission Rate (PQ108-AD) • Controlling Blood Pressure (CBP)

DCH QS Aim, Goal, Objective and Pillar	Peach State's Quality Initiative	Performance Metric
<p>Objective: 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.</p> <p>Objective: 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>Pillar: Quality</p>	<p>coordination and appropriate utilization of services to address the needs of the member.</p> <ul style="list-style-type: none"> • Disease Management: Peach State partnered with Envolve People Care (EPC) Wellness and Health Coaching is a Centene wholly owned subsidiary Disease Management company providing management for those members of a population diagnosed with chronic disease such as diabetes, heart disease including coronary artery disease (CAD) and congestive heart failure (CHF), and respiratory disease including asthma and chronic obstructive pulmonary disease (COPD). • Post Hospital Outreach: Peach State members identified as high-risk for readmission are targeted for post discharge follow-up and assessment to identify barriers and / or additional needs. Members are stratified on admission using predictive modeling including the length of stay, diagnosis, acuity, and emergency department usage among other risk factors. A discharge assessment is completed by a member of our care coordination team, ensuring the members have been able to attend follow up appointments with their providers, get prescriptions, equipment, and supplies. The program goal is to reduce readmissions for high-risk members 	
<p>Aim: Improve Health, Services & Experience</p> <p>Goal 1.5: Improve Behavioral Health Care Outcomes</p> <p>Objective: 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>Objective: Increase the number of adolescents screened for follow-up for depression to perform</p>	<p>Description of Quality Initiative:</p> <ul style="list-style-type: none"> • Behavioral Health Case_Management (BHCM) Program: Peach State's Behavioral Health Case Management (BHCM) Program supports all its behavioral health clinical efforts and initiatives. Psychiatric inpatient utilization represents the highest need and acuity in the behavioral health continuum. All members with a BH diagnosis, including those with special healthcare needs, accessing inpatient services are automatically outreached for care management. For members who were treated for outpatient BH services prior to a hospitalization, in-person CM services are warranted to ensure the members are directed back to the outpatient BH provider. • Follow-up after Mental Health Illness Hospitalization (7 and 30 day): For members to regain full recovery after an Inpatient Mental Health stay, following up with a mental health 	<p>Quality Strategy Metric:</p> <ul style="list-style-type: none"> • Follow-Up After Hospitalization for Mental Illness—7-Day (FUH) • Screening for Depression and Follow-Up Plan: Ages 12–17 (CDF-CH)

DCH QS Aim, Goal, Objective and Pillar	Peach State's Quality Initiative	Performance Metric
<p>at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar: Quality and Access</p>	<p>provider within 7 or 30 days of discharge is important. These appointments decrease the likelihood of avoidable hospital readmissions by helping members, including those with special healthcare needs, access the most appropriate level of care and encourage the continuation of their recovery. The health plan identifies opportunities to improve and evaluate the quality of care for its members. For example, the case manager outreaches to members upon discharge from a psychiatric inpatient facility to assist them with overcoming barriers to attending their follow-up appointments. The case manager also outreaches to staff within the inpatient facility to assist with care coordination, referrals, and transitions in care, to reduce delays in scheduling appointments with BH providers in various geographic locations. own contact information and an educational discharge tool kit to encourage BH follow-up.</p> <ul style="list-style-type: none"> • Depression Disease Management Program For members who are newly diagnosed with major depressive disorder, prescribed an anti-depressant, and identified to be non-adherent with medications Peach State offers a specialized program that offers education and linkages to community resources. For those high-risk members who are currently pregnant, staff will conduct an Edinburg screening and provide appropriate care coordination and condition specific management to ensure a healthier outcome. 	
<p>Aim: Smarter Spending</p> <p>Goal: Increase Appropriate Utilization of Levels of Care</p> <p>Objective: Decrease hospitalizations and ER utilization rates to perform at or above the HEDIS 50th percentile by the end of CY 2023.</p>	<p>Description of Quality Initiative:</p> <ul style="list-style-type: none"> • All Cause 30-Day Readmission Program: Peach State monitors readmissions for members enrolled in the BHCM program. This information is tracked to provide reports to monitor the utilization metrics of members to include those with special healthcare needs that help to develop targeted interventions. These reports also allow Peach State to determine opportunities for improvement in obtaining needed follow-up care for members to reduce the potential for setbacks. 	<p>Quality Strategy Metric:</p> <ul style="list-style-type: none"> • Acute Hospital Utilization

DCH QS Aim, Goal, Objective and Pillar	Peach State's Quality Initiative	Performance Metric
Pillar: Stewardship		

Amerigroup 360°

Table D-4—Amerigroup 360's QS Quality Initiatives

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 306's Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1.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>Pillar Three: Access</p>	<p>Description of Quality Initiatives:</p> <p>Dedicated efforts towards improving maternal/fetal outcomes and maternal/infant mortality and morbidity, such as:</p> <ul style="list-style-type: none"> Dedicated GF360 OB Nurse Case Manager provides outreach based on risk. Offering member incentives for completing timely prenatal/postpartum visits. Offering an OB Quality Incentive Program (OBQIP) that rewards OB providers for meeting identified targets. Ongoing High-Risk Rounds with representation from various areas including the OB Medical Director, CM, Disease Management, Behavioral Health Medical Director, a Diabetic Educator as well as the Pharmacy Department. Taking Care of Baby and Me (TCOBAM) program identifies pregnant women as early as possible, which allows Amerigroup acts quickly to assess OB risk, ensure appropriate levels of care and CM services are in place to mitigate risk. Baby Bump and Beyond offers parenting classes to all GF360 members. The class provides members with practical tools and strategies to help them raise healthy happy children. Text messages reminding members of prenatal and postpartum appointments. Hosting community baby showers and diaper day events with resources available, baby items giveaways and maternal health information 	<p>Quality Strategy Metric:</p> <p>HEDIS Measure(s):</p> <ul style="list-style-type: none"> Prenatal and Postpartum Care: Postpartum Care (PPC)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 306's Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1c: 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>Pillar Three: Access</p>	<p>Description of Quality Initiative:</p> <p>Dedicated efforts towards ensuring timely preventive health visits including, but not limited to:</p> <ul style="list-style-type: none"> • Ongoing member outreach, engagement and/or education including live calls and/or text messages. • Offering incentives for members to complete well-visits • Preventive health reminders via email and/or telephonic outreach • Mailings/letters to providers with members past due for EPSDT services • Provider support, education and engagement, including provider incentives via the PQIP program for closing care gaps and meeting identified targets. • Mobile EPSDT clinics to target general population and subgroups with low outcomes (i.e.- TAY and AA members). • Coordinate with DFCS' Wellness Programming, Assessment and Consultation (WPAC) Unit to develop specialized initiatives for children in care to complete their EPSDT visits at school, at court, at a DFCS office in their placement community, etc. 	<p>Quality Strategy Metric:</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> • Well-Child Visits in the First 30 Months of Life (W30) • Child and Adolescent Well-Care Visits (WCV)
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1d: 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>Pillar Three: Access</p>	<p>Description of Quality Initiative(s):</p> <p>Dedicated efforts towards ensuring timely preventive health visits for adults including, but not limited to:</p> <ul style="list-style-type: none"> • Ongoing member outreach, engagement and/or education including live calls and text messages. • Offering member incentives to complete well-visits. • Specialized Care Coordination for members over the age of 18 educating them on their benefits. 	<p>Quality Strategy Metric(s):</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> • Adults' Access to Preventive/Ambulatory Health Services (AAP)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 306's Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1.e: Increase percentage of members <i>Getting Needed Care</i> to perform at or above the 67th percentile by the end of CY 2023</p> <p>Pillar Three: Access</p>	<p>Description of Quality Initiative:</p> <p>Focused efforts towards ensuring members get the care they need, such as:</p> <ul style="list-style-type: none"> • Specialty Provider Liaisons outreach providers to collect updated availability information. • Maintaining an up-to-date list of in-network providers in the plan's website • Identify assignment errors and accurately assign prospective members to the appropriate PCP. • Reviewing PCP assignment data for prospective members to identify assignment errors prior to the member ID being sent. • Joint in-office provider education events. • Promote and engage Providers in "What Matters Most: Improving the Patient Experience" online CME course • Track incentive utilization and HEDIS compliance on a monthly basis 	<p>Quality Strategy Metric:</p> <p>CAHPS Measure(s)</p> <ul style="list-style-type: none"> • Getting Needed Care
<p>Aim 1: Improve Wellness and Preventive Care</p> <p>Goal 1.2: Increase Wellness and Preventive Care</p> <p>Objective 1.2.a: Increase the percentage of children less than 21 years of age that receive preventive oral health services to perform at or above the CMCS 75th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative:</p> <p>Amerigroup offers dental homes to members to further facilitate coordination of care and improve outcomes related to dental conditions. Dental homes, or primary dental providers, serve as the point of reference for coordinating dental care. Amerigroup's delegated dental vendor, DentaQuest, completes most dental initiatives. Key dental initiatives include:</p> <ul style="list-style-type: none"> • Ongoing Care Coordination, outreach and education including live calls, mailings, and/or text messages. • Offering member incentives to complete dental visits. • Dental Van Clinics at DFCS offices 	<p>Quality Strategy Metric:</p> <p>HEDIS Measure(s):</p> <ul style="list-style-type: none"> • Annual Dental Visit—Total (ADV)
<p>Aim 1: Improve Wellness and Preventive Care</p>	<p>Description of Quality Initiative:</p> <p>Despite dedicated efforts towards encouraging members to receive timely immunizations, the pandemic has continued to have a negative impact on the plan's ability to improve immunization</p>	<p>Quality Strategy Metric:</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> • Childhood Immunization Status (CIS)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 306's Quality Initiative	Performance Metric
<p>Goal 1.2: Increase Wellness and Preventive Care</p> <p>Objective 1.2.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</p> <p>Pillar One: Quality</p>	<p>rates. Initiatives employed included, but were not limited to:</p> <ul style="list-style-type: none"> • Ongoing member Care Coordination, engagement education including live calls and/or text messages • Implemented flu outreach campaign, text and postcards to promote flu vaccinations • Host Fight the Flu community events at provider offices and pharmacy locations to promote flu vaccination • Offering member incentives to complete immunizations • Social media campaigns promoting importance of vaccinations, such as flu and HPV • Mailings/letters to providers with members past due for EPSDT services • Provider support, education and engagement, including provider incentives via the PQIP program for closing care gaps and meeting identified targets. 	<ul style="list-style-type: none"> • Immunizations for Adolescents (IMA) • Flu Vaccinations for Adults 18-65 (FVA)
<p>Aim 1: Improve Wellness and Preventive Care</p> <p>Goal 1.2: Increase Wellness and Preventive Care</p> <p>Objective 1.2.d: Increase the number of qualified women receiving cervical cancer screenings at or above the HEDIS 75th national percentile by the end of 2023</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative(s):</p> <p>Dedicated efforts towards ensuring timely preventive screenings including, but were not limited to:</p> <ul style="list-style-type: none"> • Ongoing Care Coordination engagement and/or education including live calls and text messages. • Offering member incentives to complete cervical cancer screenings. • Provider support, education and engagement, including provider incentives via the PQIP program for closing care gaps and meeting identified targets. 	<p>Quality Strategy Metric(s):</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> • Cervical Cancer Screening (CCS)
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.3: Improve Outcomes for Chronic Diseases</p>	<p>Description of Quality Initiative:</p> <p>Amerigroup's Care coordination, Case and disease management programs address a variety of needs for members with chronic conditions including complex health challenges, preventive counseling, as well as social, environmental, financial and</p>	<p>Quality Strategy Metric:</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> • Comprehensive Diabetes Care (CDC)—HbA1c Poor Control (>9.5)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 306's Quality Initiative	Performance Metric
<p>Objective 1.3.a: 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>Pillar One: Quality</p>	<p>other issues that go beyond health and prevent a positive outcome. Care coordinators will also:</p> <ul style="list-style-type: none"> Promote effective prevention and treatment of chronic disease Promote effective communication and coordination of care; (Provider/ Member) Encourage family engagement as partners in members' care <p>Other initiatives for members with diabetes include:</p> <ul style="list-style-type: none"> Provider reimbursement initiative for billing identified CAT II Codes Provider support, education and engagement, including provider incentives via the PQIP program for closing care gaps and meeting identified targets. Discussions with provider offices to share benefits of providing supplemental data and/or remote electronic medical record access to obtain/capture data not submitted on claims such as HbA1c and/or BP results 	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.3: Improve Outcomes for Chronic Diseases</p> <p>Objective 1.3.c: 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>Pillar One: Quality</p>	<p>Description of Quality Initiative:</p> <p>Amerigroup's Care coordination, Case and disease management programs address a variety of needs for members with chronic conditions including complex health challenges, preventive counseling, as well as social, environmental, financial and other issues that go beyond health and prevent a positive outcome. Care coordinators and case managers will also:</p> <ul style="list-style-type: none"> Promote effective prevention and treatment of chronic disease Promote effective communication and coordination of care (Provider/ Member) Encourage family engagement as partners in members' care Work with communities to promote best practices of healthy living; and (Member Experience & Advocacy) Ongoing member outreach, engagement and/or education including live calls and text messages <p>Other initiatives for members with diabetes include:</p>	<p>Quality Strategy Metric:</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> Controlling High Blood Pressure (CBP)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 306's Quality Initiative	Performance Metric
	<ul style="list-style-type: none"> • Provider reimbursement initiative for billing identified CAT II Codes • Provider support, education and engagement, including provider incentives via the PQIP program for closing care gaps and meeting identified targets. • Discussions with provider offices to share benefits of providing supplemental data and/or remote electronic medical record access to obtain/capture data not submitted on claims such as HbA1c and/or BP results 	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.5: Improve Behavioral Health Care Outcomes</p> <p>Objective 1.5.a: 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>Pillar:</p> <p>One: Quality</p> <p>Three: Access</p>	<p>Description of Quality Initiative:</p> <p>Amerigroup facilitates integrated physical and behavioral health services as a vital part of healthcare. Our mission is to address the physical and behavioral healthcare of members by offering a wide range of targeted interventions, education and enhanced access to care to ensure improved outcomes and quality of life for members, such as:</p> <ul style="list-style-type: none"> • Ongoing member outreach, family and/or caregiver inclusion and engagement • Offering an NCQA approved program where Internal Care Coordinators can complete the follow-up assessment within 7 days of discharge to close FUH care gaps. • Continue Post Discharge Management (PDM) for all members discharged from behavioral health inpatient reminding them of follow up appointment. • Offering a \$50 member incentive to complete for completing a timely follow-up appointment. • Launched a pilot program with Inpatient and Outpatient facility to facilitate a warm transfer. 	<p>Quality Strategy Metric:</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> • Follow-Up After Hospitalization for Mental Illness—7-Day (FUH)
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.5: Improve Behavioral Health Care Outcomes</p> <p>Objective 1.5.b: 1.5.b/1.5.c: Increase the number of</p>	<p>Description of Quality Initiative:</p> <p>Dedicated efforts towards ensuring timely preventive health visits including, but not limited to:</p> <ul style="list-style-type: none"> • Ongoing member outreach, engagement and/or education including live calls • Offering incentives to members for completing healthy activities, such as annual well-visits • Provider support, education and engagement including reminders to screen members for behavioral health (BH) conditions as part of initial assessments, or whenever there is a 	<p>Quality Strategy Metric:</p> <p>CMS Measure(s)</p> <ul style="list-style-type: none"> • Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF-CH) • Screening for Depression and Follow-Up Plan: Ages 18 and up (CDF-AD)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 306's Quality Initiative	Performance Metric
<p>adolescents/adults screened for follow-up for depression by the end of CY 2023</p> <p>Pillar:</p> <p>One: Quality</p> <p>Three: Access</p>	<p>suspicion that a member may have a behavioral health condition</p>	
<p>Aim 2: Smarter Spending</p> <p>Goal 2.1: Increase Appropriate Utilization of Levels of Care</p> <p>Objective 2.1.a: Decrease hospitalizations and ER utilization rates to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar Two: Stewardship</p>	<p>Description of Quality Initiative(s):</p> <p>Amerigroup monitors ER utilization, Inpatient Admissions, and Readmissions. There are several key interventions and initiatives dedicated to reducing hospitalizations and ER utilization:</p> <ul style="list-style-type: none"> • Early and frequent contact with members and hospitals • Appropriate and timely referrals for post-acute services • Multi-disciplinary rounds with Amerigroup's medical directors, social workers, nurse case managers, and other supportive staff to support transition of care activities. • ER case management programs target members who are frequent utilizers and overutilizers of ER and inpatient services. CM's outreach members to provide education on the appropriate care, at the right time, and the right setting. • Provider, facility, and member collaboration supports post discharge care coordination and reduce risks to members that have been discharged from an acute inpatient setting and helps to minimize readmissions. • The Provider Success team works with several value-based contracted providers on Potentially Avoidable ER visits by: <ul style="list-style-type: none"> – Identifying patients eligible for outreach based on data, type of campaign and available staff resources – Creating comprehensive telephone script and patient checklist for outreach and train staff on usage – Developing workflow for TOC patient outreach within 48 hours of discharge (include review of discharge instructions, 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Plan All-Cause Readmissions (PCR; PCR-AD) • Ambulatory Care—ED Visits (AMB)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 306's Quality Initiative	Performance Metric
	<p>med reconciliation, scheduling with PCP/Specialist as needed)</p> <ul style="list-style-type: none"> - Evaluating data and stratify patient population for care management needs (e.g. review ER/IP, population health registry, PCMS, chronic conditions) - Establish/Evaluate Community partnerships for patient resources and referrals by CM Team 	

