

**State of Georgia
Department of Community Health**

**2024 External Quality Review Annual
Report**

March 2025



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**



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Glossary of Acronyms

AAP	Adults Access to Preventive and Ambulatory Care
ADHD	Attention-Deficit/Hyperactivity Disorder
AHRQ	Agency for Healthcare Research and Quality
BH	Behavioral Health
BMI	Body Mass Index
BP	Blood Pressure
CAH	Critical Access Hospital
CAHPS [®] , ¹	Consumer Assessment of Healthcare Providers and Systems
CBP	Controlling High Blood Pressure
CCM	Complex Case Management
CFR	Code of Federal Regulations
CHIP	Children’s Health Insurance Program
CIS	Childhood Immunization Status
CMCS	Center for Medicaid and CHIP Services
CMO	Care Management Organization
CMS	Centers for Medicare & Medicaid Services
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Coronavirus Disease 2019
CPI	Centering Pregnancy Incentive
CPT	Current Procedural Terminology
CY	Contract Year
DCH	Department of Community Health
DEV	Developmental Screening in the First Three Years of Life
DOE	Department of Education
DRE	Diabetic Retinal Exam
ED	Emergency Department
ENT	Ear, Nose, and Throat
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
FUH	Follow-Up After Hospitalization for Mental Illness
FY	Fiscal Year
GA	Georgia
GF	Georgia Families
GF 360°	Georgia Families 360°

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

HbA1c	Hemoglobin A1c
HCBS	Home and Community-Based Services
HEDIS ^{®2}	Healthcare Effectiveness Data and Information Set
HHS	U.S. Department of Health & Human Services
HMO	Health Maintenance Organization
HPV	Human Papillomavirus
HROB	High-Risk Obstetric
HSAG	Health Services Advisory Group, Inc.
HTN	Hypertension
IDSS	Interactive Data Submission System
IMA	Immunizations for Adolescents
IS	Information Systems
ISCA	Information Systems Capabilities Assessment
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
NCOA	National Change of Address
NCQA	National Committee for Quality Assurance
NICU	Neonatal Intensive Care Unit
NOWS	Neonatal Opioid Withdrawal Syndrome
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
PCP	Primary Care Provider
PDF	Portable Document Format
PDSA	Plan-Do-Study-Act

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

PHE	Public Health Emergency
PHM	Population Health Management
PIHP	Prepaid Inpatient Health Plan
PIP	Performance Improvement Project
PM	Performance Measure
PMV	Performance Measure Validation
PPC	Prenatal and Postpartum Care
PQI	Prevention Quality Indicator
PQIP	Provider Quality Incentive Program
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
SFTP	Secure File Transfer Protocol
SFY	State Fiscal Year
SMS	Short Message Service
SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Assistance for Needy Families
Tdap	Tetanus, Diphtheria, and Pertussis
TAY	Transition Age Youth
USPS	United States Postal Service
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity

1. Executive Summary

Overview of 2024 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.³

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, 2023, through June 30, 2024 (CY 2024). 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 2024, the DCH managed care program’s care management organizations (CMOs) included three privately owned CMOs that contracted with DCH to deliver physical health and behavioral health services to Medicaid and PeachCare for Kids[®] members. One CMO, Amerigroup Community Care, maintained a second contract with DCH to serve the Georgia Families 360[°] program that served children, youth, and young adults in foster care; children and youth receiving adoption assistance; and select youth involved in the juvenile justice system. The GF program serves all other Medicaid and CHIP managed care members not enrolled in the GF 360[°] program. Contracted CMO’s were included in all EQRO activities. The CMOs that contracted with DCH during CY 2024 are displayed in Table 1-1.

Table 1-1—Georgia Families CMOs in Georgia

CMO Name	CMO Short Name
Amerigroup Community Care	Amerigroup
	Amerigroup 360 [°]
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

³ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *CMS External Quality Review (EQR) Protocols*, February 2023. Available at: <https://www.medicaid.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf>. Accessed on: Nov 1, 2024.

will facilitate DCH’s efforts to purchase high-value care and to achieve higher performing healthcare delivery systems for its Medicaid and CHIP members.

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, 2023, through June 30, 2024. PIP activities were conducted from July 1, 2023, through December 31, 2024. 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 8 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 2024 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, 2023, through December 31, 2023. 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

Activity	Description	CMS EQR Protocol
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 federal and Georgia-specific requirements for the review period of July 1, 2023, through June 30, 2024.	Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations
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 8 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 of, timeliness of, 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 of, timeliness of, 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 of, timeliness of, and access to care for the program.

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


Program Strengths	
Domain	Conclusion
 Quality	<p>Overall program results indicate that the GF CMOs demonstrated strength in <i>Diabetes Short-Term Complications Admission Rate</i>, as all three CMOs and the GF Average met or exceeded the NCQA 50th percentile. These results indicate that CMO-contracted providers effectively managed diabetes, resulting in reduced inpatient hospital admissions and potentially missed days of school or work.</p> <p>The GF program also demonstrated strength in behavioral healthcare results. All three CMOs and the GF Average met or exceeded the 50th percentile for the <i>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase</i> measure indicator, and two of three CMOs and the GF Average met or exceeded the 50th percentile for the <i>Initiation Phase</i> measure indicator, suggesting that the CMOs’ contracted providers were effectively monitoring children who had a prescription for ADHD medications. Similar strengths were demonstrated in the Peach Care for Kids® program. All 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, two of three CMOs and the PeachCare for Kids® Average met or exceeded the 90th percentile. In addition, two of 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—Total</i>. This performance suggests appropriate and adequate monitoring of members with behavioral health needs.</p> <p>Overall, the GF 360° program results continued to demonstrate strength in meeting or exceeding the 50th percentile for 15 of 22 (68.2 percent) measure rates related to quality of care that were comparable to benchmarks. Of these 15 measure indicator rates, 10 (66.7 percent) exceeded the 75th percentile.</p> <p>Additionally, the GF program’s member experience survey (CAHPS) results identified that the 2024 score for one measure, <i>Rating of Personal Doctor</i>, was statistically significantly higher than the 2023 NCQA adult Medicaid national average. The member experience survey results align with the strength demonstrated by the CMOs’ providers in performance measure results.</p>
 Access	<p>The CMOs’ overall performance on a subset of preventive screening and immunization measures continued to be a strength for the GF and PeachCare for Kids® programs. All three GF CMOs, the GF Average, and the PeachCare for Kids® Average met or exceeded the 50th percentile for <i>Chlamydia</i></p>

Program Strengths	
Domain	Conclusion
	<p><i>Screening—16–20 Years and Childhood Immunization Status—Combination 7.</i></p> <p>All three CMOs and the GF Average also met or exceeded the 50th percentile for <i>Cervical Cancer Screening</i>, and two of three GF CMOs and the GF Average met or exceeded the 50th percentile for <i>Chlamydia Screening—21–24 Years</i>.</p> <p>In addition, two of three GF CMOs, the GF Average, and all three PeachCare for Kids® CMOs met or exceeded the 50th percentile for <i>Child and Adolescent Well-Care Visits—Total</i>. All three PeachCare for Kids® CMOs and the PeachCare for Kids® Average met or exceeded the 75th percentile for <i>Childhood Immunization Status—Combination 7</i>, while one PeachCare for Kids® CMO met or exceeded the 90th percentile for <i>Immunizations for Adolescents—Combination 1</i>.</p> <p>Overall, the CMO’s performance for well-visits and preventive screening measures also demonstrated strength. Performance indicator results met or exceeded the MY 2023 HEDIS 50th percentile for <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total</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>. In addition, 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>. The results indicate that the CMOs’ child members 1–3 years of age were receiving appropriate developmental screenings, which helps to identify children who are at risk of developmental delays so their needs can be addressed early in their lives. This performance also shows that children and adolescents were accessing well-care visits and receiving immunizations and screenings according to the DCH EPSDT or Bright Futures schedules.</p> <p>The CMOs’ overall performance on a subset of oral health measures continued to be a strength, as all three CMOs and the GF Average met or exceeded the 50th percentile for <i>Sealant Receipt on Permanent First Molars—At Least One Sealant</i>. Two of three CMOs and the GF Average also met or exceeded the 50th percentile for <i>Oral Evaluation, Dental Services—Total</i> and <i>Topical Fluoride for Children—Rate 1—Dental or Oral Health Services—Total (Ages 1–20)</i>.</p> <p>Amerigroup 360° also continued to demonstrate strength by meeting or exceeding the 50th percentile for 11 of 13 (84.6 percent) HEDIS and non-HEDIS measure rates related to access to care that were comparable to benchmarks. Of these 11 measures, four measure rates (36.4 percent) were between the 75th and 89th percentile: <i>Child and Adolescent Well-Care Visits—Total</i>, <i>Childhood Immunization Status—Combination 7</i>, <i>Chlamydia Screening in Women—16–20 Years</i>, and <i>Immunizations for Adolescents—Combination 1</i>. In addition, <i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits</i></p>


Program Strengths	
Domain	Conclusion
	<p>for Age 15 Months–30 Months—Two or More Well-Child Visits exceeded the 90th percentile. The <i>Developmental Screening in the First Three Years of Life</i> measure rate also met or exceeded the CMCS national 50th percentile, further demonstrating strength.</p>
 <p>Timeliness</p>	<p>All three CMOs and the GF Average met or exceeded the 50th percentile for <i>Ambulatory Care—ED Visits</i>, indicating a strength for the GF population and suggesting that some members were receiving timely access to primary care, thereby reducing the cost of ED visits and readmissions. Additionally, two of three CMOs and the GF Average met or exceeded the 50th percentile for <i>Plan All-Cause Readmissions O/E Ratio—Total</i>, demonstrating the CMOs’ appropriate post-discharge planning and care coordination.</p> <p>In addition, all three PeachCare for Kids® CMOs and the PeachCare for Kids® Average met or exceeded the 90th percentile for <i>Ambulatory Care (Per 1,000 Member Years)—ED Visits—Total</i>, indicating a strength for the PeachCare for Kids® population. Similarly, the GF 360° CMO met or exceeded the 50th percentile for <i>Ambulatory Care (Per 1,000 Member Years)—ED Visits—Total</i>, suggesting that GF 360° members received timely access to a PCP and received appropriate treatment needed to stay healthy and reduce unnecessary ED utilization.</p> <p>These performance measure results align with the member experience CAHPS survey score results. A comparison of the 2024 Georgia CMO program scores for the child Medicaid population to the 2023 Georgia CMO program scores revealed that the Georgia CMO program’s 2024 scores were statistically significantly higher than the 2023 NCQA child Medicaid national average for two measures: <i>Getting Care Quickly</i> and <i>How Well Doctors Communicate</i>. Additionally, the 2024 Georgia CMO program scores for <i>How Well Doctors Communicate</i>, <i>Rating of All Health Care</i>, and <i>Rating of Specialist Seen Most Often</i> were statistically significantly higher than the 2023 scores.</p> <p>Similarly, a comparison of the 2024 Amerigroup 360° CAHPS scores to the 2023 NCQA child Medicaid national averages revealed that Amerigroup 360°’s 2024 scores were statistically significantly higher than the 2023 NCQA child Medicaid national average for three measures: <i>Getting Care Quickly</i>, <i>How Well Doctors Communicate</i>, and <i>Customer Service</i>, indicating strength in timeliness of care and services.</p>
Program Weaknesses	
Domain	Conclusion
 <p>Quality</p>	<p>The PM rates for <i>Controlling High Blood Pressure</i> as well as <i>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i> continued to demonstrate a program weakness, with low performance rates. All CMO measure rates and the GF Average continued to fall below the 25th percentile for these measure indicators. This low 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, such as through the appropriate use of</p>

Program Weaknesses	
Domain	Conclusion
	<p>medications, diet and nutrition, or physical activity.⁴ The <i>Asthma Medication Ratio</i> rates across age groups also declined in MY 2023, with two of three CMOs and the GF Average falling below the 50th percentile for the following age groups: <i>5–11 Years</i>, <i>12–18 Years</i>, <i>19–50 Years</i>, and <i>51–64 Years</i>. Similarly, for the Peach Care for Kids[®] program, two of three CMOs and the PeachCare for Kids[®] Average ranked below the 50th percentile for <i>Asthma Medication Ratio—5–11 Years</i>. The PeachCare for Kids[®] Average also ranked below the 50th percentile for <i>Asthma Medication Ratio—12–18 Years</i>. This decline and low performance suggest a need for better access to care and appropriate medication management for members with asthma.</p> <p>In addition, all CMO measure rates and the GF Average fell below the 25th percentile for <i>Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—18–64 Years</i> and <i>30-Day Follow-Up—18–64 Years</i>. All CMO measure rates and the GF Average fell below the 50th percentile for the following measure indicators:</p> <ul style="list-style-type: none"> • <i>Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—6–17 Years</i> and <i>30-Day Follow-Up—6–17 Years</i> • <i>Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13–17 Years</i> and <i>18–64 Years</i>, and <i>Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—18–64 Years</i> <p>The performance results on these measures indicate that the CMOs should focus efforts on effectively managing care for patients discharged after an ED visit or hospitalization for mental illness and substance use.</p> <p>Behavioral health measures also demonstrated opportunities for improvement, with two of three CMOs and the GF Average falling below the 25th percentile for the <i>Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—18–64 Years</i> and <i>Engagement of SUD Treatment—Total—18–64 Years</i> measure indicators. All CMO measure rates and the GF Average also fell below the 50th percentile for the following measure indicators: <i>Antidepressant Medication Management—Effective Acute Phase Treatment—18–64 Years</i> and <i>Antidepressant Medication Management—Effective Continuation Phase Treatment—18–64 Years</i>, as well as <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total</i>, <i>Cholesterol Testing—Total</i>, and <i>Blood Glucose and Cholesterol Testing—Total</i>.</p> <p>Similar opportunities for improvement were identified in the GF 360° program, with seven of 22 (31.8 percent) measure indicator rates related to quality of care that were comparable to benchmarks falling below the 50th percentile, showing a continued decrease in performance for this domain. Of note, five of</p>

⁴ National Committee for Quality Assurance. Comprehensive Diabetes Care. Available at: <https://www.ncqa.org/hedis/measures/comprehensive-diabetes-care/>. Accessed on: Oct 30, 2024.