Appendix E. CMO-Specific Progress in Meeting EQRO Recommendations

Introduction

Regulations at §438.364 require an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity (described in §438.310[c][2]) has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR. This appendix provides a summary of the follow-up actions per activity that the CMOs reported completing in response to HSAG's SFY 2021–2022 recommendations. Please note, content included in this section is presented verbatim as received from the CMOs and has not been edited or validated by HSAG.

Scoring

HSAG worked with DCH to develop a methodology and rating system for the degree to which each CMO addressed the prior year's EQR recommendations. In accordance with CMS guidance, HSAG used a three-point rating system. The CMO's response to each EQRO recommendation was rated as *High*, *Medium*, or *Low* according to the criteria below.

High indicates *all* of the following:

1. The CMO implemented new initiatives or revised current initiatives that were applicable to the recommendation.
2. Performance improvement directly attributable to the initiative was noted *or* if performance did not improve, the CMO identified barriers that were specific to the initiative.
3. The CMO included a viable strategy for continued improvement or overcoming identified barriers.

A rating of *high* is indicated by the following graphic:



Medium indicates one or more of the following:

1. The CMO continued previous initiatives that were applicable to the recommendation.
2. Performance improvement was noted that may or may not be directly attributable to the initiative.
3. If performance did not improve, the CMO identified barriers that may or may not be specific to the initiative.
4. The CMO included a viable strategy for continued improvement or overcoming barriers.

A rating of *medium* is indicated by the following graphic:



Low indicates one or more the following:

1. The CMO did not implement an initiative or the initiative was not applicable to the recommendation.

2. No performance improvement was noted *and* the CMO did not identify barriers that were specific to the initiative.
3. The CMO’s strategy for continued improvement or overcoming identified barriers was not specific or viable.

A rating of *low* is indicated by the following graphic:



CMO Follow-Up

Amerigroup

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

Recommendation—Performance Improvement Projects		
<p>Aim 1: Improving maternal health outcomes for women</p> <p>Pillar One: Quality</p>	<p>Goal: Increase the percentage of pregnant members who receive a prenatal care visit within 42 days of confirmation of pregnancy or RSM enrollment by Q2 2022 and sustain improvement through Q2 2023</p>	<p>Metric: Timeliness of Prenatal Care</p>
<p>Opportunity for Improvement: Amerigroup did not achieve significant improvement over the baseline performance for either PIP topic.</p>		
<p>Recommendation: HSAG recommends that Amerigroup reassess barriers linked to the targeted populations and develop active targeted interventions that can be tracked and trended to determine the impact on the performance indicator outcomes. The results should be used to guide decisions for QI efforts.</p>		
<p>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)</p>		
<p>Why the Challenge Exists:</p> <ul style="list-style-type: none"> • Although many women experience uncomplicated pregnancies, there is still a gap in the importance of early prenatal care amongst our maternal population • Provider unaware of timely prenatal care recommendations and best practices • Provider unaware of appropriate billing for timely prenatal care • Global billing • Lack of access to care • Other social determinants of health 		
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <ul style="list-style-type: none"> • Live Outbound outreach: To collaborate monthly with the National Team to evaluate ongoing telephonic intervention & outreach for improvement. Amerigroup (AMGP) receives the 834-file of new members. Within that file, pregnant members are identified. Our corporate partners start Interactive Voice Recordings (IVR) calls for initial outreach, screening, and prenatal education. For the members that are not contacted by IVR process, the National Outreach Team receives a file that they use to begin making live outbound 		

Recommendation—Performance Improvement Projects

calls. In September 2021, the National Team started making calls to provide education, and assist with appointment scheduling for members newly identified as pregnant, who were not engaged with the IVR process. However, the National Team did not begin tracking the intervention until February 2022 due to staffing issues.

- Health Department (HD) Perinatal Case Management Referral Process: Increase timely Perinatal Case Management (PCM) referrals from the Local Health Department to health plan, The Health Department Perinatal Case Management (PCM) automation referral process is setup for the CMO to receive three (PCM Assessment, Reproductive Life Plan & the Care Plan) documents into our documentation system. To enhance the timeliness of the PCM referral process, Amerigroup created a Health Department communication that was submitted via our CMAP process, approved & distributed to the HDs. This intervention is to evaluate & determine the delayed referral process with PCM from the Health department. HD & AMGP are collaborating to close gaps between members with a High-risk pregnancy in a rural HD District 8-2 to understand their referral process & where the breakdown is in getting timely referrals. During collaboration, AMGP presented a PowerPoint presentation that depicted a roadmap diagram of the journey of the PCM referrals (intervention between HD & AMGP). We also provided data depicting a steady decline of referrals since 2019.
- OB Practice Consultant would identify High-volume obstetric providers who are not enrolled in OBQIP program. Intervention paused due to position vacant.

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

PMV results showed:

Metric(s):

- 2021: Baseline 93.99%
- 2022: Remeasurement 1 result: 90.06%
- 2023: Data for remeasurement 2 results is pending

Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:

- Live telephonic outreach
 - Members with OHI did not have claim data.
 - Some Members that NT contacted that said they will sched appt was outside 1st trimester & member’s appointments were scheduled outside the 42 days.
- Health Department Perinatal referral: Despite of Amerigroup’s efforts to partner with district 8-2, there have been no statistical impact from this intervention. Amerigroup reached out to Department of Public health leadership for a meeting to provide insight around automation referral process through HDs and to discuss other opportunities to partner. After several attempts, Amerigroup did not receive a response. Amerigroup abandoned this intervention.
- OB Practice Consultant would identify High-volume obstetric providers who are not enrolled in OBQIP program. AMGP paused this intervention in 2022 as this position was vacant. Position has been filled and intervention has been initiated for 2023.

Identify any barriers to implementing initiatives:

- Live Telephonic Outreach
 - Difficulty reaching members (Member may be listed as Do Not Call, Wrong number, Disconnected number, hang ups or no callback).
 - Members with OHI do not have claims data.
 - Members must agree to receive the telephonic outreach.

Recommendation—Performance Improvement Projects

- Member had appointments already scheduled when the team outreached.
- Health Department Perinatal Case Management Referrals
 - Perinatal Case Management was not an essential service at local health departments.
 - HD internal/systematic issues & lack of timely PCM referrals.
 - HD staff trained on the PCM process.
 - Collaboration meetings were scheduled but ended in cancelation by HD.
 - Lack of buy in by HD leadership.
- OB Practice Consultant
 - Lack of Practice Consultant staff to collaborate with providers.

HSAG Assessment:



Recommendation—Performance Improvement Projects

Aim 1: Improving maternal health outcomes for women
(HCM Department)

Goal: Increase the percentage of pregnant women identified as high-risk or complex who enroll in complex case management (CCM)

Metric: OB Complex Case Management Enrollment Rate

Pillar One: Access

Opportunity for Improvement: Amerigroup did not achieve significant improvement over the baseline performance for either PIP topic.

Recommendation: HSAG recommends that Amerigroup reassess barriers linked to the targeted populations and develop active targeted interventions that can be tracked and trended to determine the impact on the performance indicator outcomes. The results should be used to guide decisions for QI efforts.

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)*

Why the Challenge Exists:

- Members are unaware of Case Management program
- Providers are unaware of Case management Program or how to refer high risk members
- Company phone number appears as spam on caller id
- Members are transitional & hard to reach
- Member must agree to participate in OB Case management program (must opt in)
- Members can request to be placed on Do Not Call list

Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):

- Targeted live telephonic outreach to members who did not complete the OB Screener performed by the National Outreach team
- Increase PCM Referrals from Health Departments
- Increase referrals and enrolment from the Notification of Pregnancy (NOP) report

Recommendation—Performance Improvement Projects

- Utilize the OB Case Management Referral mailbox as venue for referrals

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

PMV results showed:

Metric:

- 2021: Baseline: 25.26%
- 2022: Remeasurement 1: 21.36%
- 2023: Remeasurement 2: Data is pending

Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:

- Initiated targeted live telephonic outreach to members who did not complete the OB Screeners: Barriers to this initiative include members’ option to participate in program, high number of members who were unable to be reached, and members who request to be placed on DNC list.
- Health Department Perinatal referral: Despite Amerigroup’s efforts to partner with district 8-2, there was no statistical impact from this intervention. Amerigroup reached out to Department of Public Health leadership for a meeting to provide insight around automation referral process through HDs and to discuss other opportunities to partner. Amerigroup never received a response. Amerigroup abandoned this intervention.
- OB Case Management Referral mailbox: Communications was sent to provider offices to send referral for OB case management to the email address. And the Provider Network team was given the email address to be utilized during provide visits however this intervention was ineffective.

Identify any barriers to implementing initiatives:

- Difficulty reaching members: Member on Do Not Call list, High volume of wrong and disconnected telephone numbers, members hang up during calls and or no callbacks from members
- This is an “opt in” program and members must agree to receive telephonic outreach.
- Perinatal Case Management is not an essential service at local health departments
- HD internal/systematic issues & lack of timely PCM referrals
- Lack of Practice Consultant staff to collaborate with providers

HSAG Assessment:



Recommendation—Performance Measure Validation

<p>Aim 1: Improve Health, Services & Experience</p> <p>Pillar One: Quality</p>	<p>Goal: Improve Outcomes for Chronic Diseases</p>	<p>Metric(s):</p> <ul style="list-style-type: none"> • Comprehensive Diabetes Care—HbA1c Control (<8.0%) (CDC) • Comprehensive Diabetes Care—HbA1c Poor Control (>9.5) (CDC) • Controlling High Blood Pressure (CBP, CBP-AD)
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Recommendation—Performance Measure Validation

Opportunity for Improvement: In the Quality of Care domain for Amerigroup’s GF population, PM rates for the Controlling High Blood Pressure measure and the Comprehensive Diabetes Care—HbA1c Control (<8.0%) and HbA1c Poor Control (>9.0%) measure indicators continued to fall below the 25th percentile.

Recommendation: Performance suggests that although members with chronic conditions may have access to care, they were not able to manage their conditions according to evidence-based guidelines through the appropriate use of medications, diet and nutrition, or physical activity. Low performance may have been due to the lingering effects of the COVID-19 pandemic during 2021.

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)

Why the Challenge Exists:


Members with chronic conditions are burdened by complex treatment regimens which include the administration of medication, symptom and condition monitoring, and dietary and lifestyle changes. Optimal self-management depends on factors that include financial status, access to care, family support, and provider involvement. Members with chronic conditions often also have social determinants that contribute to less-than-optimal outcomes.

The Provider Success team engages providers in the PQIP program; however most providers are primarily pediatric and have low denominators for these 3 measures; the willingness to focus on measures that do not generate incentives is limited to nonexistent. Provider Success focus on work with Value based/ incentive-based programs. Ability to move performance is limited when engagement is limited.

COVID-19 also continued to have an impact on the chronic condition measures whereas members were receiving telephonic/virtual visits and thus the A1c screening and BP screening were not completed/documented in the chart causing members to automatically be counted as noncompliant for these measures when no A1c or BP result is captured.

Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):

- Disease Management programs were essential to outreach members to support behavioral, social, and physical healthcare needs by providing individualized, patient centered care plan goals.
 - Member-centric programs focus on providing educational tools and support necessary for member to effectively manage their healthcare needs.
 - Case managers partner with medical directors, providers, social workers, and vendors to design a care plan with interventions to enable members to reach their health goals.
 - Motivational interviewing techniques are used to elicit change talk and encourage members to create a goals and behavioral change.
- Remote patient monitoring
 - Amerigroup supports members with chronic conditions by offering remote patient monitoring programs. High risk members diagnosed with diabetes and/or hypertension are offered remote patient monitoring programs.
 - Members with type 1 or type 2 diabetes, ages 18 and over can opt into our specialized RPM services which provides a touchscreen glucometer, mail ordered diabetes testing supplies, and 1:1 education provided by a diabetic educator.

Recommendation—Performance Measure Validation		
<ul style="list-style-type: none"> High risk members diagnosed with hypertension can qualify for remote patient monitoring of their blood pressure. Members are sent a specialized blood pressure monitor that sends blood pressure results to a centralized location for healthcare professional monitoring and interventions for out-of-range results. 		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):</p> <p>PMV results showed:</p> <p>Metric: Comprehensive Diabetes Care—HbA1c Control (<8.0%) (CDC)</p> <ul style="list-style-type: none"> 2021: 42.58% 2022: 46.96% <p>Metric: Comprehensive Diabetes Care—HbA1c Poor Control (>9.5) (CDC) – lower rate is better</p> <ul style="list-style-type: none"> 2021: 50.85% 2022: 45.99% <p>Metric: Controlling High Blood Pressure (CBP)</p> <ul style="list-style-type: none"> 2021: 54.26% 2022: 52.31% 		
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:</p> <ul style="list-style-type: none"> As the digital monitoring solutions for diabetes and hypertension are still fairly new, the amount of members involved are relatively small and we are still monitoring the outcomes to determine true effectiveness. 		
<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> Member adherence to continued testing after enrollment is a challenge. Unable to reach members to engage in case management support programs. 		
<p>HSAG Assessment:</p> 		
Recommendation—Performance Measure Validation		
<p>Aim 1: Improve Health, Services & Experience</p> <p>Pillar Three: Access</p> <p>Pillar One: Quality</p>	<p>Goal(s)</p> <ul style="list-style-type: none"> 1.1: Improve Access to Care 1.2: Increase Wellness and Preventive Care 	<p>Metric(s):</p> <ul style="list-style-type: none"> Prenatal and Postpartum Care—Postpartum Care (PPC) Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC) Breast Cancer Screening (BCS)
<p>Opportunity for Improvement: In the Access to Care domain for Amerigroup’s GF population, Breast Cancer Screening and Prenatal and Postpartum Care—Postpartum Care fell below the 50th percentile, and Prenatal and Postpartum Care—Timeliness of Prenatal Care fell below the 25th percentile, indicating that Amerigroup’s female members were not receiving breast cancer screenings for early detection of breast cancer and were not receiving appropriate postpartum care.</p>		
<p>Recommendation: HSAG recommends that Amerigroup conduct a root cause analysis or focus study to determine why its female members were not receiving appropriate screenings for breast cancer or postpartum</p>		

Recommendation—Performance Measure Validation

care treatment. Amerigroup may consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc.

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)

Why the Challenge Exists:

- **Metric:** Prenatal and Postpartum Care—Postpartum Care (PPC)—Lack of members’ knowledge regarding the importance of prenatal and post pregnancy care (e.g., members who are not first-time moms may feel that timely prenatal/postpartum visit are necessary), lack of OB providers in rural counties, and lack of available prenatal/postpartum appointments in rural counties
- **Metric:** Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC)—Difficulty reaching members via telephonic outreach to assist with appointment scheduling (Do Not Call, Wrong Numbers, Disconnected Number, Hang Ups or No Callback), lack of OB providers in rural counties, and lack of available prenatal/postpartum appointments in rural counties, members’ lack of transportation, Members presenting late in 1st Trimester or early 2nd Trimester
- **Metric:** Breast Cancer Screening (BCS)—Members’ lack of knowledge of the importance of having a mammogram, members’ fear of pain or embarrassment associated with having mammogram and member’s lack of knowledge of the risks associated with untreated/undetected breast cancer

Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):

- **Metric:** Prenatal and Postpartum Care—Postpartum Care (PPC)—
 - My Advocate maternal health education by phone, web, or app, provides member education on importance of perinatal and post-partum care
 - Increase the enrollment rate for our OB complex case management program to provide education on the importance of receiving care during and after pregnancy
 - OBQIP Practice Consultants conduct provider engagement & education on HEDIS measures, billing, CAT II codes, best practices, etc.
 - Increase the number of members participating with OBQIP providers
 - Implementation of a Doula program to provide pregnancy education and fill gaps in maternity access to care
 - Uber Health: receive \$300 voucher for completing prenatal visits, post-partum visits
 - Collaboration with Providers and Health Departments to receive electronic Notification of Pregnancy
 - Implementation of Postpartum focused CM program to support the postpartum extension waiver
 - Increase timely Perinatal Case Management (PCM) referrals from the Local Health Department to health plan,
- **Metric:** Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC)—
 - My Advocate maternal health education by phone, web, or app, provides member education on importance of perinatal and post-partum care
 - Collaboration with Providers and Health Departments to receive electronic Notification of Pregnancy
 - Text message outreach to members regarding gap in care education
 - Increase the number of members participating with OBQIP providers
 - National Outreach performs outreach to GA Health Plan members to assist with appointment scheduling for PPC1 and PPC2
 - Prenatal and post-partum Appointment postcard reminders sent weekly

Recommendation—Performance Measure Validation

- Community Health Worker home visits performed by National Team
- Increase timely Perinatal Case Management (PCM) referrals from the Local Health Department to health plan
- Live telephonic outreach
- **Metric:** Breast Cancer Screening (BCS)—
 - Educate member & providers on the CHIP Reward program & member incentives for completing well-woman exam
 - Educate members on how to perform breast self-exam, how to check for lumps and changes and reporting s/s to provider
 - Provide education on the mammogram procedure to lessen fears and anxiety
 - Identify and Partner with Mobile Mammography providers

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

PMV results showed:

- **Metric:** Prenatal and Postpartum Care—Postpartum Care (PPC)
 - 2021: 73.24%
 - 2022: 75.43%
- **Metric:** Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC)
 - 2021: 81.02%
 - 2022: 82%
- **Metric:** Breast Cancer Screening (BCS)
 - 2021: 50.94%
 - 2022: 48.68%

Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:

Metric: Prenatal and Postpartum Care—Postpartum Care (PPC)

- Notification of Pregnancy Referrals—This initiative was ineffective due to the high rate of unable to reach members referred from the NOP report.

Metric: Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC)

- Live telephonic outreach - some members already had an appointment prior to being outreached, members with OHI did not have claims data, and some members reached were outside the 1st trimester or member’s appointments were scheduled outside the 42-day timeframe
- Health Department Perinatal referral: Amerigroup worked to partner with the Department of Public Health to discuss the automation of the referral process and to discuss other opportunities for partnership; there was no statistical impact from this intervention

Metric: Breast Cancer Screening (BCS)

- Increasing knowledge and utilization of the CHIP Rewards and member incentive programs for completing well-woman exam was a barrier due to high rate of members who were unable to be reached
- The denominator for this measure is small and the members who fall into it are spread throughout the state. This has made finding a Mobile Mammography provider to provide this service to only a handful of members in a given county very difficult.

Recommendation—Performance Measure Validation

Identify any barriers to implementing initiatives:

Metric: Postpartum Care (PPC)

- N/A

Metric: Timeliness of Prenatal Care (PPC)

- Health Department Perinatal referral: Despite Amerigroup’s efforts to partner with district 8-2, Amerigroup was never able to meet with the Health Department’s Leadership to improve the referral process for referring members who are high risk to OB Case Management. The high rate of members who are unable to reach continues to be the most significant barrier to implementing initiatives.

Metric: Breast Cancer Screening (BCS):

- Amerigroup has sponsored events where mammograms are provided but has not sponsored member only events for mobile mammograms. Amerigroup is working to strengthen its relationship with mobile mammogram providers.

HSAG Assessment:



Recommendation—Performance Measure Validation

Aim 1: Improve Health, Services & Experience

Pillar One: Quality

Goal

- 1.5: Improve Behavioral Health Care Outcomes
- 1.2: Increase Wellness and Preventive Care

Metric(s):

- Follow-Up Care for Children Prescribed ADHD Medication (ADD)
- Immunizations for Adolescents—Combination 2 (IMA)

Opportunity for Improvement: In the Quality of Care domain for the PeachCare for Kids® population, Amerigroup fell below the 50th percentile for the *Follow-Up Care for Children Prescribed ADHD Medication* measure indicator rates, indicating that not all children were being monitored after being prescribed ADHD medication, which is important to assess for the presence or absence of potential adverse effects. Monitoring adverse effects from ADHD medication allows physicians to suggest an optimal, alternative treatment. In addition, Amerigroup fell below the 50th percentile for *Immunizations for Adolescents—Combination 2*, suggesting that not all adolescents were receiving the recommended immunization screenings.

Recommendation: HSAG recommends that Amerigroup conduct root cause analyses or focus studies to determine why performance is low for these indicators. Amerigroup may consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc.

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)

Why the Challenge Exists:

COVID-19 had a significant impact on the ADHD measure for MY 2021 with the measurement year of March 1, 2020-February 28, 2021, being at the height of the Public Health Emergency. Many provider offices were either closed, offered limited availability, or were reserved for sick visits/critical care. As shown in the Metrics below, this measure has seen a significant increase in both the Initiation and Continuation sub-measures for MY 2022. Other challenges with members receiving follow-up care for ADHD medication include:

- Providers not scheduling f/u visits within required timelines.

Recommendation—Performance Measure Validation

- Member/Provider unaware member is considered a “new start”, having previously been on the medication (*4-month negative medication history*).
- Med “Holidays” result in missed appointments (refill not needed).

COVID-19 has also been a barrier that has impacted the IMA measure since components of this measure can expand over the course of several years. A deep dive of this measure noted that the low driver for this measure is the HPV vaccination. Members either do not receive their HPV vaccinations timely or do not receive the complete series prior to their 13th birthday. Other challenges include:

- Circumstances beyond health plan control, such as parental refusal for vaccinations (*i.e. religious beliefs, safety concerns, etc.*) that are not considered exclusions and unfortunately impact health plan performance
- Many parents want to their kids to receive only the shots that are required to attend daycare/school (*HPV is a ‘recommended’ vaccine’; whereas Tdap and meningococcal are ‘required for school’*)

Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):

Initiatives aimed at improving follow-up care for children who were prescribed ADHD medication include:

- ADD was added to the performance reports (score cards) for primary care providers.
- Member incentives for completing timely follow-up visits.

Initiatives aimed at adolescents receiving the appropriate immunizations for IMA include:

- In 2022, we began to offer an incentive to members for receiving their HPV shots (*2 or 3 dose series*)
- Continued to offer providers support and education with improving immunization rates.

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

PMV results showed:

Metric: Follow-Up Care for Children Prescribed ADHD Medication—Initiation (ADD)—PeachCare for Kids®

- 2021: 35.8%
- 2022: 46.11%

Metric: Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase (ADD)—PeachCare for Kids®

- 2021: 45.24%
- 2022: 54.81%

Metric: Immunizations for Adolescents—Combination 2 (IMA)—PeachCare for Kids®

- 2021: 34.31%
- 2022: 30.66%

Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:

Follow-Up Care for Children Prescribed ADHD Medication

- Callouts were made to providers. Many would not provide the information needed to meet the measure.
- Parents were not reachable to get the information if not given by the provider. Letters were sent to these parents.
- Appointments were made just outside the appointment date needed to be considered meeting the criteria.

Immunizations for Adolescents—Combination 2 (IMA)

Recommendation—Performance Measure Validation

- Despite offering an incentive for receiving the HPV vaccines, there was still lack of improvement in the IMA rate. Several reasons include low utilization due to members being unaware of the specific incentive as well as parents not wanting to give their kids shots that are not required for attendance to school.