Program Weaknesses	
Domain	Conclusion
	<p>these seven (71.4 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, Asthma Medication Ratio—12–18 Years, 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 receiving optimal care for chronic conditions.</p> <p>A comparison of the 2024 Georgia CMO program average scores for the adult Medicaid population to the 2023 NCQA adult CAHPS Medicaid national averages revealed that the Georgia CMO program's 2024 scores were statistically significantly lower than the 2023 NCQA adult Medicaid national average for all three medical assistance with smoking and tobacco use cessation items, which indicates that members perceived a lack of quality of care.</p> <p>In addition, a comparison of the 2024 GF 360° scores to the 2023 NCQA child Medicaid national averages revealed that the GF 360°'s 2024 score was statistically significantly lower than the 2023 NCQA child Medicaid national average for one measure, <i>Rating of Health Plan</i>.</p>
 <p>Access</p>	<p>The GF CMOs' performance on a subset of women's health and preventive screening measures continued 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.</p> <p>The CMOs' performance on a subset of children's health and preventive screening measures also demonstrated opportunities for improvement. All three CMOs and the GF Average fell below the 50th percentile for the <i>Child and Adolescent Well-Care Visits—3–11 Years and Immunizations for Adolescents—Combination 2</i> measure indicators. Additionally, two of three CMOs and the GF Average fell below the 50th percentile for <i>Sealant Receipt on Permanent First Molars—All Four Molars Sealed, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total, and Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits</i>. These rates suggest that children were not receiving timely and adequate access to preventive services. Well-care visits and immunizations are essential for disease prevention and are a critical aspect of prevention care for children.⁵</p> <p>In addition, all three CMOs and the GF Average fell below the 50th percentile for the <i>Adults' Access to Preventive/Ambulatory Health Services—Total</i> measure indicator. These rates suggest that members were not accessing PCP visits, which are an important opportunity for members to receive</p>

⁵ National Committee for Quality Assurance. Child and Adolescent Well-Care Visits. Available at: <https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/>. Accessed on: Oct 30, 2024.

Program Weaknesses	
Domain	Conclusion
	preventive services and counseling, and to address acute or chronic health issues. ⁶
 Timeliness	<p>All three CMOs and the GF Average continued to demonstrate a weakness in performance for <i>Prenatal and Postpartum Care</i>. All three CMOs and the GF Average fell below the 50th percentile for the <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> measure indicator and fell below the 25th percentile for the <i>Prenatal and Postpartum Care—Postpartum Care</i> measure indicator, demonstrating an opportunity to improve upon women’s access to both timely and adequate prenatal and postpartum care, which can set the stage for the long-term health and well-being of new mothers and their infants.⁷</p> <p>The PeachCare for Kids® Average ranked below the 25th percentile for the <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> and <i>Postpartum Care</i> measure indicators, also demonstrating an opportunity to improve upon women’s access to both timely and adequate prenatal and postpartum care. In addition, all three CMOs and the PeachCare for Kids® Average fell below the 50th percentile for <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.⁸</p> <p>In addition, the GF 360° <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> and <i>Postpartum Care</i> measure indicators fell below the 25th percentile. This performance demonstrates opportunities to improve the timeliness of and access to prenatal and postpartum care.</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.

⁶ National Committee for Quality Assurance. Adults’ Access to Preventive/Ambulatory Health Services. Available at: <https://www.ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/>. Accessed on: Oct 30, 2024.

⁷ National Committee for Quality Assurance. Prenatal and Postpartum Care. Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: Oct 30, 2024.

⁸ National Committee for Quality Assurance. Immunizations for Adolescents. Available at: <https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/>. Accessed on: Oct 30, 2024.

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

Program Recommendations	
Recommendation	Associated Georgia 2024–2026 QS Goals and Objectives
<p>HSAG recommends that DCH work with the CMOs to evaluate whether disparities and/or SDOH within the CMOs’ populations contributed to less access to preventive care and services in comparison to national benchmarks. The DCH should consider focusing CMO QI efforts on addressing disparate populations through the development and implementation of QI interventions and activities, such as:</p> <ul style="list-style-type: none"> Expanding the use of member incentive programs and the use of scheduled reminders and personalized outreach for members overdue for recommended care. Providing expanded access appointments outside of business hours to accommodate work schedules or childcare needs. Expanding upon best practices for ensuring that CMO members receive timely and medically appropriate well-care, preventive, chronic care, and behavioral health services. Offering member incentives for accessing timely well-care, preventive, chronic, and behavioral health services. Identifying barriers preventing members from accessing visits, such as transportation and SDOH. Conducting practitioner focus groups to identify reasons for low member follow-up on needed care and services, including inpatient and ED discharges. Enhancing communication and collaboration between inpatient and ED care settings to improve the effectiveness of transitions of care, discharge planning, and handoffs to community settings for members with behavioral health needs. Identifying and implementing best practices such as partnering with providers and local pharmacies to emphasize timely 90-day prescription refills, when appropriate, to support medication adherence, medication reminders, and provision of member and/or guardian education on the importance of medication adherence. 	<p>Goal 1: Improve Access to Care</p> <ul style="list-style-type: none"> Objective 1.1: Increase the number of children receiving well-child and preventive visits Objective 1.2: Increase the number of adults receiving well- and preventive visits <p>Goal 2: Improve Wellness and Preventive Care</p> <ul style="list-style-type: none"> Objective 2.2: Increase the overall rate of immunizations and vaccinations across all ages and populations Objective 2.3: Increase the percentage of children/adolescents that receive weight assessment and counseling for nutrition and physical activity <p>Goal 3: Improve Outcomes for Chronic Diseases</p> <ul style="list-style-type: none"> Objective 3.1: Decrease the annual hospital admission rate for members with heart failure <p>Goal 4: Improve Maternal and Newborn Care</p> <ul style="list-style-type: none"> Objective 4.2: Decrease the number of live births weighing less than 2,500 grams <p>Goal 5: Improve Behavioral Health Care Outcomes</p> <ul style="list-style-type: none"> Objective 5.1: Decrease the annual behavioral health 30-day readmission rate Objective 5.6: Increase the percentage of children, adolescents, and adults receiving follow-up care after an emergency department visit for mental illness <p>Goal 6: Improve Utilization of Care and Services</p>

Program Recommendations	
	<ul style="list-style-type: none"> • Objective 6.1: Decrease the rate of emergency department utilization among children 19 years of age and younger • Objective 6.2: Decrease 30-day readmission rates among members 18 years of age and older
<p>HSAG continues to recommend that DCH focus the CMOs on a targeted review of member data to identify patterns or trends that present by race, ethnicity, age, and ZIP Code.</p>	<p>Goal 1: Improve Access to Care</p> <ul style="list-style-type: none"> • Objective 1.1: Increase the number of children receiving well-child and preventive visits • Objective 1.2: Increase the number of adults receiving well- and preventive visits <p>Goal 2: Improve Wellness and Preventive Care</p> <ul style="list-style-type: none"> • Objective 2.2: Increase the overall rate of immunizations and vaccinations across all ages and populations <p>Goal 4: Improve Maternal and Newborn Care</p> <ul style="list-style-type: none"> • Objective 4.1: Increase the annual number of postpartum care visits • Objective 4.4: Increase the number of pregnant persons receiving prenatal services within 30 days of enrollment <p>Goal 5: Improve Behavioral Health Care Outcomes</p> <ul style="list-style-type: none"> • Objective 5.3: Increase follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication • Objective 5.4: Increase the number of children and adolescents on antipsychotics receiving metabolic monitoring <p>Goal 6: Improve Utilization of Care and Services</p> <ul style="list-style-type: none"> • Objective 6.2: Decrease 30-day readmission rates among members 18 years of age and older

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 2023–2024 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 12/07/2026

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 2024 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 2024 CMO Annual Program Enrollment

Program	Enrollment as of 6/2024
Medicaid	1,514,541
PeachCare for Kids®	186,560
Total Served	1,701,101

Notes:

Data is based on eligibility for the month of June 2024.

Data provided by DCH

Table 2-3—FY 2024 Annual CMO Enrollment

Program	Enrollment as of 1/2024
GF Amerigroup	479,079
GF Care Source	382,803
GF Peach State Health Plan	813,548
Amerigroup 360°	25,671
CMO Total	1,701,101

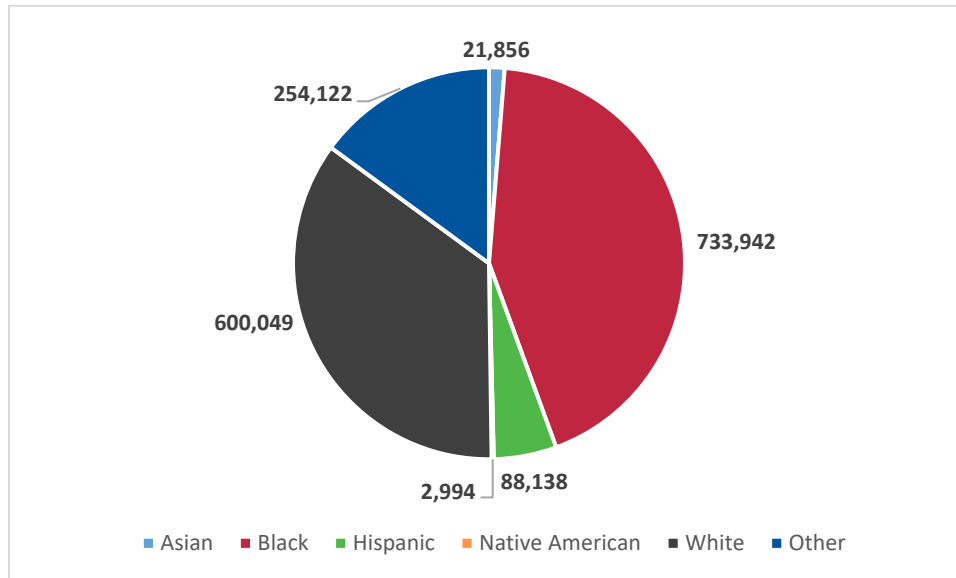
Notes:

Data based on eligibility for the month of June 2024.

Data provided by DCH

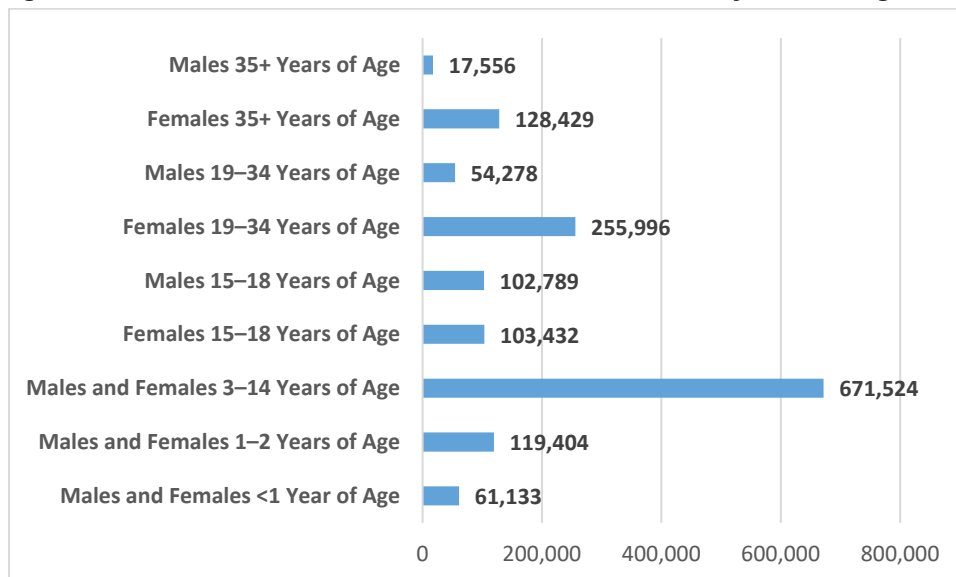
Figure 2-1 provides the FY 2024 count of enrolled members by ethnicity category as of June for members enrolled in Medicaid, PeachCare for Kids®, and the Medicaid fee-for-service program.