Identify any barriers to implementing initiatives:

Metric: Follow-Up Care for Children Prescribed ADHD Medication (ADD)

- Providers unaware of follow-up requirements.
- Member was previously prescribed medication but fell back into the measure after having a 4-month negative medication history (member and provider unaware).
- Member was prescribed medication by a contracted prescriber at a behavioral health facility, and claim did not list prescriber, therefore did not count as “complaint”.

Metric: Immunizations for Adolescents—Combination 2 (IMA)

- While there were no specific barriers to implementing initiatives to improve immunization rates for IMA, providers reporting to Provider Success (CDT) show a high volume of patient reluctance to receive the HPV Vaccine. CDT Care Consultants continue to provide education and support for providers to continue patient outreach and education.

HSAG Assessment:



Recommendation—Compliance

Aim 2: Smarter Spending	Goal 2.1: Increase Appropriate Utilization of Levels of Care	Metric: Ambulatory Care – ED Visits (AMB)
Pillar Two: Stewardship		

Opportunity for Improvement: Amerigroup reported that a large percentage of emergency visits were for nonurgent care; however, there was not an effective intervention in place to redirect members to an appropriate care setting. In addition, the CMO reported low utilization of the nurse advice line but did not have a robust intervention in place to increase use of the service.

Recommendation: HSAG recommends that Amerigroup develop interventions to reduce ED use for nonurgent care, which includes ensuring member awareness and increased use of the nurse advice line.

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)

Why the Challenge Exists:

- The public health emergency was initiated in March 2020 and ended in June 2023. During that timeframe providers and facilities were allowed to provide non-urgent and non-emergent care in acute care settings. Managed care organizations had no oversight and ability to support utilization and cost containment efforts. Due to the lack of opportunities to review pertinent clinical data and redirect care, members tended to use the ER for primary care services.
- During the public health emergency, members were not asked to recertify and verify demographic information. Therefore, case managers and care coordinators were often challenged with having outdated contact information which hindered Emergency Room Avoidance (ERA) program objectives and engagement rates were subpar.

Recommendation—Compliance

Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):

- ER Avoidance Care Coordination programs target members who are frequent utilizers and overutilizers of ER and inpatient services. CM’s outreach members to provide education on use of the appropriate level of care, in the right setting and at the right time.
- The Provider Success team works with several value-based contracted providers on Potentially Avoidable ER visits. The team works with these providers to:
 - Identify patients eligible for outreach based on data, type of campaign and available staff resources
 - Create comprehensive telephone script and patient checklist for outreach and train staff on usage
 - Develop workflow for TOC patient outreach within 48 hours of discharge (include review of discharge instructions, med reconciliation, scheduling with PCP/Specialist as needed)
 - Evaluate data and stratify patient population for care management needs (e.g. review ER/IP, population health registry, PCMS, chronic conditions)
 - Establish/Evaluate Community partnerships for patient resources and referrals by CM Team

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

PMV results showed:

Metric: Ambulatory Care—ED Visits—Services/1000 Member Months (AMB)

- 2021: 41.03
- 2022: 43.22

Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:

- The Emergency Room Avoidance care coordination program utilizes to identify member with potentially avoidable ER visits. Case Managers outreach those managers to engage in care coordination interventions, provide educations, and assist with the removal of barriers to utilizing care in the appropriate settings. During the public health emergency, members were not asked to recertify and verify demographic information. Therefore, case managers and care coordinators were often challenged with having outdated contact information which hindered Emergency Room Avoidance (ERA) program objectives and engagement rates were subpar.


Identify any barriers to implementing initiatives:

- During the public health emergency, members were not asked to recertify and verify demographic information. Therefore, case managers and care coordinators were often challenged with having outdated contact information which hindered Emergency Room Avoidance (ERA) program objectives and engagement rates were subpar.
- Amerigroup was scheduled to launch a discharge planning pilot. Due to the Public Health Emergency (PHE), non-essential workers were prohibited from entering hospital facilities to decrease the spread of the COVID-19 virus. Since the PHE has been lifted, Amerigroup is seeking to relaunch the plan for a discharge planning pilot.

HSAG Assessment:



Recommendation—Compliance		
<p>Aim: N/A</p> <p>Pillar: N/A</p>	<p>Goal:</p> <ul style="list-style-type: none"> • Include all elements of the federal and DCH CMO contract requirements in the written agreement with each provider • Include the Medicaid and Georgia-specific requirements in all subcontracts and delegated agreements 	<p>Metric:</p> <ul style="list-style-type: none"> • Provider Agreements/Contracts, Subcontractors/Delegated Agreements
<p>Opportunity for Improvement: Amerigroup did not consistently include all elements of the federal and DCH CMO contract requirements in the written agreement with each provider. In addition, Amerigroup’s subcontracts and delegated agreements did not consistently include the Medicaid and Georgia-specific requirements.</p> <p>Recommendation: HSAG recommends that Amerigroup update its provider agreements and subcontract agreements to include all federal and DCH requirements.</p>		
<p>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)</p>		
<p>Why the Challenge Exists:</p> <p>Subcontract/Delegated Contracts</p> <ul style="list-style-type: none"> • The Amerigroup and Avesis Third Party Administrators, Inc. (Vision Services Subcontract Agreement) is an old legacy agreement dating back to 2006 which was missing the Georgia Medicaid specific requirements exhibit. <p>Provider Contracts—Two required elements were not included in the standard provider contract template:</p> <ul style="list-style-type: none"> • The provider’s agreement to make available for audit, evaluation, or inspection—by the State, CMS, the HHS Inspector General, the Comptroller General (or designees)—its premises, physical facilities, equipment, books, records, contracts, computer, or other electronic systems relating to Medicaid members and pertaining to any aspect of services and activities performed or amounts payable under the CMO’s contract with the State. • The right to audit exists through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later. 		
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <p>Subcontract/Delegated Contracts</p> <ul style="list-style-type: none"> • Amerigroup kicked off an exercise to review all subcontractor agreements to verify compliance and thus amended a second subcontract agreement with DentaQuest to ensure compliance. <p>Provider Contracts</p> <ul style="list-style-type: none"> • All activities have been completed. • The provider agreement was updated, reviewed and approved by DCH (1/2023) • Amendment by Notice to provider network to address missing contractual language was mailed (3/2023) with an effective date (5/10/2023) 		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):</p>		

Recommendation—Compliance		
<p>PMV results showed:</p> <p>Provider Contracts - N/A - This was an update to contract language, the measurements were updating the provider agreement and mailing the amendment by notice to satisfy the CAP.</p> <p>Subcontract/Delegated Contracts N/A – The Amerigroup and Avesis Third Party Administrators, Inc. (Vision Services Subcontract Agreement) was amended by notice to update the regulatory requirements and satisfy the CAP.</p> <p>Metric:</p> <ul style="list-style-type: none"> • 2021: N/A • 2022: N/A 		
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:</p> <p>NA</p>		
<p>Identify any barriers to implementing initiatives:</p> <p>NA</p>		
<p>HSAG Assessment:</p> 		
Recommendation—CAHPS—Adult		
<p>Aim 1: Improve Health, Services & Experience</p> <p>Pillar Three: Access</p>	<p>Goal 1.1:</p> <ul style="list-style-type: none"> • Improve Access to Care 	<p>Metric(s):</p> <ul style="list-style-type: none"> • CAHPS Getting Needed Care • CAHPS Getting Care Quickly
<p>Opportunity for Improvement: Fewer adult members enrolled in Amerigroup reported positive experiences related to receiving the care they thought they needed in a timely manner, as the scores for <i>Getting Needed Care</i> and <i>Getting Care Quickly</i> were statistically significantly lower than the 2021 NCQA adult Medicaid national average.</p> <p>Recommendation: HSAG recommends that Amerigroup conduct root cause analyses or focus studies to determine why their members were not getting timely care, the quality of care they need, or do not have access to care. Amerigroup could consider if there are disparities within its populations that contribute to the lower performance in a particular race or ethnicity, age group, ZIP Code, etc.</p>		
<p>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)</p>		
<p>Why the Challenge Exists:</p> <p>Patient access to care sets the baseline for all patient encounters with the healthcare industry. More Americans report having unmet health needs. When a patient cannot access their clinician, it is impossible to receive</p>		

Recommendation—CAHPS—Adult


medical care, build relationships with her providers, and achieve overall patient wellness. While affordability is still a top barrier to care, other obstacles are increasing. Some of these challenges include:

- Limited appointment availability due to office hours
- Geographic/Clinician shortage issues
- Closed panels
- Transportation barriers
- Copays/income
- Social determinants of health barriers
- Members do not feel heard by their providers

Members in our rural areas often encounter barriers to healthcare that limit their ability to obtain the care they need when they need it. In order for rural residents to have sufficient access, necessary and appropriate healthcare services must be available and obtainable in a timely manner. These areas often have less resources, which increases the disparities.

Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):

- Streamlining the process to access care from a primary care physician or specialist.
- Facilitating member access to laboratory, pharmacy, or treatment services.
- Ensuring accurate and timely communication of health plan benefits, services, or updates to members and providers.
- Implementing process improvement to facilitate access to specialists, tests, and treatment, and provide easy access to care to patients received from other healthcare providers.
- Annually monitoring practitioner appointment accessibility, after-hour accessibility, and telephone accessibility.
- Evaluating on an ongoing basis Amerigroup’s partnership with urgent care providers to ensure there is adequate access that supports network growth to meet members’ needs for urgent care access.
- Fight the Flu campaign and Covid vaccine administration to improve health outcomes for members.
- Offering provider education to enhance provider communication skills, including:
 - Provider newsletters promoting provider pathways e-learning which includes online training available for Availity tool. The patient 360 enhancement is a real time dashboard accessible through the Availity portal providing a full 360 view of patients' health and treatment history
 - Provider newsletters
 - 2/2022 Topic: 2021 CAHPS survey results
 - 3/2022 Topic: CAHPS survey time is here
 - Revamped provider education material in 2022 Elevance online learning course for providers
 - Provider and community facing staff promote the “What Matters Most” educational material.
- Internal Associate Education including:
 - CAHPS playbook launched July 2022 for education and resources for internal associates.
 - CAHPS associate training available and mandatory for all associates
 - Member engagement

Recommendation—CAHPS—Adult		
<ul style="list-style-type: none"> Health Education Advisory Committee (HEAC) ongoing quarterly meetings included CAHPS questions to engage member experience with Amerigroup providers & overall experience with the Health plan. Internal CAHPS workgroup of all member-facing departments. Monthly meetings held in 2022 to discuss member issues, CAHPS results & upcoming survey awareness 		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):</p> <p>PMV results showed:</p> <p>Metric: CAHPS Getting Needed Care</p> <ul style="list-style-type: none"> 2021: 84.65% 2022: 71.08% <p>Metric: CAHPS Getting Care Quickly</p> <ul style="list-style-type: none"> 2021: 77.50% 2022: 69.82% 		
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:</p> <p>It is often difficult to measure improvement of the getting needed care and getting care quickly initiatives via CAHPS, because the surveys were only answered by a small subset of our population.</p>		
<p>Identify any barriers to implementing initiatives:</p> <p>There were no barriers identified to the initiatives above.</p>		
<p>HSAG Assessment:</p> 		
Recommendation—CAHPS—Adult		
<p>Aim 1: Improve Health, Services & Experience</p> <p>Pillar Three: Access</p> <p>Pillar Four: Service</p>	<p>Goal 1.1:</p> <ul style="list-style-type: none"> Improve Access to Care 	<p>Metric(s):</p> <ul style="list-style-type: none"> Discussing Cessation Medications Discussing Cessation Strategies
<p>Opportunity for Improvement: Two of the three Effectiveness of Care measure scores, <i>Discussing Cessation Medications</i> and <i>Discussing Cessation Strategies</i>, were statistically significantly lower than the 2021 NCQA adult Medicaid national average.</p>		
<p>Recommendation: HSAG recommends that Amerigroup work with providers to adopt strategies to improve member awareness of smoking cessation.</p>		
<p>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)</p>		

Recommendation—CAHPS—Adult

Why the Challenge Exists:

Smoking is highly addictive through nicotine dependency; a daily smoker will need a regular supply of nicotine to avoid unpleasant withdrawal symptoms. Several aspects can influence biological dependence, such as psychological and environmental conditions. Health care settings are ideal for addressing patients' smoking and quitting, but barriers may limit providers' assistance with cessation, including lack of knowledge about newer devices being used by some smokers to quit. Other barriers from a provider perspective may include "patient doesn't want to quit, and it is their decision," "smoking is not reason for patient's visit; must treat the immediate problem first," "patient wants to quit on their own," and "lack of effective methods available."

Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):

- Referring identified members who smoke to the Georgia Tobacco Quit Line (GTQL), managed by the Georgia Department of Public Health.
 - Amerigroup health coaches providing education about the benefits of smoking cessation,
 - Assisting members with creating a personalized smoking cessation plan,
 - Referring members to the National Tobacco Quit Line,
 - Making referrals to the disease management nurse, when appropriate.
- Providing members with Amerigroup's Smoking Cessation Healthy Tips and information about Find Help or Community Based Programs for a smoking cessation program.
- Encouraging providers to discuss options for quitting smoking/tobacco use with members.
- Monitor provider compliance of behavioral factors that address smoking via Clinical Practice Guideline audits
- Social Media Campaign "This is Quitting" – implemented August 2022

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

PMV results showed:

Metric: Discussing Cessation Medications

- 2021: 33.33%
- 2022: 21.95%

Metric: Discussing Cessation Strategies

- 2021: 37.14%
- 2022: 20.00%

Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:

It is difficult to measure improvement of the smoking cessation initiatives via CAHPS, because the surveys were only answered by a small subset of our population.