Figure 2-1—FY 2024 Number of CMO Members by Ethnicity



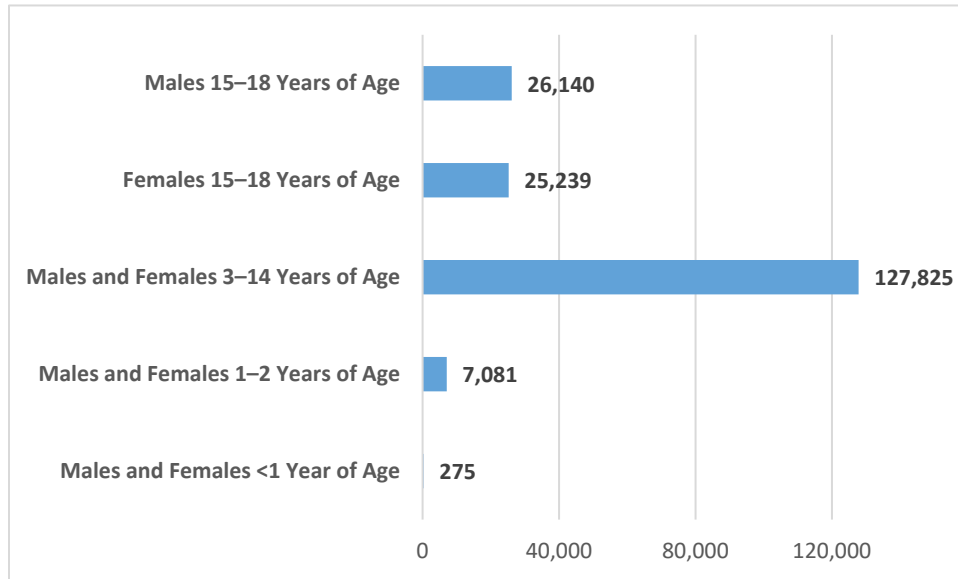
Notes:
Data is based on eligibility for the month of June 2023.
Data provided by DCH

Figure 2-2—FY 2024 Number of CMO Medicaid Members by Gender/Age Band



Notes:
Data is based on eligibility for the month of June 2023.
Data provided by DCH

Figure 2-3—FY 2024 Number of CMO CHIP Members by Gender/Age Band



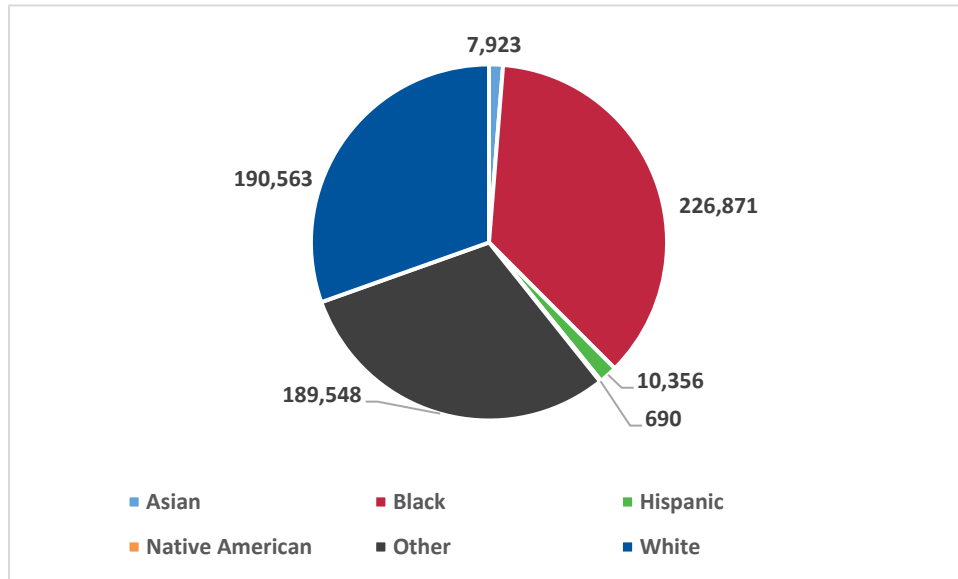
Notes:
Data is based on eligibility for the month of June 2023.
Data provided by DCH

Table 2-4—FY 2024 FFS Annual Program Enrollment

Program	Enrollment as of 6/2023
FFS Medicaid	624,709
CHIP	1,242
Total Served	625,951

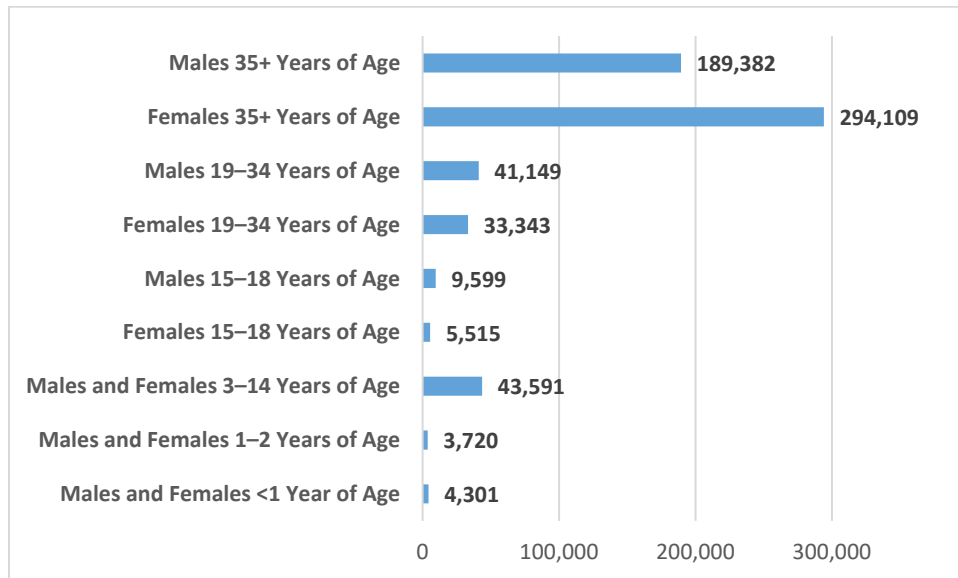
Notes:
Data is based on eligibility for the month of June 2023.
Data provided by DCH

Figure 2-4—FY 2024 Number of FFS Members by Ethnicity



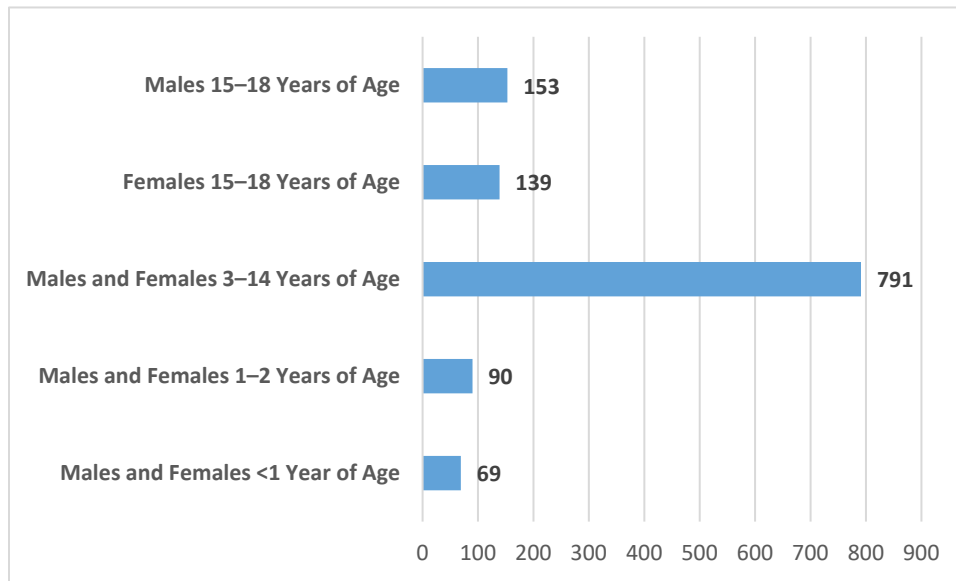
Notes:
Data is based on eligibility for the month of June 2023.
Data provided by DCH

Figure 2-5—FY 2024 Number of FFS Medicaid Members by Gender/Age



Notes:
Data is based on eligibility for the month of June 2023.
Data provided by DCH

Figure 2-6—FY 2024 Number of FFS CHIP Members by Gender/Age



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

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 CMO 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</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</p>

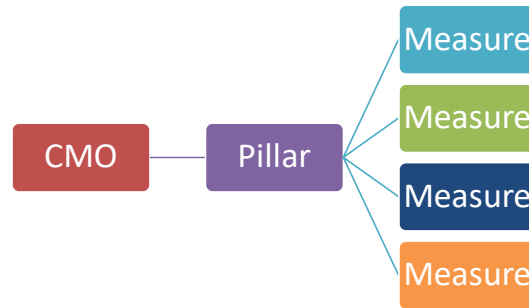
Vision Goal	Strategy
<p><i>support seamless and timely healthcare.</i></p>	<p>about healthcare access and services. Additionally, well-designed, intuitive self-service options now expected by members and providers will improve customer satisfaction and drive operational efficiencies, lessening demand on State and contractor resources and allowing DCH and contractors to focus on more critical and complex activities.</p>
<p>Data Services <i>Goal: Enable data-driven decision making for stakeholders from a single source of truth.</i></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 <i>Goal: Be proactive and flexible to changes in technology, programs, and policy.</i></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 <i>Goal: Enhance health care quality and outcomes.</i></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 <i>Goal: Ensure appropriate use of state and federal Medicaid funds by identifying and reducing fraud, waste, and abuse.</i></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.

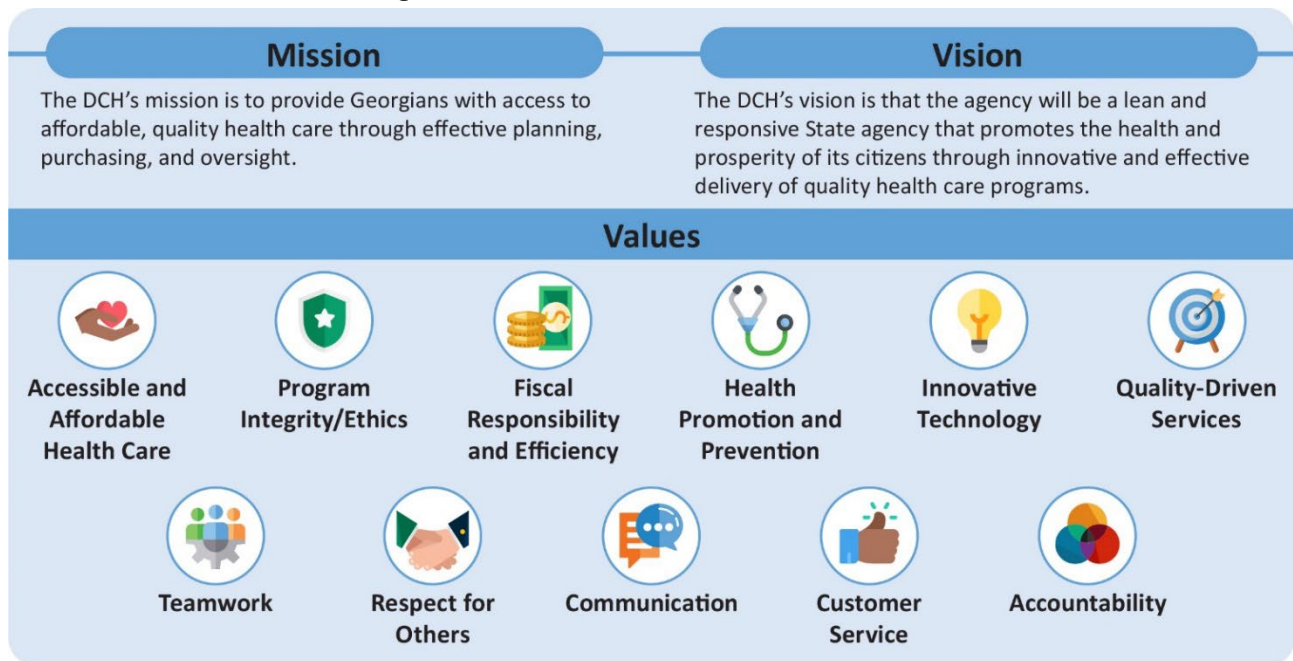
Pillar Four: Service (Patient Experience)

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

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


Goal(s)	Objectives
<p>Goal 4: Improve Maternal and Newborn Care</p>	<p>Objective 4.1: Increase the annual number of postpartum care visits</p> <p>Objective 4.2: Decrease the number of live births weighing less than 2,500 grams</p> <p>Objective 4.4: Increase the number of pregnant persons receiving prenatal services within 30 days of enrollment</p>
<p>The CPI program, a State-designed program, became effective to help sustain established Centering Pregnancy programs. This was being accomplished through additional reimbursement to Centering Pregnancy providers for women enrolled in the Centering Pregnancy programs and served by a CMO. Sustaining these established programs helped improve birth outcomes and increased access to prenatal care services.</p>	
<p>Goal 3: Improve Outcomes for Chronic Diseases</p>	<p>Objective 3.5: Increase the number of members with HTN who are provided blood pressure device to monitor blood pressure</p>
<p>The DCH removed the prior authorization barrier for blood pressure monitoring devices.</p>	
<p>Goal 6: Improve Utilization of Care and Services</p> <p>Goal 7: Improve Member Experience</p>	<p>Objective 6.1: Decrease the rate of emergency department utilization among children 19 years of age and younger</p> <p>Objective 7.1: Increase annual CAHPS overall <i>Rating of Health Plan</i></p>
<p>The DCH sponsored a pilot program aimed at providing case management for persons with sickle cell in an effort to improve management of the sickle cell condition.</p>	
<p>Goal 4: Improve Maternal and Newborn Care</p>	<p>Objective 4.4: Increase the number of pregnant persons receiving prenatal services within 30 days of enrollment</p>
<p>The PeachCare for Kids® team collaborated with several sister agencies in an outreach campaign that held many events that were geared to assist enrollees in ways in which to improve maternal health and reduce maternal mortality and morbidity. The participants of the outreach events included each of the CMO's who provided information, prizes, gifts and more to encourage participation and to assist those who did not have health coverage become aware of the benefits available to them if they were to enroll in Medical Assistance.</p>	
<p>Goal 6: Improve Utilization of Care and Services</p>	<p>Objective: NA</p>
<p>The DCH revamped the Quality Oversight Committee process for CMO reports to reflect more current data and provide greater focus on CMO interventions and their effectiveness.</p>	
<p>Goal 7: Improve Member Experience</p>	<p>Objective 7.1: Increase annual CAHPS overall <i>Rating of Health Plan</i></p>
<p>To help eligible Georgians keep their coverage, the State used several flexibilities to auto-renew coverage for thousands of members, including pregnant women, low-income families, individuals with disabilities, and senior citizens. Auto-renewal and other flexibilities included:</p>	

Goal(s)	Objectives
	<ul style="list-style-type: none"> Targeted SNAP Strategy: Allowed use of existing State records for Georgians receiving SNAP to auto-renew their Medicaid coverage. Targeted TANF Strategy: Empowered use of existing information from a person's TANF case to auto-renew their Medicaid coverage. Beneficiaries With No Income Renewal: Authorized auto-renewal of a person's Medicaid coverage if his/her zero-dollar income was verified via a previous application or renewal. Streamlined Asset Verification: Allowed State workers to obtain paperwork directly from the source, reducing the burden on Medicaid members. MCO Beneficiary Contact Updates: Empowered managed care organizations to assist Medicaid members to reduce procedural closures and reduce administrative burdens to members. NCOA and/or USPS Contact Updates: Enabled cross-referencing of U.S. postal databases to update addresses for Medicaid members, increasing likelihood that the State successfully contacted members. Fair Hearing Timeframe Extension: Allowed the Office of State Administrative Hearings additional time to resolve a member appeal.