Identify any barriers to implementing initiatives:

There were no barriers identified to the initiatives above.

HSAG Assessment:


Recommendation—CAHPS—Adult



CareSource

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

Recommendation—Performance Improvement Projects		
<p>Aim: Improve Health, Services & Experience</p> <p>Pillar: Quality</p>	<p>Goal 1.4: Improve Maternal and Newborn Care</p>	<p>Metric:</p> <p>Percentage of High-Risk Pregnant members enrolled in Case Management</p>
<p>Opportunity for Improvement: CareSource did not achieve significant improvement over the baseline performance for the second PIP topic, <i>Increase the Percentage of Pregnant Members Identified as High Risk or Complex Who Enroll in Complex Case Management (CCM)</i>.</p>		
<p>Recommendation: HSAG recommends that CareSource reassess barriers linked to the target population and develop active targeted interventions that can be tracked and trended to determine the impact on the performance indicator outcomes. The results should be used to guide decisions for QI efforts.</p>		
<p>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)</p>		
<p>Why the Challenge Exists:</p> <p>Complex members are some of the most difficult to engage telephonically. Additionally, members may be identified through assessment as having complex needs that originally did not meet technical reporting requirements to be considered complex. If identified by engagement specialists as being complex needs, they may at a future call to complete engagement be Unable to be Reached (UTR).</p>		
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <ul style="list-style-type: none"> Outreach to all members regardless of stratification to assess for Complex needs that may not be indicated in initial data. 		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):</p> <p>CareSource notes a systematic improvement from outreach to all members regardless of stratification. Through this change, a greater number of members are being identified as Complex by engagement specialists. The change in outreach initiative resulted in a 93% increase in engaged members in Q4 of 2022.</p> <p>PMV results showed:</p> <p>Metric:</p> <ul style="list-style-type: none"> 2021: 32.97% 		

Recommendation—Performance Improvement Projects		
<ul style="list-style-type: none"> 2022: 30.14% 		
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:</p> <p>The greater number of members identified as Complex increased the denominator of members eligible for inclusion in this PIP. However, full engagement of the member may not have taken place during initial call, and then members may have been UTR by a Case Manager to complete enrollment in case management.</p> <p>The largest learning was the identification of high-risk members had to be adjusted and that one of the factors that lead to a programmatic change into which members received outreach. The members who were identified as high risk, when screened may not have had the high risk needs. The CareSource process for UTR high risk members is outreach of at least four attempts (phone x3, email, and text message). If the case was with the Case Manager and member was high risk a Community Health Worker visit was also attempted.</p>		
<p>Identify any barriers to implementing initiatives:</p> <ol style="list-style-type: none"> Identifying accurate contact information for members Notification Of Pregnancy (NOP) not identifying who from the Provider submitted the NOP. This Inhibits our attempts to work with the facility 		
<p>HSAG Assessment:</p> 		
Recommendation—Performance Measure Validation		
<p>Aim: Improve Health, Services & Experience</p> <p>Pillar: Quality</p>	<p>Goal 1.3: Improve Outcomes for Chronic Diseases</p>	<p>Metrics: HEDIS Measures</p> <ul style="list-style-type: none"> Asthma Medication Ration (AMR) Comprehensive Diabetes Care (CDC) Controlling High Blood Pressure (CBP)
<p>Opportunity for Improvement: For the Quality of Care domain, CareSource fell below the HEDIS MY 2021 50th percentile for four of 10 (40.0 percent) measure indicator rates that could be compared to benchmarks for the GF population: <i>Asthma Medication Ratio—19–50 Years</i>, <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i>, and <i>Controlling High Blood Pressure</i>. Of note, three of these five (60.0 percent) rates fell below the 25th percentile: <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i> and <i>Controlling High Blood Pressure</i>. This performance suggests that the CMO’s contracted GF providers were not managing chronic conditions for all of its members.</p> <p>Recommendation: HSAG recommends that CareSource conduct a root cause analysis or focus study to determine why not all GF members’ chronic conditions were being managed. CareSource could consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc.</p>		
<p>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)</p>		

Recommendation—Performance Measure Validation

Why the Challenge Exists:

The challenge exists for Comprehensive Diabetes Care and Controlling High Blood Pressure due to lack of providers utilizing CPT II codes, as many facilities do not have the capabilities. For asthma medication ratio, the challenge is members not understanding proper use/fill of their medications. Additionally, prior to 2023 members were not given the benefit to fill medications for 60 days, which affected compliance of maintenance medication usage. With this approval now in effect, CareSource anticipates an improvement in this measure.

Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):

- Asthma Medication Ratio: medication reminder text message from pharmacy
- Controlling High Blood Pressure: Educating providers on submission, added incentive.
- Comprehensive Diabetes Care: Educating providers on submission of CPT II codes and awareness to incentive

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

PMV results showed:

Metric: Asthma Medication Ratio

- 2021: 74.6%
- 2022: 77.5%

Metric: Controlling High Blood Pressure

- 2021: 53.0%
- 2022: 55.7%

Metric: Comprehensive Diabetes Care

- 2021: 37.5%
- 2022: 34.8%

Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:

Improvements occurred for Asthma Medication Ratio and Controlling High Blood Pressure, although there was a decrease in Comprehensive Diabetes Care. CareSource continues to have barriers to submission of CPT II codes.

Identify any barriers to implementing initiatives:

- Unsuccessful contact with members continues to be a barrier to encourage provider follow up and educate on diagnosis management. The care management team does contact pharmacy/providers to verify demographics to increase likelihood of successful contact.
- Inability to require providers have the system to submit CPTII codes.

HSAG Assessments:



Recommendation—Performance Measure Validation

<p>Aim: Improve Health, Services & Experience:</p> <p>Pillar: Quality</p>	<p>Goal:</p> <ul style="list-style-type: none"> 1.1: Improve Access to Care 1.2: Increase Wellness and Preventive Care 	<p>Metrics: HEDIS Measure</p> <ul style="list-style-type: none"> Breast Cancer Screening (BCS) Childhood Immunization Status (CIS) Immunizations for Adolescents (IMA) Prenatal and Postpartum Care (PPC)—Timeliness of Prenatal Care and Postpartum Care
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Opportunity for Improvement: In the Access to Care domain for CareSource’s GF population, 12 of 15 (80.0 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2021 50th percentile; of note, six of these 12 (50.0 percent) rates fell below the 25th percentile: *Breast Cancer Screening, Childhood Immunization Status—Combination 7, Immunizations for Adolescents—Combination 1 and Combination 2, and Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care.*

Recommendation: HSAG recommends that CareSource conduct a root cause analysis or focus study to determine why performance for these measures is low. CareSource could consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc.

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)

Why the Challenge Exists:

Improper coding during billing, member awareness of breast cancer screening facilities, member/guardian willingness to complete breast cancer screening, attend or receive timely prenatal and postpartum care or obtain immunizations; lack of understanding about the Combo 2 vaccine series.

Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):

- Providing members with list of imaging facilities and breast cancer events in the Metro Atlanta area
- Educating members on breast cancer screenings, immunizations, prenatal/postpartum appointment scheduling
- Offering postpartum telehealth appointments for members who have not attended their postpartum appointment.
- Implementing Well Child Visit and Immunization gap closure events in the community via our partnership with mobile unit providers and Community Based Organizations

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


PMV results showed:


Metric: Breast Cancer Screening

- 2021: 41.78%
- 2022:49.33%

Metric: Childhood Immunization Status

- 2021:46.23%

Recommendation—Performance Measure Validation		
<ul style="list-style-type: none"> 2022: 59.37% <p>Metric: Postpartum Care</p> <ul style="list-style-type: none"> 2021: 64.5% 2022: 65.2% <p>Metric: Timeliness of Prenatal Care</p> <ul style="list-style-type: none"> 2021: 79.56% 2022: 77.37% 		
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:</p> <p>Weekly telephonic outreach was attempted to encourage member attendance at prenatal appointments and education of member rewards for attending appointments. Improved performance was not completely achieved due to the inability to successfully reach members. Also, for those who were reached, members did not agree to receiving assistance with scheduling appointments.</p>		
<p>Identify any barriers to implementing initiatives:</p> <p>Barriers to implementing interventions are reaching members who don't answer calls or respond to texts, emails or written communications. Also, members frequently move and do not update their demographic information. Members also decline enrollment in care management services which could be an additional layer of support encouraging prenatal and postpartum care and attendance at appointments.</p>		
<p>HSAG Assessment:</p> 		
Recommendation—Compliance		
<p>Aim 2: Smarter Spending</p> <p>Pillar: Stewardship</p>	<p>Goal 2.1: Increase Appropriate Utilization of Levels of Care</p>	<p>Metric:</p> <ul style="list-style-type: none"> Percent of non-urgent ED visits of total ED visits
<p>Opportunity for Improvement: CareSource did not track the overall percentage of ED utilization for nonurgent care.</p> <p>Recommendation: HSAG recommends that CareSource track ED utilization for nonurgent care. HSAG recommends that if trends are identified, that CareSource develop more robust intervention strategies for directing members to appropriate care settings, as appropriate.</p>		
<p>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)</p>		
<p>Why the Challenge Exists:</p> <p>Successfully reaching member with ED utilization only is extremely challenging.</p>		

Recommendation—Compliance		
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <ul style="list-style-type: none"> CareSource utilizes a dashboard that refreshes weekly to identify individuals within a 90-day period who have had 3 or more Emergency Department (ED) visits. Within the report, there is an indicator for preventable ER use. Three calls and a letter are completed for all members with 3 ED visits in 60 calendar days regardless of care management status. Education on proper utilization of emergency services Developed “where to get care” magnet for member education efforts 		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):</p> <p>PMV results showed:</p> <p>Metric:</p> <ul style="list-style-type: none"> 2021: 1.72% 2022: 1.44% 		
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:</p> <p>N/A</p>		
<p>Identify any barriers to implementing initiatives:</p> <p>N/A</p>		
<p>HSAG Assessment:</p> 		
Recommendation—Compliance		
Aim: N/A	Goal	Metric:
Pillar: N/A	N/A	N/A
<p>Opportunity for Improvement: The CMO did not consider all required federal and DCH required factors when establishing and maintaining its provider network. In addition, CareSource’s delegation and subcontractor agreements did not consistently include the Georgia-specific requirements. CareSource’s Medicaid Addendum also did not include all federal and Georgia-specific requirements.</p>		
<p>Recommendation: HSAG recommends that CareSource include all federal and DCH-required factors when maintaining its network. HSAG also recommends that CareSource update its provider and subcontractor agreements to include all federal and DCH-specific requirements and seek DCH approval of the agreements prior to implementation.</p>		
<p>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)</p>		

Recommendation—Compliance

Why the Challenge Exists:

- CareSource will conduct its selection and recruitment efforts based on its network development strategy in which CareSource is committed to the establishment and maintenance of a standardized approach to provider recruitment, selection and retention for those that wish to participate and serve in CareSource’s Georgia Medicaid network.

Additionally:

- Although there were valid federal requirements, they were not included in the active DCH contract at the time, as well as the GA Medicaid Addendum. CareSource has a process to update all contract language with state specific model agreements.

Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):

The following bullets were added to section 2 as of 8.2022. 445.01 - Network Operations - Provider Selection and Retention Procedure:

- The geographic location of providers in relationship to where Medicaid members live, considering distance, travel time, and means of transportation used by members.
- The ability of providers to communicate with limited English proficient members in their preferred language.
- The ability of network providers to ensure physical access, reasonable accommodations, culturally competent communications, and accessible equipment for members with physical or mental disabilities.
- The availability of triage lines or screening systems, as well as use of telemedicine, e-visits, and or other technology solutions.

All bullet points that lacked or missed communication were completed in October 2022. The Network Operations-Provider Selection and Retention Procedure 455.01 policy was updated and implemented October 2022.

- The following was added to the National Provider Agreement and the GA Medicaid Addendum in October 2022:
 - Provisions for revoking the delegation of activities or obligations or implementing other remedies if the provider has not performed satisfactorily.
- The provider agreement makes available for audit, evaluation, or inspection—by the State, CMS, the HHS Inspector General, the Comptroller General (or designees)—its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems relating to Medicaid members and pertaining to any aspect of services and activities performed or amounts payable under the CMO’s contract with the State.