DCH Follow-Up on 2023 Annual Technical Report EQRO Recommendations

Table 2-8—DCH Follow-Up on 2023 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 consider evaluating the feasibility of implementing appropriate interventions and best practices to improve care and services according to evidence-based guidelines to improve the quality of, timeliness of, and access to 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>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>		

Follow-Up on EQRO Recommendations		
<p>Why the Challenge Exists:</p> <ul style="list-style-type: none"> Challenges include member education regarding importance of attending appointments; provider education re coding/billing/ global billing, resources to outreach members 		
<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"> DCH worked with the CMOs to increase the annual number of postpartum care visits. Initiatives included: <ul style="list-style-type: none"> CMOs have launched State approved PIPs aimed at improving prenatal visit rates and postpartum care. CMOs current State-approved PIP aimed at increasing follow up visits for postpartum mothers with gestational or chronic hypertension. DCH currently exploring unbundling global billing for maternal care to improve postpartum visit rates. Another PIP is aimed at engaging high risk pregnant mothers in case management DCH working with sister State agency to pilot remote monitoring and home visit for pregnant members. DCH considering process improvement project aimed at getting pregnant members assigned to the CMOs earlier. 		
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>PMV results showed:</p> <p>Metric: PPC-Postpartum Care 2021: 66.44% 2022: 69.26% 2023: 72.82%</p>		
<p>Identify any barriers to implementing initiatives:</p> <p>Barriers were not identified.</p>		
<p>HSAG Assessment:</p> 		
<p>Goal 1.1: Improve Access to Care <i>Pillar Three: Access</i></p> <p>Goal 1.2: Increase Wellness and Preventive Care <i>Pillar One: Quality</i></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>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>Metric: WCC and W30</p> <p>Metric: CIS and IMA</p>

Follow-Up on EQRO Recommendations

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:

- 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 DCH 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.

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:

- Vaccine hesitancy continues to be a challenge
- Missed appointments

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):

- DCH utilized HSAG’s feedback and required CMOs to act on the recommendations.
- DCH revamped Quality Oversight Committee process to allow for CMO reports to reflect more current data and provide greater focus on CMO interventions and their effectiveness

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

Well-Child Visits—W30: Well-Care Visits in the First 30 Months of Life—15–30 months

2021:67.62%
2022:66.35%
2023:69.47%

Immunization CIS: Childhood Immunization Status—Combo 7

2021:55.59%
2022:53.92%
2023:58.75%

Identify any barriers to implementing initiatives:
Barriers were not identified.

HSAG Assessment:

Follow-Up on EQRO Recommendations



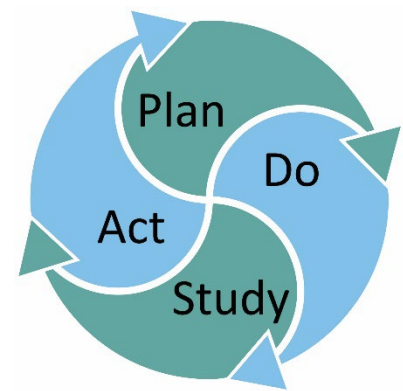
The CMOs' ongoing QAPI programs objectively and systematically monitor and evaluate the quality and appropriateness of care and services rendered, thereby promoting quality of care and improved health outcomes for their members.

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: Quality—Maternal Health</p> <p>Description: The CPI program, a DCH-designed program, became effective to help sustain established Centering Pregnancy programs. This is being accomplished through additional reimbursement to Centering Pregnancy providers for women enrolled in the Centering Pregnancy programs and served by a CMO. Sustaining these established programs helps improve birth outcomes and increase access to prenatal care services.</p>

Best and Emerging Practices
<p>Topic/Title: Quality—Managing Chronic Disease: Blood Pressure</p> <p>Description: The DCH removed prior authorization for blood pressure monitoring devices. This removes what providers identified as a barrier to members' management of blood pressure.</p>
<p>Topic/Title: Quality—Managing Chronic Disease: Sickle Cell</p> <p>Description: The DCH sponsored a pilot program aimed at providing case management for persons with sickle cell in an effort to improve sickle cell management.</p>
<p>Topic/Title: Access: Awareness and Access to Care</p> <p>Description: The CHIP (PeachCare for Kids)[®] team collaborated with several sister agencies in an outreach campaign that has held many events geared to assist enrollees in Medicaid and CHIP in completing renewals to ensure that they did not lose coverage during the unwinding period. The outreach campaign events were also utilized to provide eligibility information about the new Pathways to Coverage Program, as well as Medicaid and CHIP to those that did not currently have any health coverage.</p> <p>Another purpose of these events was to increase awareness of ways to improve maternal health and reduce maternal mortality and morbidity. The participants in the outreach events included each of the CMOs that had provided information, prizes, gifts, and more to encourage participation and to assist individuals who did not have health coverage become aware of the benefits available to them if they were to enroll in medical assistance. These events were held throughout the state.</p>
<p>Topic/Title: Access</p> <p>Description: PeachCare for Kids[®] teamed up with the DOE to provide information to school leaders, nurses, teachers, and other school faculty and staff to provide parents information about the availability and benefits through enrollment in Medicaid or CHIP and how to apply for coverage. The DOE also provided enrollment information on each of the school district platforms for the parents to learn about the benefits that Medicaid and CHIP provided, how to apply for coverage, and once enrolled, how to get the benefits they were eligible to receive.</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

		
<h3 style="text-align: center; margin: 0;">Quality</h3> <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>	<h3 style="text-align: center; margin: 0;">Access</h3> <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>	<h3 style="text-align: center; margin: 0;">Timeliness</h3> <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™.9	✓	✓	
Review of Compliance with Medicaid and CHIP Managed Care Regulations	✓	✓	✓
Validation of Network Adequacy		✓	✓
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 2024, each CMO initiated two DCH-mandated PIP topics and reported baseline performance indicator outcomes.

Three CMOs initiated similar PIP topics specific to timely prenatal care, two CMOs initiated PIPs focused on follow-up care post-delivery for hypertensive members, three CMOs focused on follow-up care after a hospitalization and two CMOs targeted depression screenings. Because there are deviations in measure specifications across CMOs, the comparison below should be interpreted with caution.

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



Table 3-2—Calendar Year 2024 PIP Topics by CMO

PIP Topic	Amerigroup	Amerigroup 360°	CareSource	Peach State
<i>Timely Prenatal Care</i>	82.4%		50.3%	81.8%
<i>High Risk or Complex Case Management Enrollment</i>	28.2%			
<i>Follow-Up Visits Within 10 Days Post-Delivery for Hypertensive Members</i>			9.8%	15.3%
<i>Follow-up After Hospitalization Within 7 or 30 Days of discharge</i>	45.5%	49.6%		32.2%
<i>Depression Screening</i>		4.5%	11.7%	
<i>Receipt of Skills Based Services</i>		13.6%		

HSAG rounded percentages to the first decimal place.

⁹ NCQA HEDIS Compliance Audit™ is a trademark of NCQA.

Strengths, Weaknesses, and Recommendations

Strengths	
	The CMOs developed appropriate Aim statements and documented clearly defined and complete data collection methods. The CMOs followed and accurately documented the DCH-developed specifications.
Weaknesses and Recommendations	
	<p>Weakness: There were no weaknesses identified.</p> <p>Recommendations: Although there were no identified weaknesses, as the CMOs progress into its first remeasurement period, HSAG recommends that the CMOs complete a causal/barrier analysis to identify barriers to desired outcomes and initiate and test timely interventions to address those barriers. In the next annual submission, the CMOs should have evaluation processes and outcomes data to determine the effectiveness of each intervention.</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 2023. Additionally, DCH contracted with HSAG to conduct PMV activities for a set of selected non-HEDIS and State custom measures for MY 2023.

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 2023 CMO rates and statewide averages for the GF population and Table 3-4 displays the MY 2023 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 2023 (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 2023 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 (*).

Table 3-3—MY 2023 Results for GF CMOs

Measure	Amerigroup	CareSource	Peach State	GF Average
Access				
Adults' Access to Preventive/Ambulatory Health Services				
Total	67.16% ★	68.41% ★	70.29% ★★	68.83% ★
Breast Cancer Screening				
Breast Cancer Screening	47.88% ★	49.75% ★★	50.58% ★★	49.57% ★★
Cervical Cancer Screening				
Cervical Cancer Screening	60.10% ★★★★	60.10% ★★★★	59.61% ★★★★	59.88% ★★★★
Child and Adolescent Well-Care Visits				
3–11 Years	58.36% ★★	55.98% ★★	58.02% ★★	57.71% ★★
12–17 Years	52.95% ★★★★	48.96% ★★	53.67% ★★★★	52.51% ★★★★
18–21 Years	27.44% ★★	26.32% ★★	29.55% ★★★★	28.22% ★★★★
Total	53.51% ★★★★	50.61% ★★	53.92% ★★★★	53.13% ★★★★
Childhood Immunization Status				
Combination 7	57.91% ★★★★	61.56% ★★★★	57.80% ★★★★	58.75% ★★★★
Chlamydia Screening in Women				
16–20 Years	59.71% ★★★★	60.64% ★★★★	64.68% ★★★★	62.39% ★★★★
21–24 Years	61.15% ★★	65.09% ★★★★	71.46% ★★★★	66.36% ★★★
Developmental Screening in the First Three Years of Life				
Total	57.91% ★★★★	66.18% ★★★★	57.66% ★★★★	59.76% ★★★★

Measure	Amerigroup	CareSource	Peach State	GF Average
Immunizations for Adolescents				
Combination 1 (Meningococcal, Tdap)	80.05% ★★	78.59% ★★	83.22% ★★★★	81.39% ★★★★
Combination 2 (Meningococcal, Tdap, HPV)	30.41% ★★	27.98% ★	30.11% ★★	29.79% ★★
Oral Evaluation, Dental Services				
Total	47.40%	38.15%	47.84%	45.29%
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	81.27% ★★	82.00% ★★	74.70% ★	78.75% ★
Timeliness of Prenatal Care—Under Age 21	76.16% NC	66.91% NC	73.48% NC	72.80% NC
Timeliness of Prenatal Care—Age 21 and Older	81.27% NC	74.70% NC	74.70% NC	77.02% NC
Postpartum Care	69.83% ★	73.97% ★	74.70% ★	72.82% ★
Postpartum Care—Under Age 21	72.75% NC	72.02% NC	70.56% NC	71.59% NC
Postpartum Care—Age 21 and Older	70.32% NC	68.86% NC	72.51% NC	70.84% NC
Screening for Depression and Follow-Up Plan				
12–17 Years	4.01% NC	11.85% NC	3.86% NC	5.49% NC
18–64 Years	3.04% NC	3.96% NC	3.32% NC	3.35% NC
65 Years and Older	NA	NA	NA	3.23% NC
Sealant Receipt on Permanent First Molars				
At Least One Sealant	49.99%	49.62%	57.08%	53.39%
All Four Molars Sealed	28.60%	30.53%	39.50%	34.35%
Topical Fluoride for Children				
Rate 1—Dental or Oral Health Services—Total (Ages 1–20)	20.04%	18.46%	23.50%	21.36%
Rate 2—Dental Services—Total (Ages 1–20)	17.66% NC	16.92% NC	21.54% NC	19.38% NC
Rate 3—Oral Health Services—Total (Ages 1–20)	1.00% NC	1.04% NC	0.87% NC	0.95% NC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Total	83.70% ★★★★	80.78% ★★	81.51% ★★	82.01% ★★
Counseling for Nutrition—Total	74.45% ★★★★	71.78% ★★	71.78% ★★	72.57% ★★★★
Counseling for Physical Activity—Total	71.05% ★★★★	68.13% ★★	68.61% ★★★★	69.24% ★★★★