Additionally:


- Modified GA Medicaid Addendum and got it approved by DCH
- Integrated the addendum to all contract templates in the vendor management system
- Provided modified GA Medicaid Addendum to all applicable subcontractors


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


PMV results showed:


Metric:

- 2021: N/A

Recommendation—Compliance		
<ul style="list-style-type: none"> 2022: N/A 		
Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:		
<ul style="list-style-type: none"> N/A 		
Identify any barriers to implementing initiatives:		
<ul style="list-style-type: none"> N/A 		
HSAG Assessment:		
		
Recommendation—Compliance		
Aim: N/A	Goal: N/A	Metric: N/A
Pillar: N/A		
Opportunity for Improvement: CareSource did not have a documented process to consult with the requesting provider for medical services, when appropriate.		
Recommendation: HSAG recommends that CareSource update its policies and procedures to include a process to consult with the requesting provider for medical services, when appropriate.		
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)		
Why the Challenge Exists:		
<ul style="list-style-type: none"> Written procedure was not indicated due to the simplicity of the process. 		
Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):		
<ul style="list-style-type: none"> Policy and procedure were updated, last revision 8/23 		
Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):		
PMV results showed:		
Metric:		
<ul style="list-style-type: none"> 2021: N/A 2022: N/A 		
Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:		
<ul style="list-style-type: none"> N/A 		
Identify any barriers to implementing initiatives:		
<ul style="list-style-type: none"> N/A 		
HSAG Assessment:		

Recommendation—Compliance		
		
Recommendation—CAHPS—Adult		
Aim 1: Improve Health, Services & Experience: Pillar: Service	Goal 1.6: Enhance Member Experience	Metric: <ul style="list-style-type: none"> AHRQ CAHPS
<p>Opportunity for Improvement: All three Effectiveness of Care measure scores were statistically significantly lower than the 2021 NCQA adult Medicaid national average.</p> <p>Recommendation: HSAG recommends that CareSource work with providers to adopt strategies to improve member awareness of smoking cessation.</p>		
<p>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)</p>		
<p>Why the Challenge Exists:</p> <ul style="list-style-type: none"> Some providers may not have adequate confidence, knowledge or skill to provide smoking cessation care to members. Nicotine products are readily available Members may fear being judged by provider and providers themselves may not want to appear judgmental 		
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <ul style="list-style-type: none"> Created a website for smoking cessation We mailed members information about smoking cessation We included information in newsletter We provided resources to members about the Quit Smoking Line We spoke to a group of providers to get information from them about smoking patches and other medications (Brought to the Provider Advisory Committee) Formed an internal work group to address awareness through Member Advisory Committee and member benefits 		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):</p> <p>PMV results showed:</p> <p>Metric: Effectiveness of Care (% Sometimes, Usually or Always)-Advised to quit smoking</p> <ul style="list-style-type: none"> 2021: 64.5% 2022: 60.6% 		
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:</p> <p>N/A</p>		
<p>Identify any barriers to implementing initiatives:</p> <p>Many of the members were not willing to stop smoking even after being educated by the provider</p>		

Recommendation—CAHPS—Adult		
<p>HSAG Assessment:</p> 		
Recommendation—CAHPS—Child		
<p>Aim 1: Improve Health, Services & Experience:</p> <p>Pillar: Service</p>	<p>Goal 1.6: Enhance Member Experience</p>	<p>Metric:</p> <ul style="list-style-type: none"> AHRQ CAHPS
<p>Opportunity for Improvement: Parents/caretakers of child members indicated an overall lack of quality of care received from their child’s health plan, as the 2022 <i>Rating of Health Plan</i> score was statistically significantly lower than the 2021 NCQA child Medicaid national average.</p>		
<p>Recommendation: HSAG recommends that CareSource conduct root cause analyses or focus studies to determine why parents/caretakers of child members perceive an overall lack of quality of care and services, such as poor communication or services, or a lack of quality of care from their providers or health plan staff. CareSource could consider if there are disparities within its population that contribute to the lower performance in a particular race or ethnicity, age group, ZIP Code, etc.</p>		
<p>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)</p>		
<p>Why the Challenge Exists:</p> <p>Members expressed that they felt some of the providers were not knowledgeable, the providers did not take time to answer their questions, some providers did not know enough about the services and benefits that CareSource provides. The Find-A-Doc tool is not accurate, so this makes it hard for members to locate a provider in their area. Providers did not have appointments for check-ups in a timely manner, which caused the appointments to be booked out for months.</p>		
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <ul style="list-style-type: none"> The Health Partner Team started visiting with the providers more frequently in person The Health Partner Team hosted Townhalls where providers could learn more about CareSource CareSource started conducting the Access and Availability survey quarterly to providers CareSource Leadership has quarterly Provider Council meetings to get the input of providers on things that they feel that the provider community needs and things that CareSource can improve upon CareSource implemented the Quality Patient Experience Guide (this was made available to providers digitally or can be emailed from the health partner team) CareSource created a rapid access network to increase access and availability for members to receive appointments more quickly with shorter wait times 		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):</p> <p>PMV results showed:</p> <p>Metric: Q31. Using any number from 0 10 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child’s health plan?</p>		

Recommendation—CAHPS—Child
<p>This is the rating of 0-10 scale, This percentage is related to members who gave 9-10 overall ratings.</p> <ul style="list-style-type: none"> 2021: 70.1% 2022: 67.7% <p>Metric: Q8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child’s health care in the last 6 months?</p> <p>This is the rating of 0-10 scale, This percentage is related to members who gave 9-10 overall ratings.</p> <ul style="list-style-type: none"> 2021: 76.0% 2022: 69.2%
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:</p> <ul style="list-style-type: none"> There is a lack of dental providers that are seeing Medicaid members in the State of Georgia Although the Find-A-Doc tool has undergone a lot of work there is still issues with the tool due to providers not updating their information with the State and in return the information here at CareSource is not adequate.
<p>Identify any barriers to implementing initiatives:</p> <p>Lack of availability of dental providers in Georgia, as well as inadequate reporting of provider information to the state that the Find-A-Doc tool utilizes.</p>
<p>HSAG Assessment:</p> 

Peach State

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

Recommendation—Performance Measure Validation		
<p>Aim: Improve Health, Services and Experience</p> <p>Pillar: Quality</p>	<p>Goal</p> <p>Goal 1.3 Improve Outcomes for Chronic Diseases</p>	<p>Metrics:</p> <ul style="list-style-type: none"> Amt 19-50 yrs. and 51-64 yrs. CDC HbA1c Control (<8%) and poor control (>9%) CBP
<p>Opportunity for Improvement: In the Quality of Care domain for Peach State’s GF population, five measure indicator rates for measures that could be compared to benchmarks fell below the HEDIS MY 2021 25th percentile: <i>Asthma Medication Ratio—19–50 Years and 51–64 Years</i>, <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i>, and <i>Controlling High Blood Pressure</i>. This performance suggests that not all of the CMO’s GF adult members were accessing their PCPs and properly managing their chronic conditions, which may lead to increased costs for ED visits.</p>		
<p>Recommendation: HSAG recommends that the CMO conduct a root cause analysis to determine why these members and age groups were not accessing their PCPs. Peach State could consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc.</p>		

Recommendation—Performance Measure Validation

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)

Why the Challenge Exists:

- Members not consistently taking controller medication as they do not understand how they work (importance)

Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):

Peach State Health Plan uses POSC meetings and attached work groups, to perform root cause analyses on outcomes with opportunities. Discussions are used to prepare an Ishikawa and/or Key Driver Diagram and to move through standardized process improvement steps to get to a high priority ranked barrier to develop and test an initiative with the potential to improve outcomes.

- Ongoing Diabetic, Hypertension Asthma and Complex Case Management to educate, coordinate and assist the member.
- Discharge Planning to reduce reoccurring hospitalization.
- Healthy Lifestyle events to provide members with resources and education to better manage their condition.

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

PMV results showed:

Metric:

	HbA1c <8	HbA1c >9	CBP	AMR 19 – 51 yrs.	AMR 51 – 64 yrs.
2021:	34.06%	58.88%	41.61%	52.50%	53.40%
2022:	38.20%	54.50%	47.69%	53.72%	63.00%

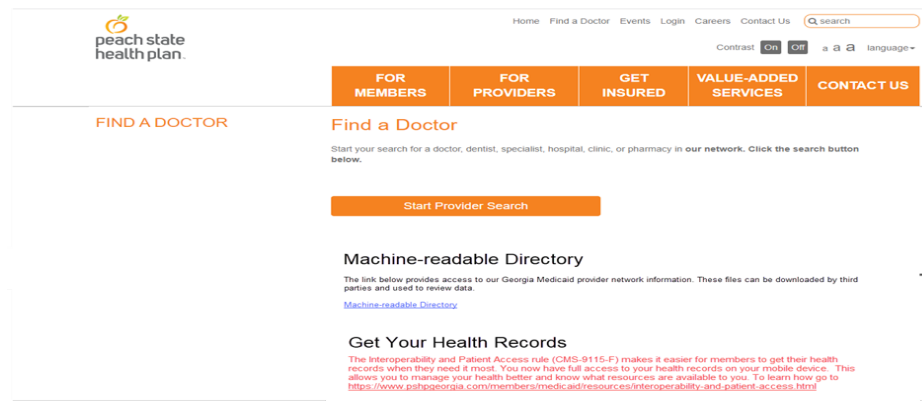
Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:


All assessed initiatives are thought to have provided some benefit to the community/stakeholders and/or are required by regulatory/accreditation body. Initiatives are routinely reviewed and discussed for adoption, spread or discontinuance. Initiatives may be standalone, staggered or layered when implemented. Assessment of initiatives continue to be an integral part of the QAPI improvement process.


Identify any barriers to implementing initiatives: Ongoing member engagement in improving their health outcomes due to other priorities continues to be a barrier to improved PM rates.


HSAG Assessment:



Recommendation—Compliance		
<p>Aim: Improve Health Service and Experience</p>	<p>Goal: Element 14: Include the Provider Directory in a machine-readable file and format on website.</p>	<p>Metric:</p> <ul style="list-style-type: none"> All (100%) members may access a machine-readable version of the provider directory
<p>Opportunity for Improvement: Peach State did not include a machine-readable provider directory format on its website.</p>		
<p>Recommendation: HSAG recommends that Peach State include a machine-readable provider directory format on its website that is easy for members to locate and use.</p>		
<p>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)</p>		
<p>Why the Challenge Exists: The “Interoperability and Patient access” page provided members mobile access to their medical records; however, it did not direct the user on how to access a machine-readable version of the provider directory.</p>		
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p>		
<p>Completed 10/26/2022 Peach State Health Plan added a machine-readable file to the Find a Provider site on PSHP.com. Additionally, information regarding how a member can use the Interoperability and Patient Access functionality will be added together with a link that connects the member to the Interoperability and Patient Access page. Example of link below:</p>		
		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):</p>		
<p>PMV results showed:</p>		
<p>Metric: N/A</p>		
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: Completed 10/26/2022.</p>		
<p>Identify any barriers to implementing initiatives: Completed 10/26/2022.</p>		

Recommendation—Compliance		
<p>HSAG Assessment:</p> 		
Recommendation—Compliance		
<p>Aim:</p> <p>Improving member's utilization of the Nurse Advice Line for non-urgent care</p> <p>Pillar: Stewardship</p>	<p>Goal:</p> <p>Increasing awareness of the Nurse Advice Line</p>	<p>Metric:</p> <ul style="list-style-type: none"> Improve utilization of the Nurse Advice Line by $\geq 1\%$ over prior year
<p>Opportunity for Improvement: Peach State reported that 84 percent of ED visits were for nonurgent care; however, Peach State did not have a robust intervention in place to redirect members to an appropriate care setting. In addition, Peach State reported low utilization of the nurse advice line and did not have an effective intervention in place to increase use of the service.</p>		
<p>Recommendation: HSAG recommends that Peach State implement an intervention process to increase use of the nurse advice line to direct members in need of nonemergency care to an appropriate care setting.</p>		
<p>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)</p>		
<p>Why the Challenge Exists: The challenge exists because members lack knowledge of the Nurse wise Advice line and the most appropriate care setting.</p>		
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <ul style="list-style-type: none"> ER Case Management Program to educate frequent ED utilizers on the Nurse Advice Line and ensure members are aware of the most appropriate setting for care delivery. The Health Plan website contains the Nurse Advice Line under Contact Us (Phone Directory) - Completed As a part of the Care Management/Care Coordination interaction, all members are educated about the 24/7 Nurse Advice line by the Care Managers, Social Workers, Program Coordinators, Resource Mothers and the Community Health Workers - Completed Member educational flyers are mailed, emailed and/or left via home visit as a part of the Care Management/Care Coordination process - Completed. Member education about the Nurse Advice Line is shared on the Interactive Voice Response (IVR) system for the Member Services customer service line – Completed. Enhance Health Plan website to implement Nurse Advice Line under Member Resources for easier visibility and access to information about the service - Underway. Implementation of the ED Alert notification system which is an automated ED notification to receive real-time ED notifications for timely outreach to educate member on the most appropriate care setting and Nurse Advice Line - Underway 		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):</p> <p>PMV results showed:</p>		

Recommendation—Compliance		
<p>Metric: In CY 2021, there was an increase in the Nurse Advice Line call volume due to the COVID-19 pandemic.</p> <ul style="list-style-type: none"> • 2021: 10,718 Nurse Advice calls • 2022: 9,924 Nurse Advice calls 		
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:</p> <p>The 2023 YTD Nurse Advice Line utilization is currently at 5,153 for the first half of the year. This is on track to show improvement from the previous year’s performance. As a result of this improvement, Peach State will continue to monitor these initiatives and results and will make any needed adjustments.</p>		
<p>Identify any barriers to implementing initiatives:</p> <p>At this time, there is no identified barriers to implementing the above initiatives</p>		
<p>HSAG Assessment:</p> 		
Recommendation—Compliance		
<p>Aim: Improve Health Service and Experience</p>	<p>Goal: All members have access to reasonable accommodations as needed for disabilities.</p>	<p>Metric:</p> <ul style="list-style-type: none"> • Member complaints related accessibility accommodations
<p>Pillar: Member Experience</p>		
<p>Opportunity for Improvement: Peach State did not have policies, procedures, or communications to ensure that network providers provided physical access, reasonable accommodations, and accessible equipment for members with physical and mental disabilities.</p>		
<p>Recommendation: HSAG recommends that Peach State develop and implement policies, procedures, and communications to ensure that network providers provide physical access, reasonable accommodations, and accessible equipment for members with physical and mental disabilities.</p>		
<p>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)</p>		
<p>Why the Challenge Exists:</p> <p>The Plan ensured the Provider Contracts (section 2.11) included requirements to comply with accessibility and other standards as part of Title III of the ADA. The Plan monitored complaints related to member accessibility at provider offices. Policy CC.Cred.05 included the requirement to ensure provider offices are accessible to members with disabilities, The GA specific addendum was mistakenly overlooked with the policy update. Formal addition of the GA Addendum and adoption occurred in December 2022.</p>		
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <ul style="list-style-type: none"> • P&P CC.Cred.05 (GA Addendum: Attachment PP) adopted 12/2022. • Annual newsletter/memo communication of accessibility requirements, as applicable. • Review of grievances to include physical site accessibility and quarterly reporting to DCH. • In person site review by Provider Relations as applicable in response to member grievance. 		