Measure	Amerigroup	CareSource	Peach State	GF Average
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	60.43% ★★★	58.69% ★★	60.26% ★★	59.91% ★★
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	69.69% ★★★	69.24% ★★	69.43% ★★★	69.47% ★★★
Quality				
Antidepressant Medication Management				
Effective Acute Phase Treatment—18–64 Years	45.88%	44.09%	46.26%	45.63%
Effective Acute Phase Treatment—65 Years and Older	NA	NA	NA	NA
Effective Continuation Phase Treatment—18–64 Years	27.95%	22.05%	27.84%	26.50%
Effective Continuation Phase Treatment—65 Years and Older	NA	NA	NA	NA
Asthma Medication Ratio				
5–11 Years	57.12% ★	78.86% ★★★	59.70% ★	62.71% ★
12–18 Years	57.88% ★	75.33% ★★★★	64.29% ★★	64.97% ★★
19–50 Years	55.67% ★★	62.78% ★★★	49.74% ★	54.79% ★
51–64 Years	59.46% ★★	68.89% ★★★	51.61% ★	59.03% ★★
Controlling High Blood Pressure				
Controlling High Blood Pressure	58.39% ★	59.37% ★	55.72% ★	57.36% ★
Diabetes Short-Term Complications Admission Rate*				
Total	10.86	13.41	12.66	12.26
Follow-Up After Emergency Department Visit for Mental Illness				
7-Day Follow-Up—6–17 Years	40.20% ★★	42.44% ★★	40.10% ★★	40.61% ★★
7-Day Follow-Up—18–64 Years	21.01% ★	23.72% ★	23.02% ★	22.50% ★
7-Day Follow-Up—65 Years and Older	NA	NA	NA	NA
30-Day Follow-Up—6–17 Years	58.77% ★★	59.88% ★★	58.38% ★★	58.81% ★★
30-Day Follow-Up—18–64 Years	31.65% ★	37.55% ★	36.42% ★	35.06% ★
30-Day Follow-Up—65 Years and Older	NA	NA	NA	NA
Follow-Up After Emergency Department Visit for Substance Use				
7-Day Follow-Up—13–17 Years	15.68% ★★	18.47% ★★	8.54% ★	12.92% ★★

Measure	Amerigroup	CareSource	Peach State	GF Average
7-Day Follow-Up—18–64 Years	14.08%	20.60%	13.32%	15.74%
7-Day Follow-Up—65 Years and Older	NA	NA	NA	NA
30-Day Follow-Up—13–17 Years	22.70% ★★	33.12% ★★★★	21.52% ★	24.62% ★★
30-Day Follow-Up—18–64 Years	20.91%	33.10%	20.95%	24.59%
30-Day Follow-Up—65 Years and Older	NA	NA	NA	NA
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—6–17 Years	41.62% ★★	46.60% ★★★★	51.23% ★★★★	47.10% ★★★★
7-Day Follow-Up—18–64 Years	29.11% ★★	31.74% ★★	32.24% ★★★★	31.07% ★★
7-Day Follow-Up—65 Years and Older	NA	NA	NA	NA
30-Day Follow-Up—6–17 Years	64.89% ★★	73.38% ★★★★	73.71% ★★★★	70.76% ★★
30-Day Follow-Up—18–64 Years	45.82% ★★	55.95% ★★★★	50.42% ★★	50.18% ★★
30-Day Follow-Up—65 Years and Older	NA	NA	NA	NA
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase	44.07% ★★	49.25% ★★★★	50.76% ★★★★★	48.56% ★★★★
Continuation and Maintenance Phase	54.82% ★★★★	63.07% ★★★★★	65.25% ★★★★★	61.49% ★★★★★
Hemoglobin A1c Control for Patients With Diabetes				
HbA1c Control (<8.0%)	47.93% ★	42.58% ★	40.63% ★	43.38% ★
HbA1c Poor Control (>9.0%)*	44.53% ★	50.12% ★	52.07% ★	49.25% ★
Initiation and Engagement of Substance Use Disorder Treatment				
Initiation of SUD Treatment—Total—18–64 Years	39.48% ★	37.52% ★	40.14% ★★	39.28% ★
Initiation of SUD Treatment—Total—65 Years and Older	NA	NA	NA	NA
Engagement of SUD Treatment—Total—18-64 Years	7.46% ★	9.40% ★★	6.57% ★	7.56% ★
Engagement of SUD Treatment—Total—65 Years and Older	NA	NA	NA	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Total	56.11% ★★	52.54% ★★	52.86% ★★	53.65% ★★
Cholesterol Testing—Total	36.48% ★★	30.69% ★	32.04% ★★	32.91% ★★

Measure	Amerigroup	CareSource	Peach State	GF Average
<i>Blood Glucose and Cholesterol Testing—Total</i>	34.19% ★★	27.76% ★	29.55% ★	30.38% ★★
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
<i>Total</i>	64.97% ★★★★	53.69% ★★	54.42% ★★	56.74% ★★
Stewardship				
Ambulatory Care (Per 1,000 Member Years)				
<i>ED Visits—Total*</i>	511.60 ★★★★	549.89 ★★★★	509.42 ★★★★	518.90 ★★★★
Inpatient Utilization—General Hospital/Acute Care—Total				
<i>Total Inpatient—Discharges per 1,000 Member Years—Total</i>	47.60 NC	50.56 NC	42.79 NC	45.97 NC
<i>Total Inpatient—Average Length of Stay—Total</i>	3.54 NC	3.69 NC	3.75 NC	3.67 NC
Plan All-Cause Readmissions*				
<i>Observed Readmissions—Total</i>	6.16% NC	7.97% NC	7.15% NC	6.98% NC
<i>Expected Readmissions—Total</i>	7.71% NC	8.09% NC	7.95% NC	7.90% NC
<i>O/E Ratio—Total</i>	0.7995 ★★★★★	0.9852 ★★	0.8995 ★★★	0.8837 ★★★★★
<i>Outliers—Total</i>	23.24 NC	0.89 NC	25.82 NC	3.13 NC

* 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 2023 performance levels represent the following percentile comparisons for non-HEDIS measures:

<50th	≥50th
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MY 2023 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 2023 Results for PeachCare for Kids® CMOs

Measure	Amerigroup	CareSource	Peach State	PeachCare for Kids® Average
Access				
Child and Adolescent Well-Care Visits				
<i>Total</i>	58.84% ★★★★★	55.70% ★★★	59.44% ★★★★★	58.54% ★★★★★
Childhood Immunization Status				

Measure	Amerigroup	CareSource	Peach State	PeachCare for Kids® Average
<i>Combination 7</i>	65.45% ★★★★	68.37% ★★★★★	71.29% ★★★★★	68.53% ★★★★★
Chlamydia Screening in Women				
16–20 Years	58.59% ★★★	57.36% ★★★	63.50% ★★★★★	60.94% ★★★
Developmental Screening in the First Three Years of Life				
<i>Total</i>	56.20%	69.64%	61.46%	60.25%
Immunizations for Adolescents				
<i>Combination 1 (Meningococcal, Tdap)</i>	86.86% ★★★★★	85.89% ★★★★★	89.29% ★★★★★	87.89% ★★★★★
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	30.66% ★★	30.17% ★★	33.09% ★★	31.78% ★★
Prenatal and Postpartum Care				
<i>Timeliness of Prenatal Care</i>	NA	NA	67.44% ★	66.23% ★
<i>Postpartum Care</i>	NA	NA	69.77% ★	74.03% ★
Screening for Depression and Follow-Up Plan				
12–17 Years	3.98% NC	12.74% NC	3.88% NC	5.44% NC
18–64 Years	3.63% NC	7.44% NC	3.16% NC	3.97% NC
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>	61.14% ★★★	58.90% ★★	68.65% ★★★★★	63.85% ★★★★
<i>Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits</i>	77.14% ★★★★★	77.21% ★★★★★	78.80% ★★★★★	77.87% ★★★★★
Quality				
Asthma Medication Ratio				
5–11 Years	62.78% ★	81.19% ★★★★★	63.89% ★	66.79% ★★
12–18 Years	57.40% ★	74.42% ★★★	70.19% ★★★	67.77% ★★
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase</i>	49.78% ★★★★★	52.06% ★★★★★	51.04% ★★★★★	50.88% ★★★★★
<i>Continuation and Maintenance Phase</i>	55.74% ★★★	68.42% ★★★★★	67.08% ★★★★★	64.50% ★★★★★
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
<i>Total</i>	64.44% ★★★	55.68% ★★	66.34% ★★★	63.45% ★★★

Measure	Amerigroup	CareSource	Peach State	PeachCare for Kids® Average
Stewardship				
Ambulatory Care (Per 1,000 Member Years)				
<i>ED Visits—Total*</i>	299.03 ★★★★★	305.15 ★★★★★	300.38 ★★★★★	300.99 ★★★★★
Inpatient Utilization—General Hospital/Acute Care—Total				
<i>Total Inpatient—Discharges per 1,000 Member Years—Total</i>	8.83 NC	10.35 NC	9.33 NC	9.40 NC
<i>Total Inpatient—Average Length of Stay—Total</i>	3.90 NC	4.49 NC	3.53 NC	3.86 NC



* 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 2023 performance levels represent the following percentile comparisons for non-HEDIS measures:


<50th	≥50th
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MY 2023 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	
	<p>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>, <i>Chlamydia Screening—16–20 Years</i>, and <i>Childhood Immunization Status—Combination 7</i>. Two of three CMOs and the GF Average also met or exceeded the 50th percentile for <i>Chlamydia Screening—21–24 Years</i>, <i>Child and Adolescent Well-Care Visits—12–17 Years and Total</i>, <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total</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>. 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 to identify children who are at risk of developmental delays so 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 DCH EPSDT or Bright Futures schedules. Finally, the CMOs' performance on a subset of oral health measures continued to be a strength, as all three CMOs and the GF Average met or exceeded the 50th percentile for <i>Sealant Receipt on Permanent First Molars—At Least One Sealant</i>. Two of three CMOs and the GF Average also met or exceeded the 50th</p>

Strengths	
	percentile for <i>Oral Evaluation, Dental Services—Total</i> and <i>Topical Fluoride for Children—Rate 1—Dental or Oral Health Services—Total (Ages 1–20)</i> .
	In the Quality of Care domain, the CMOs' performance for <i>Diabetes Short-Term Complications Admission Rate</i> continued to demonstrate strength, as all three CMOs and the GF Average met or exceeded the 50th percentile. All three CMOs and the GF Average also met or exceeded the 50th percentile for the <i>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase</i> measure indicator, and two of three CMOs and the GF Average met or exceeded the 50th percentile for the <i>Initiation Phase</i> measure indicator, suggesting that the CMOs' contracted providers were effectively monitoring children who had a prescription for ADHD medication for at least 210 days.
	In the Stewardship domain, all three CMOs and the GF Average met or exceeded the 50th percentile for <i>Ambulatory Care—ED Visits</i> , indicating a strength for the GF population and suggesting that some members were receiving timely access to primary care, thereby reducing the cost of ED visits and readmissions. Additionally, two of three CMOs and the GF Average met or exceeded the 50th percentile for <i>Plan All-Cause Readmissions O/E Ratio—Total</i> , demonstrating the CMOs' appropriate post-discharge planning and care coordination.

Weaknesses and Recommendations	
	<p>Weakness: In the Access to Care domain, the CMOs' performance on a subset of women's health and preventive screening measures continued 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. Additionally, all three CMOs and the GF Average continued to demonstrate a weakness in performance for <i>Prenatal and Postpartum Care</i>. All three CMOs and the GF Average fell below the 50th percentile for the <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> measure indicator and fell below the 25th percentile for the <i>Prenatal and Postpartum Care—Postpartum Care</i> measure indicator, demonstrating an opportunity to improve upon women's access to both timely and adequate prenatal and postpartum care, which can set the stage for the long-term health and well-being of new mothers and their infants.¹⁰</p> <p>Recommendations: HSAG recommends that the CMOs consider whether disparities and/or SDOH within the CMOs' populations contributed to less access to preventive care and services in comparison to national benchmarks. For the <i>Breast Cancer Screening</i> measure, HSAG recommends evaluating the potential to expand the use of member incentive programs and the use of scheduled reminders and personalized outreach for overdue members.¹¹ For <i>Prenatal and Postpartum Care</i>, HSAG recommends that the CMOs consider evaluating the feasibility of implementing appropriate interventions to improve the quality of, timeliness of, and access to prenatal and postpartum care. Strategies could include providing expanded access appointments outside of business hours to accommodate work schedules or childcare needs. Additionally, HSAG recommends timely and consistent monitoring of data on noncompliant members to help close care gaps and ensure timely prenatal and postpartum care.</p>

¹⁰ National Committee for Quality Assurance. Prenatal and Postpartum Care. Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: Oct 30, 2024.


¹¹ Centers for Disease Control and Prevention. Cancer Evidence-Based Interventions. Available at: <https://www.cdc.gov/cancer/php/interventions/index.html>. Accessed on: Oct 30, 2024.

Weaknesses and Recommendations	
	<p>Weakness: In the Access to Care domain, the CMOs' performance on a subset of children's health and preventive screening measures demonstrated opportunities for improvement. All three CMOs and the GF Average fell below the 50th percentile for the <i>Child and Adolescent Well-Care Visits—3–11 Years</i> and <i>Immunizations for Adolescents—Combination 2</i> measure indicators. Additionally, two of three CMOs and the GF Average fell below the 50th percentile for <i>Sealant Receipt on Permanent First Molars—All Four Molars Sealed</i>, <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—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>. These rates suggest that children were not receiving timely and/or adequate preventive services. Well-care visits and immunizations are essential for disease prevention and are a critical aspect of prevention care for children.¹²</p> <p>Recommendations: HSAG recommends that the CMOs consider whether disparities and/or SDOH within the CMOs' populations contributed to lower access to care. HSAG also recommends that the CMOs continue to expand upon best practices for ensuring that children receive timely and medically appropriate vaccinations and well-care services. Best practices that CMOs may consider piloting or expanding to improve immunization and well-care visit 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. • Creating or reassessing outreach policies and automated appointment reminder systems as well as utilizing personalized outreach for hard-to-reach members. • Offering member incentives, such as gift cards, for accessing timely preventive and immunization services.¹³
	<p>Weakness: In the Access to Care domain, all three CMOs and the GF Average fell below the 50th percentile for the <i>Adults' Access to Preventive/Ambulatory Health Services—Total</i> measure indicator. These rates suggest that members were not receiving adequate PCP visits, which are an important opportunity for members to receive preventive services and counseling, and to address acute or chronic health issues.¹⁴</p> <p>Recommendations: HSAG recommends that the CMOs consider whether disparities and/or SDOH within the CMOs' populations contributed to lower access to care. HSAG also recommends that the CMOs identify barriers preventing members from accessing annual PCP visits (e.g., transportation, SDOH). Finally, HSAG recommends that the CMOs expand educational efforts on the importance of annual wellness visits.</p>
	<p>Weakness: In the Quality of Care domain, the PM rates for <i>Controlling High Blood Pressure</i> and <i>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i> continued to show low performance. All CMO measure rates and the GF Average continued to fall below the 25th percentile for these measure indicators. This low performance suggests that although members with chronic conditions may have access to care, they were not able to manage their conditions</p>

¹² National Committee for Quality Assurance. Child and Adolescent Well-Care Visits. Available at: <https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/>. Accessed on: Oct 30, 2024.

¹³ Centers for Medicare & Medicaid Services. State Medicaid and CHIP Improving Infant Well-Child Visit Rates. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/drvr-digrm-chng-idea-table.pdf>. Accessed on: Oct 30, 2024.


¹⁴ National Committee for Quality Assurance. Adults' Access to Preventive/Ambulatory Health Services. Available at: <https://www.ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/>. Accessed on: Oct 30, 2024.

Weaknesses and Recommendations	
	<p>according to evidence-based guidelines through the appropriate use of medications, diet and nutrition, or physical activity.¹⁵ The <i>Asthma Medication Ratio</i> rates across age groups declined in MY 2023, with two of three CMOs and the GF Average falling below the 50th percentile for the following age groups: <i>5–11 Years</i>, <i>12–18 Years</i>, <i>19–50 Years</i>, and <i>51–64 Years</i>. This decline and low performance suggest a need for better access to care and appropriate medication management for patients with asthma.</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 expanding on existing strategies that focus on disease and chronic condition management, such as:</p> <ul style="list-style-type: none"> • Providing at-home devices, such as blood pressure monitoring devices, to hypertensive members.¹⁶ • 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>Regarding <i>Asthma Medication Ratio</i>, HSAG recommends that the CMOs explore which demographic regions or providers report lower <i>Asthma Medication Ratio</i> rates and address obstacles that may be present for those members. Providers can be given educational opportunities discussing the importance of well-managed asthma, controller medications, and data collection on medication prescriptions.¹⁷</p>
	<p>Weakness: In the Quality of Care domain, all CMO measure rates and the GF Average fell below the 25th percentile for <i>Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—18–64 Years</i> and <i>30-Day Follow-Up—18–64 Years</i>. In addition, all CMO measure rates and the GF Average fell below the 50th percentile for the following measure indicators:</p> <ul style="list-style-type: none"> • <i>Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—6–17 Years</i> and <i>30-Day Follow-Up—6–17 Years</i> • <i>Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13–17 Years</i> and <i>18–64 Years</i>, and <i>Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—18–64 Years</i> <p>The performance on these measures indicates that the CMOs should focus efforts on managing care for patients discharged after an ED visit or hospitalization for mental illness and substance use more effectively.</p>


¹⁵ National Committee for Quality Assurance. Comprehensive Diabetes Care. Available at: <https://www.ncqa.org/hedis/measures/comprehensive-diabetes-care/>. Accessed on: Oct 30, 2024.

¹⁶ Centers for Disease Control and Prevention. High Blood Pressure. Available at: <https://www.cdc.gov/high-blood-pressure/living-with/index.html>. Accessed on: Oct 30, 2024.




¹⁷ Centers for Disease Control and Prevention. Asthma. Insurance Coverage and Barriers to Care for People with Asthma. Available at: https://www.cdc.gov/asthma/asthma_stats/insurance_coverage.htm. Accessed on: Oct 30, 2024.

Weaknesses and Recommendations	
	<p>Recommendations: HSAG recommends that the CMOs review member data for any patterns or trends that present by race, ethnicity, age, or ZIP Code. HSAG also recommends that the CMOs conduct focus groups with practitioners to ascertain potential reasons for low follow-up visit rates and review providers' practices in scheduling patients for follow-up visits before patient discharge. Finally, HSAG recommends that the CMOs consider enhancing communication and collaboration with hospitals to improve the effectiveness of transitions of care, discharge planning, and handoffs to community settings for members with behavioral health needs.</p>
	<p>Weakness: In the Quality of Care domain, two of three CMOs and the GF Average fell below the 25th percentile for the <i>Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—18–64 Years</i> and <i>Engagement of SUD Treatment—Total—18–64 Years</i> measure indicators. All CMO measure rates and the GF Average also fell below the 50th percentile for the following measure indicators: <i>Antidepressant Medication Management—Effective Acute Phase Treatment—18–64 Years</i> and <i>Antidepressant Medication Management—Effective Continuation Phase Treatment—18–64 Years</i>, as well as <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total, Cholesterol Testing—Total, and Blood Glucose and Cholesterol Testing—Total</i>.</p> <p>Recommendations: To improve the performance of <i>Initiation and Engagement of Substance Use Disorder Treatment</i> measure, HSAG recommends that the CMOs consider evaluating current care coordination practices and ensure patients and providers are aware of treatment options. HSAG further recommends that the CMOs assess demographic variation on this measure and assess what obstacles may be present to inform solutions. These may include informing members of the availability and cost of treatment and creating clear and accessible instructions for members on how to seek SUD treatment. For <i>Antidepressant Medication Management</i>, HSAG recommends that the CMOs analyze mental health integration between providers, including primary care and mental health specialists. This coupled with improved medication management has been shown to improve medication adherence.¹⁸ Finally, to improve the performance of the <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i> measure indicators, HSAG recommends that the CMOs conduct a root cause analysis to determine causes of poor performance and identify any barriers that members may be facing in obtaining needed care. Furthermore, HSAG recommends that the CMOs partner with providers to improve care coordination for children on antipsychotic medications.</p>


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>Childhood</i></p>

¹⁸ Harmon GE, Giaimo JA, Hoskins IA, et.al, Combating A Crisis By Integrating Mental Health Services And Primary Care. *Health Affairs*, 2022. Available at: <https://www.healthaffairs.org/content/forefront/combating-crisis-integrating-mental-health-services-and-primary-care>. Accessed on: Oct 30, 2024.

Strengths	
	<i>Immunization Status—Combination 7, Immunizations for Adolescents—Combination 1, and 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> Two CMOs and the PeachCare for Kids® Average met or exceeded the 90th percentile for <i>Childhood Immunization Status—Combination 7</i> , while one CMO met or exceeded the 90th percentile for <i>Immunizations for Adolescents—Combination 1</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, two of 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—Total</i> . Further, all 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, two of three CMOs and the PeachCare for Kids® Average 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 (Per 1,000 Member Years)—ED Visits—Total</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, the PeachCare for Kids® Average ranked below the 25th percentile for the <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> and <i>Postpartum Care</i> measure indicators, demonstrating an opportunity to improve upon women’s access to timely and adequate prenatal and postpartum care. In addition, all three CMOs and the PeachCare for Kids® Average fell below the 50th percentile for <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.¹⁹</p> <p>Recommendations: HSAG recommends that the CMOs consider whether disparities and/or SDOH within the CMOs’ populations contributed to lower access to care. For <i>Prenatal and Postpartum Care</i>, HSAG recommends that the CMOs consider evaluating the feasibility of implementing appropriate interventions to improve the quality of, timeliness of, and access to prenatal and postpartum care. Strategies could include providing expanded access appointments outside of business hours to accommodate work schedules or childcare needs. Additionally, timely and consistent monitoring of data on noncompliant members will help close care gaps, ensuring timely prenatal and postpartum care.</p> <p>HSAG also recommends that the CMOs continue to expand upon best practices for ensuring that children receive timely and medically appropriate vaccinations. Best</p>

¹⁹ National Committee for Quality Assurance. Immunizations for Adolescents. Available at: <https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/>. Accessed on: Oct 30, 2024.

Weaknesses and Recommendations	
	<p>practices that the CMOs may consider piloting or expanding to improve immunization 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. • Creating or reassessing outreach policies and automated appointment reminder systems as well as utilizing personalized outreach for hard-to-reach members. • Offering member incentives, such as gift cards, for accessing timely preventive and immunization services.²⁰
	<p>Weakness: In the Quality of Care domain, two of three CMOs and the PeachCare for Kids® Average ranked below the 50th percentile for the <i>Asthma Medication Ratio—5–11 Years</i> age group. The PeachCare for Kids® Average also ranked below the 50th percentile for the <i>Asthma Medication Ratio—12–18 Years</i> age group. The low performance suggests a need for better access to care and appropriate medication management for children with asthma.</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 CMOs explore which demographic regions or providers report lower <i>Asthma Medication Ratio</i> rates and address obstacles that may be present for those members. Providers can be given educational opportunities discussing the importance of well-managed asthma, controller medications, and data collection on medication prescriptions.²¹</p>

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 2023.

Table 3-5 displays Amerigroup 360°’s HEDIS MY 2023 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 2023 (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 2023 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 (*).

²⁰ Centers for Medicare & Medicaid Services. State Medicaid and CHIP Improving Infant Well-Child Visit Rates. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/drvr-digrm-chng-idea-table.pdf>. Accessed on: Oct 30, 2024.

²¹ Centers for Disease Control and Prevention. Asthma. Insurance Coverage and Barriers to Care for People with Asthma. Available at: https://www.cdc.gov/asthma/asthma_stats/insurance_coverage.htm. Accessed on: Oct 30, 2024.

Table 3-5—MY 2023 Results for Amerigroup 360°

Measure	Amerigroup 360°
Access	
Child and Adolescent Well-Care Visits	
Total	60.86% ★★★★
Childhood Immunization Status	
Combination 7	60.34% ★★★★
Chlamydia Screening in Women	
16–20 Years	65.03% ★★★★
21–24 Years	63.44% ★★★
Developmental Screening in the First Three Years of Life	
Total	68.13%
Immunizations for Adolescents	
Combination 1 (Meningococcal, Tdap)	87.59% ★★★★
Combination 2 (Meningococcal, Tdap, HPV)	37.71% ★★★
Oral Evaluation, Dental Services	
Age <1	0.87% NC
Ages 1–2	50.10% NC
Ages 3–5	73.75% NC
Ages 6–7	73.56% NC
Ages 8–9	73.26% NC
Ages 10–11	70.97% NC
Ages 12–14	66.46% NC
Ages 15–18	57.08% NC
Ages 19–20	18.66% NC
Total	61.80%
Prenatal and Postpartum Care	
Timeliness of Prenatal Care	68.54% ★
Postpartum Care	67.42% ★

Measure	Amerigroup 360°
Screening for Depression and Follow-Up Plan	
12–17 Years	4.55% NC
18–64 Years	3.39% NC
Topical Fluoride for Children	
Rate 1—Dental or Oral Health Services—Ages 1–2	25.36% NC
Rate 1—Dental or Oral Health Services—Ages 3–5	43.11% NC
Rate 1—Dental or Oral Health Services—Ages 6–7	41.40% NC
Rate 1—Dental or Oral Health Services—Ages 8–9	42.00% NC
Rate 1—Dental or Oral Health Services—Ages 10–11	39.04% NC
Rate 1—Dental or Oral Health Services—Ages 12–14	27.60% NC
Rate 1—Dental or Oral Health Services—Ages 15–18	3.86% NC
Rate 1—Dental or Oral Health Services—Ages 19–20	0.35% NC
Rate 1—Dental or Oral Health Services—Total (Ages 1–20)	25.34%
Rate 2—Dental Services—Ages 1–2	14.69% NC
Rate 2—Dental Services—Ages 3–5	38.05% NC
Rate 2—Dental Services—Ages 6–7	38.55% NC
Rate 2—Dental Services—Ages 8–9	40.15% NC
Rate 2—Dental Services—Ages 10–11	37.30% NC
Rate 2—Dental Services—Ages 12–14	26.28% NC
Rate 2—Dental Services—Ages 15–18	3.69% NC
Rate 2—Dental Services—Ages 19–20	0.35% NC
Rate 2—Dental Services—Total (Ages 1–20)	23.24% NC
Rate 3—Oral Health Services—Ages 1–2	7.70% NC
Rate 3—Oral Health Services—Ages 3–5	1.18% NC

Measure	Amerigroup 360°
Rate 3—Oral Health Services—Ages 6–7	0.04% NC
Rate 3—Oral Health Services—Ages 8–9	0.04% NC
Rate 3—Oral Health Services—Ages 10–11	0.07% NC
Rate 3—Oral Health Services—Ages 12–14	0.05% NC
Rate 3—Oral Health Services—Ages 15–18	0.03% NC
Rate 3—Oral Health Services—Ages 19–20	0.00% NC
Rate 3—Oral Health Services—Total (Ages 1–20)	0.57% NC
Well-Child Visits in the First 30 Months of Life	
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	61.76% ★★★
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	88.76% ★★★★★
Quality	
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	45.92% ★
Antidepressant Medication Management	
Effective Acute Phase Treatment	41.07% ★
Effective Continuation Phase Treatment	23.21% ★
Asthma Medication Ratio	
5–11 Years	70.27% ★★
12–18 Years	55.88% ★
Follow-Up After Hospitalization for Mental Illness	
7-Day Follow-Up—Total	44.80% ★★★
30-Day Follow-Up—Total	71.90% ★★★★★
Follow-Up Care for Children Prescribed ADHD Medication	
Initiation Phase	46.58% ★★★
Continuation and Maintenance Phase	51.72% ★★
Hemoglobin A1c Control for Patients With Diabetes	
HbA1c Control (<8.0%)	31.82% ★