Recommendation—Compliance		
<ul style="list-style-type: none"> Inclusion of requirement for compliance with Title III of the ADA in provider contracts (section 2.11). 		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):</p> <p>PMV results showed:</p> <p>Metric: Member complaints related accessibility accommodations</p> <ul style="list-style-type: none"> 2021: 0 member complaints 2022: 0 member complaints 		
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:</p> <p>N/A</p>		
<p>Identify any barriers to implementing initiatives:</p> <p>None.</p>		
<p>HSAG Assessment:</p> 		
Recommendation—Compliance		
<p>Aim: Improve Health, Services & Experience</p> <p>Pillar: Provider Experience</p>	<p>Goal: Subcontractor agreements will include all required language by March 31, 2023.</p>	<p>Metric:</p> <ul style="list-style-type: none"> Effective April 1, 2024, 100% of implemented subcontractor agreements include DCH and GA Medicaid addendums
<p>Opportunity for Improvement: Peach State’s provider agreements did not explicitly state or include all State-specific requirements. Peach State’s delegation and subcontractor agreements did not consistently include the DCH-specific requirements. Also, the CMO’s delegation and subcontractor agreements did not consistently include the GA Medicaid Addendum.</p>		
<p>Recommendation: HSAG recommends that Peach State update its provider and subcontractor agreements to include all federal and DCH-specific requirements, including the use of the GA Medicaid Addendum.</p>		
<p>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)</p>		
<p>Why the Challenge Exists:</p> <p><u>Re: Provider Agreements</u></p> <ul style="list-style-type: none"> While language did exist within our provider agreement template, the HSAG auditors suggested we revise our agreement to add the recently updated language from CMS verbatim. <p><u>Re: Subcontractor Agreements</u></p> <ul style="list-style-type: none"> Review of contracts identified older subcontractor contracts did not include GA flow-down and had not been amended. 		

Recommendation—Compliance

Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):

Re: Provider Agreements

- Revise and update existing Participating Provider agreement (PPA). Our template was updated during our HSAG audit period as advised by our reviewer and submitted to DCH for approval on 5/20/2022. DCH approval received on 5/25/2022 and placed into use on 06/01/2022.

Re: Subcontractor Agreements

- Subcontractors’ agreements were thoroughly reviewed and agreements for NIA, Envolve Dental, Envolve Vision, and OneSource have been updated as of 5/22/2023

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

PMV results showed:

Re: Provider Agreements

- N/A (Our template was updated during our HSAG audit period as advised by our reviewer and submitted to DCH for approval on 5/20/2022. DCH approval received on 5/25/2022 and placed into use on 06/01/2022)

Re: Subcontractor Agreements

- N/A

Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: N/A

Identify any barriers to implementing initiatives:

None.

HSAG Assessment:



Recommendation—Compliance

<p>Aim: Improve Health Services and experience.</p> <p>Pillar: Stewardship</p>	<p>Goal:</p> <ul style="list-style-type: none"> • 100% of Providers are made aware of methods to report, return and notify the Plan of overpayment 	<p>Metric:</p> <ul style="list-style-type: none"> • Provider Handbook provides return of overpayment information annually
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Opportunity for Improvement: Peach State did not have a mechanism for a network provider to report to the CMO when it has received an overpayment, return the overpayment to Peach State within 60 calendar days of identifying the overpayment, and to notify the CMO in writing of the reason for the overpayment.

Recommendation: HSAG recommends that Peach State develop and implement a process for network providers to report, return, and notify the CMO of the reason for the overpayment.

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)

Recommendation—Compliance

Why the Challenge Exists:

The Plan provided verbal information to providers when inquiries arise regarding return of claim overpayment. Written information was not requested as of the audit date.

Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):

- **To better assist providers, written information was added to the Peach State Health Plan Provider Manual (page 79).** This information is conveniently located and easily understood.

Refunds and Overpayments

Peach State Health Plan regularly audits claims for payment errors. When claims are identified to have been underpaid or overpaid, Peach State will reprocess these claims appropriately. When Providers identify overpayments, you are responsible for reporting these overpayments to Peach State Health Plan. Providers have 60 days from the date you identify the overpayment, to submit a refund to Peach State Health Plan. Please include the reason for the overpayment to include the specific claim(s) affected by the overpayment identified.

Please remit the overpayment, to the following address:

Peach State Health Plan
 Attn: Finance
 1100 Circle 75 Pkwy, Suite 1100
 Atlanta, Ga 30339

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

PMV results showed:

Metric: Provider Handbook provides return of overpayment information

- 2021:
- 2022: 100% (annual information provided)

Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: N/A

Identify any barriers to implementing initiatives: None.

HSAG Assessment:



Recommendation—CAHPS—Adult

<p>Aim: Improve Health Service and Experience</p> <p>Pillar: Preventive Care</p>	<p>Goal: Improvement in (survey) results year-over-year</p>	<p>Metrics:</p> <ul style="list-style-type: none"> • Discussion of Cessation meds • Discussion of Cessation Strategies
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Opportunity for Improvement: Two of the three Effectiveness of Care measure scores, *Discussing Cessation Medications* and *Discussing Cessation Strategies*, were statistically significantly lower than the 2021 NCQA adult Medicaid national average.

Recommendation—CAHPS—Adult

Recommendation: HSAG recommends that Peach State work with providers to adopt strategies to improve member awareness of smoking cessation.

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)

Why the Challenge Exists:

The metric is obtained through annual surveys of members, Members may not recall discussions at the time they complete the survey. Providers may be discussing smoking cessation strategies and medications with members at well visits, but not each visit.

Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):

- Educational reminders and tips to include the need to ask about tobacco use and strategies and medications to assist with quitting.

CAHPS Provider Tip Sheet



Appropriate patient care is essential to the overall health of the ones you serve. Peach State Health Plan is dedicated to partnering with you to help maximize opportunities to improve patient care and patient satisfaction, for the benefit of you, the physician and the patient. Annually, Peach State Health Plan conducts a member experience survey utilizing a standardized national tool titled CAHPS® (Consumer Assessment of Healthcare Providers and Systems.™) Patients rate their overall health, **their physician’s care and the experience they have within your practice.** Below are examples of satisfaction categories and survey questions for which your patients are asked to respond; provider discussion questions; and Provider Tips. We hope this tool will provide reinforcement opportunities for your relationship with the patients you serve.


Provider to Patient Discussion Topics	
<p>Health Promotion Discussion Questions</p> <ul style="list-style-type: none"> Any problems with your work or daily activities due to physical problems? Any problems with your work or daily activities due to stress? Anything bothering you or stressful? Are you sad or depressed? Do you use tobacco? (Always/Sometimes/Never) Do you drink alcohol? (Always/Sometimes/Never) Do you exercise? (Always/Sometimes/Never) Do you take aspirin? (Always/Sometimes/Never) Do you or anyone in your family have high blood pressure, high cholesterol or had a heart attack? Have you had a flu shot in the past calendar year? If not, Why? 	<p>Provider Tips</p> <ul style="list-style-type: none"> Complete and document any health assessment on patient Discuss with patient the benefits of exercise and encourage them to start, increase or maintain physical activity and document discussion Discuss the risks of tobacco use and recommend medication to assist in stopping Discuss the risks and benefits of aspirin to prevent heart attack or stroke Discuss issues associated with drinking too much alcohol, if necessary Screen patient for high blood pressure and cholesterol Recommend and/or administer the flu shot during flu season Listen closely to the patient in a respectful manner and explain things in an easy, understandable way and ensure all patient concerns are discussed
<p>Medication Discussion Questions</p> <ul style="list-style-type: none"> Are you currently on any prescription medications from another doctor? If so, what? How long have you been on the medication? Review medications prescribed by PCP and verify results. 	<p>Provider Tips</p> <ul style="list-style-type: none"> Document all prescription medication patient is taking Discuss options and reasons to take alternate medications if patient is not getting positive results for symptoms Discuss reasons with patient why they may need to stop taking a particular medication Discuss the benefits and risks of taking a medicine Discuss patient’s preference on what medication they feel would be best for them Listen closely to the patient in a respectful manner and explain things in an easy, understandable way and ensure all patient concerns are discussed

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

PMV results showed:

Metric:


	Discussion of Smoking Cessation Strategies	Discussion of Smoking Cessation Medication
2021:	28.1%	39.4%
2022:	39.1%	36.0%

Recommendation—CAHPS—Adult
Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: N/A
Identify any barriers to implementing initiatives: None.
HSAG Assessment: 

Amerigroup 360°

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

Recommendation—Performance Measure Validation		
Aim 1: Improve Health, Services & Experience Pillar Three: Access	Goal 1.1: Improve Access to Care	Metric: <ul style="list-style-type: none"> Prenatal and Postpartum Care—Timeliness to Prenatal Care (PPC)
<p>Opportunity for Improvement: In the Access to Care domain, Amerigroup 360° fell below the HEDIS MY 2021 25th percentile for the <i>Prenatal and Postpartum Care—Timeliness to Prenatal Care</i> measure indicator rate. This performance indicates that the CMO’s members were not receiving prenatal care services in a timely manner, which helps to avoid complications during pregnancy.</p> <p>Recommendation: HSAG recommends that Amerigroup 360° conduct a root cause analysis to determine why its pregnant members were not receiving timely prenatal care. This could be due to members not being able to access their providers. Amerigroup 360° could consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc.</p>		
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)		
<p>Why the Challenge Exists:</p> <ul style="list-style-type: none"> Members unaware that they can utilize Medicaid Transportation for doctor appointments for them and the newborn. Members that age or sign out of care do not know they still have medical coverage. Providers refusing to provide care for members due to Product not showing as Pregnancy Medicaid. Lack of communication between provider and member. Providers uses terminology the member do not fully understand. Members are young or first-time mothers and just not aware of what prenatal, postpartum, or well visits. NCM outreaches and educates the members on the importance of appointments. 		
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <ul style="list-style-type: none"> Dedicated GF360 OB Nurse Case Manager provides outreach based on risk. Offering member incentives for completing timely prenatal/postpartum visits. 		

Recommendation—Performance Measure Validation		
<ul style="list-style-type: none"> Offering an OB Quality Incentive Program (OBQIP) that rewards OB providers for meeting identified targets. Ongoing High-Risk Rounds with representation from various areas including the OB Medical Director, CM, Disease Management, Behavioral Health Medical Director, a Diabetic Educator as well as the Pharmacy Department. Taking Care of Baby and Me (TCOBAM) program identifies pregnant women as early as possible, which allows Amerigroup acts quickly to assess OB risk, ensure appropriate levels of care and CM services are in place to mitigate risk. Baby Bump and Beyond offers parenting classes to all GF360 members. The class provides members with practical tools and strategies to help them raise healthy happy children. Text messages reminding members of prenatal and postpartum appointments. Hosting community baby showers and diaper day events with resources available, baby items giveaways and maternal health information 		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):</p> <p>PMV results showed:</p> <p>Metric:</p> <ul style="list-style-type: none"> 2021: 76.36% 2022: 73.9% 		
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:</p> <ul style="list-style-type: none"> None identified. 		
<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> Homelessness or frequent placement changes. Missing or incorrect addresses and phone number. Challenges with scheduling Medicaid Transportation. Member seeking care late in pregnancy SDOH 		
<p>HSAG Assessment:</p> 		
Recommendation—Performance Measure Validation		
<p>Aim 1: Improve Health, Services & Experience</p> <p>Pillar One: Quality</p>	<p>Goal 1.3: Improve Outcomes for Chronic Diseases</p>	<p>Metric:</p> <ul style="list-style-type: none"> Comprehensive Diabetes Care—HbA1c Control (<8.0%) (CDC) Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA) Antidepressant Medication Management—Effective Acute Phase Treatment and Effective

Recommendation—Performance Measure Validation		
		Continuation Phase Treatment (AMM)
<p>Opportunity for Improvement: In the Quality of Care domain, Amerigroup 360° fell below the HEDIS MY 2021 25th percentile for <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>, and <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i>.</p> <p>Recommendation: HSAG recommends that Amerigroup 360° conduct a root cause analysis to determine why these measure indicator rates were low. Amerigroup 360° could consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc.</p>		
<p>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)</p>		
<p>Why the Challenge Exists:</p> <p>Members over the age of 18 have significant barriers related to SDOH, which makes it challenging to outreach members for education and resources.</p> <p>Metric: Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) challenges include:</p> <ul style="list-style-type: none"> • Transient population make it difficult to outreach members. • Lack of adherence to antipsychotic medications • Lack of follow up visits with prescribers <p>Metric: Antidepressant Medication Management (AMM) challenges include:</p> <ul style="list-style-type: none"> • Transient population make it difficult to outreach members. • Lack of awareness of the importance of staying on medication to maintain effectiveness. • Lack of immediate clinical response leads to discontinuation of therapy • Lack of follow up visits with prescribers <p>Metric: Comprehensive Diabetes Care—HbA1c Control (<8.0%) (CDC) challenges include:</p> <ul style="list-style-type: none"> • Low provider utilization of CAT II codes • Lack of follow-up visits with prescribers • The Provider Success team engages providers in the PQIP program; however most providers are primarily pediatric and have low denominators chronic condition measures so the willingness to focus on measures that do not generate incentives is limited to nonexistent. Provider Success focus on work with Value based/incentive-based programs. Ability to move performance is limited when engagement is limited. • COVID-19 also continued to have an impact on chronic condition measures whereas members were receiving telephonic/virtual visits and thus the A1c screening were not completed/documentated in the chart causing members to automatically be counted as noncompliant when no A1c result is captured. 		
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <p>Metric: Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)</p> <ul style="list-style-type: none"> • Continued member education. • Promote use of long-acting injectable antipsychotics (LAIA) via prescriber faxes for members age 18+ nonadherent to oral medication therapy 		

Recommendation—Performance Measure Validation

- Continue provider faxing program to notify providers of members who are not adherent to antipsychotic medication.