Measure	Amerigroup 360°
Metabolic Monitoring for Children and Adolescents on Antipsychotics	
Blood Glucose Testing—1–11 Years	48.44% ★★★
Blood Glucose Testing—12–17 Years	71.17% ★★★★★
Blood Glucose Testing—Total	63.14% ★★★★★
Cholesterol Testing—1–11 Years	38.22% ★★★
Cholesterol Testing—12–17 Years	58.79% ★★★★★
Cholesterol Testing—Total	51.52% ★★★★★
Blood Glucose and Cholesterol Testing—1–11 Years	35.11% ★★★
Blood Glucose and Cholesterol Testing—12–17 Years	56.60% ★★★★★
Blood Glucose and Cholesterol Testing—Total	49.01% ★★★★★
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	
1–11 Years	75.39% ★★★★★
12–17 Years	75.95% ★★★★★
Total	75.71% ★★★★★
Stewardship	
Ambulatory Care (Per 1,000 Member Years)	
ED Visits—Total*	488.50 ★★★
Inpatient Utilization—General Hospital/Acute Care—Total	
Total Inpatient—Discharges per 1,000 Member Years—Total	31.00 NC
Total Inpatient—Average Length of Stay—Total	4.86 NC

* 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 2023 performance levels represent the following percentile comparisons for non-HEDIS measures:



MY 2023 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 2023, meeting or exceeding the 50th percentile for 11 of 13 (84.6 percent) HEDIS and non-HEDIS measure rates related to access to care that were comparable to benchmarks. Of these 11 measures, four measure rates (36.4 percent) were between the 75th and 89th percentile: <i>Child and Adolescent Well-Care Visits—Total, Childhood Immunization Status—Combination 7, Chlamydia Screening in Women—16–20 Years, and Immunizations for Adolescents—Combination 1</i> . In addition, <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> 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 2023, meeting or exceeding the 50th percentile for 15 of 22 (68.2 percent) measure rates related to quality of care that were comparable to benchmarks. Of these 15 measure indicator rates, 10 (66.7 percent) measure indicator rates exceeded the 75th percentile.
	In the Stewardship domain, Amerigroup 360° met or exceeded the 50th percentile for <i>Ambulatory Care (Per 1,000 Member Years)—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> and <i>Postpartum Care</i> measure indicator rates fell below the 25th percentile. This performance demonstrates opportunities to improve the timeliness of and access to prenatal and postpartum care services.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° consider whether disparities and/or SDOH within this population contributed to less access to prenatal and postpartum care services in comparison to national benchmarks. HSAG also recommends that Amerigroup 360° consider evaluating the feasibility of implementing appropriate interventions to improve the quality of, timeliness of, and access to prenatal and postpartum care. Strategies could include providing expanded access appointments outside of business hours to accommodate work schedules or childcare needs. Additionally, timely and consistent monitoring of data on noncompliant members will help close care gaps, ensuring timely prenatal and postpartum care.</p>
	<p>Weakness: In the Quality of Care domain, seven of 22 (31.8 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. Of note, five of these seven (71.4 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</i> and <i>Effective Continuation Phase Treatment, Asthma Medication Ratio—12-18 Years, 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>

Weaknesses and Recommendations	
	<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 of the importance of medication, and other SDOH impacting members' ability to stay on appropriate medications). HSAG recommends that Amerigroup 360° consider implementing appropriate interventions to improve performance. Best practices include partnering with providers and local pharmacies to emphasize timely 90-day prescription refills, when appropriate, to support medication adherence; medication reminders; enhancing coordination of care to ensure children who are prescribed behavioral health medications are managed appropriately; and providing member and/or guardian education on the importance of medication adherence. Regarding <i>Asthma Medication Ratio</i>, HSAG recommends that Amerigroup 360° explore which demographic regions or providers report lower <i>Asthma Medication Ratio</i> rates and address obstacles that may be present for those members. Providers can be given educational opportunities discussing the importance of well-managed asthma, controller medications, and data collection on medication prescriptions.²²</p>

Compliance With Standards

The DCH conducts compliance monitoring activities at least once during each three-year EQR cycle. During SFY 2025, 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 2025.

Table 3-6—Standards and Scores in the Compliance Reviews for the Three-Year Period: SFY 2023–SFY 2025

	Associated Federal Citation		Standard Name	Amerigroup	Amerigroup 360°	CareSource	Peach State Health Plan	Total Compliance Score
	Medicaid	CHIP						
I.	438.56	§457.1212	Disenrollment: Requirements and Limitations	85.7%	85.7%	71.4%	85.7%	82.1%
II.	438.10 438.100	§457.1207 §457.1220	Member Rights and Member Information	77.3%	77.3%	63.6%	72.7%	72.7%
III.	438.114	§457.1228	Emergency and Poststabilization Services	100.0%	100.0%	100.0%	100.0%	100.0%
IV.	438.206	§457.1230(a)	Availability of Services	100.0%	100.0%	100.0%	91.7%	97.9%
V.	438.207	§457.1230(b) §457.1218	Assurances of Adequate	33.3%	33.3%	100.0%	66.7%	58.3%

²² Centers for Disease Control and Prevention. Asthma. Insurance Coverage and Barriers to Care for People with Asthma. Available at: https://www.cdc.gov/asthma/asthma_stats/insurance_coverage.htm. Accessed on: Oct 30, 2024.




	Associated Federal Citation		Standard Name	Amerigroup	Amerigroup 360°	CareSource	Peach State Health Plan	Total Compliance Score
	Medicaid	CHIP						
			Capacity and Services					
VI.	438.208	§457.1230(c)	Coordination and Continuity of Care	90.9%	100.0%	100.0%	100.0%	97.7%
VII.	438.210	§457.1230(d)	Coverage and Authorization of Services	90.9%	90.9%	86.4%	95.5%	90.9%
VIII.	438.214	§457.1233(a)	Provider Selection	40.0%	40.0%	80.0%	80.0%	60.0%
IX.	438.224	§457.1233(e)	Confidentiality	100.0%	100.0%	100.0%	100.0%	100.0%
X.	438.228	§457.1260	Grievance and Appeal Systems	71.1%	73.7%	89.5%	94.7%	82.2%
XI.	§457.1233(b)	§457.1233(b)	Subcontractual Relationships and Delegation	50.0%	50.0%	83.3%	66.7%	62.5%
XII.	§457.1233(c)	§457.1233(c)	Practice Guidelines	85.7%	85.7%	100.0%	100.0%	92.9%
XIII.	§457.1233(d)	§457.1233(d)	Health Information Systems	100.0%	100.0%	100.0%	100.0%	100.0%
XIV.	438.330	§457.1240	Quality Assessment and Performance Improvement Program	100.0%	100.0%	100.0%	100.0%	100.0%
XV.	438.608	§457.1285	Program Integrity	93.3%	93.3%	93.3%	100.0%	95.0%
XVI.	§441.50; Social Security Act, Section 1902	Social Security Act, Section 1905	Early and Periodic Screening, Diagnostic, and Treatment	87.5%	87.5%	100.0%	93.8%	92.2%
TOTAL SCORE				85.3%	86.2%	91.4%	92.7%	88.9%

* The Health Information Systems standard includes a review of the CMO's information systems capability assessment. ISCA review is also 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 February 2023 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 2024 PMV activities and the 2024 compliance review activities.

Strengths, Weaknesses, and Recommendations

Strengths	
	<p>All three CMOs and the GF 360° program achieved a score of 100.0 percent in four standards, demonstrating adherence to all requirements measured in the following areas:</p> <ul style="list-style-type: none"> Standard III: Emergency and Poststabilization Services Standard IX: Confidentiality Standard XIII: Health Information Systems Standard XIV: Quality Assessment and Performance Improvement
	<p>Of the standards that did not achieve a compliance score of 100.0 percent, all three CMOs and the GF 360° program achieved a score greater than 90.0 percent in six standards, demonstrating that the CMOs developed and implemented the necessary policies, procedures, and work plans to operationalize most of the federal and DCH contract requirements in the following areas:</p> <ul style="list-style-type: none"> Standard IV: Availability of Services (97.9%) Standard VI: Coordination and Continuity of Care (97.7%) Standard VII: Coverage and Authorization of Services (90.9%) Standard XII: Practice Guidelines (92.9%) Standard XV: Program Integrity (95.0%) Standard XVI: Early and Periodic Screening, Diagnostic, and Treatment (92.2%)
Weaknesses and Recommendations	
	<p>Weakness: All three CMOs and the GF 360° program scored below 90 percent in six standards, suggesting the greatest opportunity for improvement. These findings suggest that the CMOs did not consistently develop the necessary policies, procedures, and work plans to operationalize the federal and DCH contract requirements and did not consistently demonstrate compliance with the requirements. In addition, staff interviews indicated that staff members were not consistently knowledgeable about all requirements of the contract, and the policies and procedures that the CMOs employed to meet the requirements in the following areas:</p> <ul style="list-style-type: none"> Standard I: Disenrollment: Requirements and Limitations (82.1%) Standard II: Member Rights and Member Information (72.7%) Standard V: Assurances of Adequate Capacity and Services (58.3%) Standard VIII: Provider Selection (60.0%) Standard X: Grievance and Appeal Systems (82.2%) Standard XI: Subcontractual Relationships and Delegation (62.5%) <p>Recommendations: The CMOs must develop and implement policies, procedures, and work plans that meet all federal and DCH contract requirements. The CMOs must also develop and implement staff training programs to ensure an understanding of the federal and DCH contract requirements.</p>

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.²³ 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 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

²³ 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, 2024.

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.

The CMOs shared data, analyses, and results from their network adequacy assessment activities with HSAG. HSAG's NAV activity included (1) validating the data and methods used by CMOs to assess network adequacy, and (2) validating the results and generating a validation rating. The DCH NAV activity was conducted in two phases. Phase I included:

- Reviewing the network standards and indicators with DCH.
- Developing and disseminating the document request packet, which required the health plans to submit the information necessary to facilitate the NAV audit. This included, but was not limited to, the following:
 - Information system documentation for all systems used to monitor network adequacy and a completed comprehensive ISCAT.
 - NAV source code used to calculate the rates.
 - Reported results submitted to DCH for the period under scope of review.
- Initial review of the ISCAT and other supporting documents submitted.

Phase II included:

- 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.
- Validating plan-submitted NAV results.
- Generating the NAV audit aggregate report.
- Incorporating NAV findings into the technical report.

HSAG 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 also provided a description of the network adequacy data and documentation that CMOs submitted to the State to demonstrate compliance with network adequacy standards, 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.

Analysis and Conclusions

HSAG assessed the CMOs' submitted reports and found that all CMOs shared deficiencies in rural audiology specialists and pharmacy providers. Results are presented in Table 3-9. Compliance was determined based on the CMOs meeting the State's time and distance standards, with no deficiencies identified for each provider type, according to urbanicity.

Table 3-7—Programwide Deficiencies by Provider Type and Urbanicity

Provider Type	Urbanicity	Compliance
*Specialists		
Audiology	Rural	Deficient
Pharmacy Providers		
Pharmacies	Urban	Deficient
Pharmacies	Rural	Deficient

*Compliant for a subset of provider types.

Network Adequacy Indicator-Specific Validation Ratings



Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the CMOs’ interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for the CMOs according to Table 3-8.


Table 3-8—Indicator-Level Validation Rating Categories

Validation Score	Validation Rating
90.0% or greater	High confidence
50.0% to 89.9%	Moderate confidence
10.0% to 49.9%	Low confidence
Less than 10% and/or any <i>Not Met</i> element has significant bias on the results	No confidence

HSAG determined that all CMOs achieved a *High Confidence* validation rating, which refers to HSAG’s overall confidence that the CMOs used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator. HSAG produced an aggregate report (which is available upon request) that includes program-level results and CMO-specific results.

Strengths, Weaknesses, and Recommendations

Strengths	
	The DCH provided comprehensive guidance and established clear expectations for CMOs regarding proper procedures for network adequacy reporting.
	The CMOs had well-defined processes and procedures in place to ensure the efficient and accurate collection of member and provider data to support network adequacy calculation and reporting.
Weaknesses and Recommendations	
	Weakness: Weaknesses were not identified during the NAV activity.

Weaknesses and Recommendations	
	Recommendations: No specific opportunities were identified related to the data collection and management processes that the CMOs had in place to inform network adequacy standard and indicator calculations.

CMO Comparative and Statewide Aggregate CAHPS Results

Member Experience of Care Surveys—CAHPS

The CAHPS surveys ask adult members and parents/caretakers of child members to report on and evaluate their/their child’s 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 3-9 shows the results of the CMO comparisons analysis of the 2024 adult Medicaid CAHPS top-box scores.

Table 3-9—Adult Medicaid Plan Comparisons

	GA CMO Program	Amerigroup	CareSource	Peach State
Composite Measures				
<i>Getting Needed Care</i>	79.19%	76.16% + ↔	79.61% + ↔	84.21% + ↔
<i>Getting Care Quickly</i>	78.04%	74.50% + ↔	79.82% + ↔	82.12% + ↔
<i>How Well Doctors Communicate</i>	93.51%	97.43% + ↑	90.82% + ↔	92.09% + ↔
<i>Customer Service</i>	86.05%	83.12% + ↔	86.42% + ↔	90.00% + ↔
Global Ratings				
<i>Rating of All Health Care</i>	78.57%	77.38% + ↔	81.25% + ↔	75.00% + ↔
<i>Rating of Personal Doctor</i>	87.03%	92.22% + ↔	81.25% + ↔	88.68% + ↔
<i>Rating of Specialist Seen Most Often</i>	84.29%	85.19% + ↔	82.76% + ↔	85.71% + ↔
<i>Rating of Health Plan</i>	76.22%	71.92% ↔	77.27% ↔	82.86% + ↔
Medical Assistance With Smoking and Tobacco Use Cessation Items*				
<i>Advising Smokers and Tobacco Users to Quit</i>	61.78%	61.54% + ↔	63.16% + ↔	59.52% + ↔

	GA CMO Program	Amerigroup	CareSource	Peach State
<i>Discussing Cessation Medications</i>	36.94%	42.11% + ↔	32.47% + ↔	40.48% + ↔
<i>Discussing Cessation Strategies</i>	31.17%	37.84% + ↔	28.00% + ↔	30.95% + ↔

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	
	Amerigroup’s 2024 top-box score for <i>How Well Doctors Communicate</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, as none of the measure scores were statistically significantly lower than the Georgia CMO program scores.</p> <p>Recommendations: HSAG does not have any recommendations for the Georgia CMOs.</p>

Child CMO Comparisons

Table 3-10 shows the results of the CMO comparison analysis of the 2024 child Medicaid CAHPS top-box scores.