Metric: Antidepressant Medication Management (AMM)

- Licensed Care Coordination.
- Text messaging campaign educating members on importance of medication adherence (in process)
- Continue provider faxing program to alert of member noncompliance and encourage follow up
- Continue member outreach by pharmacists/technicians to provide medication education and address any barriers to adherence
- Continue Daily late to refill IVR (interactive voice response) to members 2-14 days late refilling antidepressant medications to improve medication adherence.

Metric: Comprehensive Diabetes Care—HbA1c Control (<8.0%) (CDC)

- Text messaging campaign educating members on their diagnosis.
- Continue targeted member outreach by pharmacists/technicians to discuss non-adherence
- Continue Daily late to refill IVR (interactive voice response) to members 2-14 days late refilling diabetes medications to improve medication adherence.

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

PMV results showed:

Metric: Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

- 2021: 35.48%
- 2022: 52.75%

Metric: Antidepressant Medication Management—Effective Acute Phase Treatment (AMM)

- 2021: 40.59%
- 2022: 43.32%

Metric: Antidepressant Medication Management—Effective Continuation Phase Treatment (AMM)

- 2021: 26.47%
- 2022: 23.53%

Metric: Comprehensive Diabetes Care—HbA1c Control (<8.0%) (CDC)

- 2021: 24.32%
- 2022: 30.08%

Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:

Metric: Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

N/A

Metric: Antidepressant Medication Management (AMM)

N/A

Metric: Comprehensive Diabetes Care—HbA1c Control (<8.0%) (CDC)

N/A

Recommendation—Performance Measure Validation

Identify any barriers to implementing initiatives:

Metric: Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

- Transient population, difficulty obtaining valid phone number and address.
- Lack of awareness/insight on importance of remaining on medication.
- Members in this population can be non-compliant with treatment due to severity and the paranoia as symptoms of the illness.
- Members do not return for follow up visits

Metric: Antidepressant Medication Management (AMM)

- Members not understanding importance of remaining on medication to manage symptoms.
- Transient population, SDOH, difficulty obtaining valid phone numbers.
- Members do not return for follow up visits

Metric: Comprehensive Diabetes Care—HbA1c Control (<8.0%) (CDC)

- Transient population, difficulty obtaining valid phone number and address.

HSAG Assessment:



Recommendation—Compliance

Aim: N/A

Pillar: N/A

Goal:

- Include all elements of the federal and DCH CMO contract requirements in the written agreement with each provider
- Include the Medicaid and Georgia-specific requirements in all subcontracts and delegated agreements

Metric:

- Provider Agreements/Contracts, Subcontractors/Delegated Agreements

Opportunity for Improvement: Amerigroup 360° did not include all elements of the federal and DCH CMO contract requirements in the written agreement with each provider. In addition, Amerigroup 360°’s subcontracts and delegated agreements did not consistently include the Medicaid and Georgia-specific requirements.

Recommendation: HSAG recommends that Amerigroup 360° update its provider and subcontract agreements to include all federal and DCH requirements.



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)


Why the Challenge Exists:

Subcontract/Delegated Contracts -

- The Amerigroup and Avesis Third Party Administrators, Inc. (Vision Services Subcontract Agreement) is an old legacy agreement dating back to 2006 which was missing the Georgia Medicaid specific requirements exhibit.

Recommendation—Compliance
<p>Provider Contracts - Two required elements were not included in the standard provider contract template:</p> <ul style="list-style-type: none"> The provider’s agreement to make available for audit, evaluation, or inspection—by the State, CMS, the HHS Inspector General, the Comptroller General (or designees)—its premises, physical facilities, equipment, books, records, contracts, computer, or other electronic systems relating to Medicaid members and pertaining to any aspect of services and activities performed or amounts payable under the CMO’s contract with the State. The right to audit exists through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <p>Subcontract/Delegated Contracts</p> <ul style="list-style-type: none"> Amerigroup kicked off an exercise to review all subcontractor agreements to verify compliance and thus amended a second subcontract agreement with DentaQuest to ensure compliance. <p>Provider Contracts</p> <p>All activities have been completed.</p> <ul style="list-style-type: none"> The provider agreement was updated, reviewed and approved by DCH (1/2023) Amendment by Notice to provider network to address missing contractual language was mailed (3/2023) with an effective date (5/10/2023)
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):</p> <p>PMV results showed:</p> <p>Provider Contracts</p> <p>NA - This was an update to contract language, the measurements were updating the provider agreement and mailing the amendment by notice to satisfy the CAP.</p> <p>Subcontract/Delegated Contracts</p> <p>NA – The Amerigroup and Avesis Third Party Administrators, Inc. (Vision Services Subcontract Agreement) was amended by notice to update the regulatory requirements and satisfy the CAP.</p> <p>Metric:</p> <ul style="list-style-type: none"> 2021: N/A 2022: N/A
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:</p> <ul style="list-style-type: none"> N/A
<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> NA
<p>HSAG Assessment:</p>




Recommendation—Compliance		
		
Recommendation—Compliance		
Aim: N/A Pillar: N/A	Goal: <ul style="list-style-type: none"> Provide timely resolution letters for grievances and appeals. 	Metric: <ul style="list-style-type: none"> Grievances/Appeals
Opportunity for Improvement: Amerigroup 360° did not consistently provide the member resolution notice of grievances or appeals.		
Recommendation: HSAG recommends that Amerigroup 360° develop a process to monitor that grievance and appeal member resolution notices are consistently provided to members.		
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)		
Why the Challenge Exists: <ul style="list-style-type: none"> Georgia did not have an appeal withdrawal letter in production causing withdrawn cases to not receive written resolution. 		
Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation): <ul style="list-style-type: none"> Withdrawal letter was developed and implemented in January 2023. 		
Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): PMV results showed: Metric: <ul style="list-style-type: none"> 2021: N/A 2022: N/A 		
Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: <ul style="list-style-type: none"> N/A 		
Identify any barriers to implementing initiatives: <ul style="list-style-type: none"> Timeframe for letters to be processed, approved and then configured into the G&A System for use by associates. 		
HSAG Assessment: 		







Recommendation—Compliance		
Aim: N/A Pillar: N/A	Goal: Ensure that policies, procedures, or agreements do not prohibit or restrict healthcare professionals from advising or advocating on behalf of the member.	Metric: <ul style="list-style-type: none"> NA
<p>Opportunity for Improvement: Amerigroup 360° did not include in its policies, procedures, or agreements the requirement that the CMO does not prohibit or restrict healthcare professionals from advising or advocating on behalf of the member.</p> <p>Recommendation: HSAG recommends that Amerigroup 360° update its policies, procedures, and agreements to include language that the CMO does not prohibit or restrict healthcare professionals from advising or advocating on behalf of the member.</p>		
<p>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)</p>		
<p>Why the Challenge Exists:</p> <ul style="list-style-type: none"> Policy did not contain the required language with regard to not prohibiting or restricting healthcare professionals from advising or advocating on behalf of the member. 		
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <ul style="list-style-type: none"> Policy was updated in March 2023 to contain the required language. 		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):</p> <p>PMV results showed:</p> <p>Metric:</p> <ul style="list-style-type: none"> 2021: N/A 2022: N/A 		
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved:</p> <ul style="list-style-type: none"> N/A 		
<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> N/A 		
<p>HSAG Assessment:</p> 		









Appendix F. 2021–2023 Quality Strategy Scorecard and Evaluation








Georgia Quality Strategy Scorecard

The Georgia 2021–2023 Quality Strategy includes goals and metrics focused on process improvement and achieving health outcomes. The Quality Strategy includes focused interventions to drive improvement within and across the Quality Strategy goals. The interventions are tied to metrics by which progress is assessed. Georgia uses the results included in the scorecard for data-driven decision making to drive interventions, inform priority setting, and to facilitate efficient and effective deployment of resources.

Legend	
Met	
Within Range*	
Not Met	

Performance Metric	MY 2020 Rate (Baseline Rate)	Target Rate	MY 2022 Rate (Performance)	MY 2022 Rate Compared to Target
Goal 1.1: Improve Access to Care				
• Prenatal and Postpartum Care: Postpartum Care	70.62%	At or above the HEDIS 50th Percentile	69.28%	
• Well-Child Visits in the First 30 Months of Life	First 15 Months: 56.83%	At or above the HEDIS 50th Percentile	First 15 Months: 66.35%	
	15-30 Months: 73.26%		15-30 Months: 59.22%	
• Child and Adolescent Well-Care Visits	Total: 50.96%	At or above the HEDIS 50th Percentile	47.94%	
• Adults' Access to Preventive/Ambulatory Health Services	20-44 Years: 73.02%	At or above the HEDIS 50th Percentile	20-44 Years: 66.14%	
	45-64 Years: 78.50%		45-64 Years: 74.11%	
• CAHPS <i>Getting Needed Care</i>	Adult CAHPS: 80.85%	At or above the CAHPS 67th percentile	Adult CAHPS: 76.39%	
	Child CAHPS: 86.06%		Child CAHPS: 81.22%	
• Chlamydia Screening in Women Ages 16 to 20	16-20 Years: 61.24%		16-20 Years: 59.58%	

Performance Metric	MY 2020 Rate (Baseline Rate)	Target Rate	MY 2022 Rate (Performance)	MY 2022 Rate Compared to Target
	21-24 Years: 66.70%	At or above the HEDIS 50th Percentile	21-24 Years: 63.54%	
Goal 1.2: Increase Wellness and Preventive Care				
<ul style="list-style-type: none"> Annual Dental Visit Oral Evaluation, Dental Services—Total 	51.53%	At or above the CMCS 75th percentile	<i>Retired measure</i>	NC
	<i>New Measure</i>		42.13%	NC
<ul style="list-style-type: none"> Percentage of Eligibles Who Received Preventive Dental Services 	2019: 50.69%	At or above the CMCS 75th percentile	NR	NR
<ul style="list-style-type: none"> Childhood Immunization Status 	Combination 7: 62.04%	At or above the HEDIS 90th percentile	Combination 7: 53.92%	
<ul style="list-style-type: none"> Immunizations for Adolescents 	Combination 1: 85.73%	At or above the HEDIS 90th percentile	Combination 1: 83.63%	
	Combination 2: 35.09%		Combination 2: 30.80%	
<ul style="list-style-type: none"> Breast Cancer Screening 	53.26%	At or above the HEDIS 75th percentile	48.39%	
<ul style="list-style-type: none"> Cervical Cancer Screening 	63.66%	At or above the HEDIS 75th percentile	60.16%	
Goal 1.3: Improve Outcomes for Chronic Disease				
<ul style="list-style-type: none"> Hemoglobin A1c Control for Patients with Diabetes 	33.34%	At or above the HEDIS 50th percentile	39.84%	
<ul style="list-style-type: none"> PQI 08: Heart Failure Admission Rate 	Total: 7.13	At or above the CMCS 75th percentile	Total: 7.17]	NC
<ul style="list-style-type: none"> Controlling High Blood Pressure 	Total: 45.83%	At or above the HEDIS 50th percentile	Total: 50.57% NA	
Goal 1.5: Improve Behavioral Health Care Outcomes				
<ul style="list-style-type: none"> Screening for Depression and Follow-Up Plan: Ages 12 to 17 	2.15%	At or above the CMCS 50th percentile	3.83% NC	NC

Performance Metric	MY 2020 Rate (Baseline Rate)	Target Rate	MY 2022 Rate (Performance)	MY 2022 Rate Compared to Target
• Screening for Depression and Follow-Up Plan: Age 18 and Older	3.29%	At or above the CMCS 50th percentile	2.36% NC	NC
Goal 1.6: Enhance Member Experience				
• CAHPS Overall Rating of Health Plan	Adult: 75.27%	Increase by 5% by MY 2025	Adult: 74.25%	
	Child: 86.79%		Child: 85.00%	
Goal 2.1: Increase Appropriate Utilization of Services				
• Acute Hospital Utilization	Total Inpatient Discharges: 4.40	At or above the HEDIS 50th percentile	Total Inpatient Discharges: 48.84	
	Total Inpatient ALOS: 3.48		Total Inpatient ALOS: 3.61	
• Emergency Department Utilization: Total	34.91	At or above the HEDIS 50th percentile	513.71	
• Plan All-Cause Readmissions	Total Observed Readmissions: 7.96%	At or above the CMCS 50th percentile	Total Observed Readmissions: 7.11%	NC
	PCR O/E Ratio Total: 0.99		PCR Ratio Total: 0.9008	
Goal 3.1: Improve Health and Well-Being of Persons Receiving Community-Based Services				
• Plan All-Cause Readmissions	Total Observed Readmissions: 7.96%	At or above the HEDIS 50th percentile	Total Observed Readmissions: 7.11%	NC
	PCR O/E Ratio Total: 0.99		PCR O/E Ratio Total: 0.9008	

*Rate in the percentile below the target percentile

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.

NA indicates that the CMO followed the specifications, but the denominator was too small (<30) to report a valid rate.

NR indicates the rate not reported.