Table 3-10—Child Medicaid Plan Comparisons

	GA CMO Program	Amerigroup	CareSource	Peach State
Composite Measures				
<i>Getting Needed Care</i>	83.62%	81.23% ↔	83.74% ↔	86.71% ↔
<i>Getting Care Quickly</i>	89.05%	90.64% ↔	87.73% ↔	88.93% ↔
<i>How Well Doctors Communicate</i>	94.96%	94.23% ↔	95.28% ↔	95.46% ↔
<i>Customer Service</i>	89.85%	91.73% ↔	88.41% ↔	89.33% + ↔
Global Ratings				
<i>Rating of All Health Care</i>	87.67%	89.38% ↔	85.87% ↔	88.34% ↔

	GA CMO Program	Amerigroup	CareSource	Peach State
Rating of Personal Doctor	90.57%	90.91% ↔	89.41% ↔	92.04% ↔
Rating of Specialist Seen Most Often	89.33%	87.84% + ↔	91.82% ↔	85.37% + ↔
Rating of Health Plan	86.65%	87.37% ↔	85.97% ↔	86.81% ↔



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

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

Strengths, Weaknesses, and Recommendations

Summary of Child Medicaid Plan Comparison Results

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

Strengths	
	HSAG did not identify any strengths for the CMOs compared to the Georgia CMO program score, as none of the measure scores were statistically significantly higher than the Georgia CMO program.
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 CMOs.</p>

Statewide Performance and Findings

Table 3-11 shows the 2023 and 2024 statewide adult Medicaid CAHPS top-box scores.

Table 3-11—Statewide Adult Medicaid CAHPS Results

	2023 Top-Box Scores	2024 Top-Box Scores
Composite Measures		
Getting Needed Care	76.39%	79.19%
Getting Care Quickly	76.52%	78.04%
How Well Doctors Communicate	90.83%	93.51%
Customer Service	88.94%	86.05%
Global Ratings		
Rating of All Health Care	75.40%	78.57%
Rating of Personal Doctor	83.21%	87.03%
Rating of Specialist Seen Most Often	80.29%	84.29%

	2023 Top-Box Scores	2024 Top-Box Scores
<i>Rating of Health Plan</i>	74.25%	76.22%
Medical Assistance With Smoking and Tobacco Use Cessation Items*		
<i>Advising Smokers and Tobacco Users to Quit</i>	63.01%	61.78%
<i>Discussing Cessation Medications</i>	31.79%	36.94%
<i>Discussing Cessation Strategies</i>	28.82%	31.17%

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

Indicates the 2024 score is statistically significantly higher than the 2023 national average.

Indicates the 2024 score is statistically significantly lower than the 2023 national average.

Statewide Child Medicaid Findings

Table 3-12 shows the 2023 and 2024 statewide child Medicaid CAHPS top-box scores.

Table 3-12—Statewide Child Medicaid CAHPS Results

	2023 Top-Box Scores	2024 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	81.22%	83.62%
<i>Getting Care Quickly</i>	87.18%	89.05%
<i>How Well Doctors Communicate</i>	93.17%	94.96% ▲
<i>Customer Service</i>	86.45%	89.85%
Global Ratings		
<i>Rating of All Health Care</i>	84.01%	87.67% ▲
<i>Rating of Personal Doctor</i>	88.84%	90.57%
<i>Rating of Specialist Seen Most Often</i>	78.86%	89.33% ▲
<i>Rating of Health Plan</i>	85.00%	86.65%

▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.

Indicates the 2024 score is statistically significantly higher than the 2023 national average.

Statewide Georgia Families 360° Findings


Table 3-13 shows the 2023 and 2024 Amerigroup 360° CAHPS top-box scores.


Table 3-13—Statewide Amerigroup 360° CAHPS Results

	2023 Top-Box Scores	2024 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	85.43%	86.44%
<i>Getting Care Quickly</i>	92.51%	93.13%
<i>How Well Doctors Communicate</i>	98.37%	96.53%
<i>Customer Service</i>	89.48% +	95.00% +
Global Ratings		





	2023 Top-Box Scores	2024 Top-Box Scores
<i>Rating of All Health Care</i>	88.65%	86.21%
<i>Rating of Personal Doctor</i>	93.46%	91.94%
<i>Rating of Specialist Seen Most Often</i>	89.90% +	85.90% +
<i>Rating of Health Plan</i>	80.56%	79.52%


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 2024 score is statistically significantly higher than the 2023 national average.

 Indicates the 2024 score is statistically significantly lower than the 2023 national average.

Strengths, Weaknesses, and Recommendations

Strengths	
	A comparison of the 2024 Georgia CMO program scores for the adult Medicaid population to the 2023 Georgia CMO program scores revealed that the Georgia CMO program's 2024 score was statistically significantly higher than the 2023 NCQA adult Medicaid national average for one measure, <i>Rating of Personal Doctor</i> .
	A comparison of the 2024 Georgia CMO program scores for the child Medicaid population to the 2023 Georgia CMO program scores revealed that the Georgia CMO program's 2024 scores were statistically significantly higher than the 2023 NCQA child Medicaid national average for two measures: <i>Getting Care Quickly</i> and <i>How Well Doctors Communicate</i> . Additionally, the 2024 Georgia CMO program scores for <i>How Well Doctors Communicate</i> , <i>Rating of All Health Care</i> , and <i>Rating of Specialist Seen Most Often</i> were statistically significantly higher than the 2023 scores.
	A comparison of Amerigroup 360's 2024 scores to the 2023 NCQA child Medicaid national averages revealed that Amerigroup 360's 2024 scores were statistically significantly higher than the 2023 NCQA child Medicaid national average for three measures: <i>Getting Care Quickly</i> , <i>How Well Doctors Communicate</i> , and <i>Customer Service</i> .
Weaknesses and Recommendations	
	<p>Weakness: A comparison of the 2024 Georgia CMO program average scores for the adult Medicaid population to the 2023 NCQA adult Medicaid national averages revealed that the Georgia CMO program's 2024 scores were statistically significantly lower than the 2023 NCQA adult Medicaid national average for 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 focus on quality improvement initiatives to provide medical assistance with smoking and tobacco use cessation and continue to develop efforts to promote their Health Education & Wellness smoking cessation programs. The CMOs should also develop a social media platform and provider materials aimed at promoting smoking cessation and the available options to stop smoking, including medication assistance.</p>
	<p>Weakness: A comparison of Amerigroup 360's 2024 scores to the 2023 NCQA child Medicaid national averages revealed that Amerigroup 360's 2024 score was statistically</p>

Weaknesses and Recommendations	
	<p>significantly lower than the 2023 NCQA child Medicaid national average for one measure, <i>Rating of Health Plan</i>.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° focus on improving parents'/caretakers' of child members overall experiences with Georgia Families 360° by performing a root cause analysis, which could determine if there are any outliers within the data so that Amerigroup 360° can identify the primary areas of focus and develop appropriate strategies to improve performance.</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 2024 validation, the CMOs initiated their DCH-mandated PIP topics, reporting baseline 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.

Approach to PIP Validation

Each required step was evaluated on one or more elements that formed a valid PIP. The HSAG PIP Review 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*.

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

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 baseline data for the 2024 annual validation. The submissions contained each project’s methodology and data analysis results. HSAG validated each PIP’s methodology and data analysis 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 use QI tools such as a causal/barrier analysis, key driver diagram, process mapping, and/or failure mode and effects analysis to determine and prioritize barriers, drivers, and/or weaknesses within processes. The use of these tools will help the CMOs determine which interventions to test. The CMOs should develop active, innovative interventions that have the potential for impacting the performance indicator outcomes and address the identified and prioritized barriers. The CMOs should not initiate and test standard operating QI actions already in place as interventions for the PIP. The CMOs should evaluate each intervention to determine its effectiveness.

Validation Findings

Amerigroup

Table 4-1 displays the validation ratings, performance indicators, and baseline results for each PIP topic.

Table 4-1—Overall Validation Rating for Amerigroup

PIP Topic	Validation Rating 1	Validation Rating 2	Performance Indicator	Performance Indicator Results		
				Baseline	R1	R2
Increase the Percentage of Pregnant Members Receiving a Prenatal Care Visit Within 42 Days of Confirmation of Pregnancy by 4 Percentage Points by the End of Calendar Year (CY) 2025	High Confidence	Not Assessed	Timeliness of Prenatal Care	82.4%		

PIP Topic	Validation Rating 1	Validation Rating 2	Performance Indicator	Performance Indicator Results		
				Baseline	R1	R2
Increase the Percentage of Pregnant Women Identified as High-Risk or Complex Case Who Enroll in Complex Case Management (CCM) by 4 Percentage Points by the End of CY 2025	High Confidence	Not Assessed	Enrollment into OB [obstetrics] Complex Case Management	28.2%		
Increase the Percentage of Follow-Up Visits for Members Aged 18–64 With Diagnoses of Mental Illness or Self-Harm, Within 30 Days of Discharge by 3 Percentage Points by the End of CY 2025	High Confidence	Not Assessed	Follow-up after hospitalization for mental illness; ages 18–64	45.5%		


R1 = Remeasurement 1
 R2 = Remeasurement 2
 HSAG rounded percentages to the first decimal place.


The CMO had not progressed to the point of initiating interventions with the first annual submission. Amerigroup’s interventions will be reported within the table below in the next annual technical report.

Table 4-2—Interventions for Amerigroup

Intervention Descriptions		
Increase the Percentage of Pregnant Members Receiving a Prenatal Care Visit Within 42 Days of Confirmation of Pregnancy by 4 Percentage Points by the End of Calendar Year (CY) 2025	Increase the Percentage of Pregnant Women Identified as High-Risk or Complex Case Who Enroll in Complex Case Management (CCM) by 4 Percentage Points by the End of CY 2025	Increase the Percentage of Follow-Up Visits for Members Aged 18–64 With Diagnoses of Mental Illness or Self-Harm, Within 30 Days of Discharge by 3 Percentage Points by the End of CY 2025

Strengths, Weaknesses, and Recommendations

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

Weaknesses and Recommendations	
	<p>Weakness: There were no identified weaknesses.</p> <p>Recommendations: Although there were no identified weaknesses, as Amerigroup progresses into its first remeasurement period, HSAG recommends that the CMO complete a causal/barrier analysis to identify barriers to desired outcomes and initiate and test timely interventions to address those barriers. In the next annual submission, Amerigroup should have evaluation processes and outcomes data to determine the effectiveness of each intervention.</p>

CareSource

Table 4-3 displays the validation ratings, performance indicators, and baseline results for each PIP topic.

Table 4-3—Overall Validation Rating for CareSource

PIP Topic	Validation Rating 1	Validation Rating 2	Performance Indicator	Performance Indicator Results		
				Baseline	R1	R2
<i>Increase the Percentage of Pregnant Members Receiving Prenatal Care Visit Within 42 Days of Confirmation of Pregnancy by 4 percentage points by the end of CY 2025</i>	<i>High Confidence</i>	<i>Not Assessed</i>	Occurrence of prenatal care visit within 42 days of pregnancy identification	50.3%		
<i>Increase the Percentage of Members With Live-Birth Deliveries and a History of Gestational or Chronic Hypertension Who Attend Outpatient Follow-Up Visits Within 10 Days Post-Delivery by 4 Percentage Points by the End of CY 2025</i>	<i>High Confidence</i>	<i>Not Assessed</i>	Occurrence of postpartum care visit within 1–10 days of discharge for hypertensive members	9.8%		
<i>Increase the Percentage of Members Ages 12–17 Screened for Depression on or Within 14 Days of the Encounter Date AND a Follow-Up Plan Documented, If Applicable, by 3 Percentage Points by the End of CY 2025</i>	<i>High Confidence</i>	<i>Not Assessed</i>	Occurrence of depression screening in 12- to 17-year-olds within 14 days of an encounter and applicable follow-up plan documented	11.7%		



R1 = Remeasurement 1
 R2 = Remeasurement 2
 HSAG rounded percentages to the first decimal place.

The CMO had not progressed to the point of initiating interventions with the first annual submission. CareSource’s interventions will be reported within the table below in the next annual technical report.

Table 4-4—Interventions for CareSource

Intervention Descriptions		
Increase the Percentage of Pregnant Members Receiving Prenatal Care Visit Within 42 Days of Confirmation of Pregnancy by 4 percentage points by the end of CY 2025	Increase the Percentage of Members With Live-Birth Deliveries and a History of Gestational or Chronic Hypertension Who Attend Outpatient Follow-Up Visits Within 10 Days Post-Delivery by 4 Percentage Points by the End of CY 2025	Increase the Percentage of Members Ages 12–17 Screened for Depression on or Within 14 Days of the Encounter Date AND a Follow-Up Plan Documented, If Applicable, by 3 Percentage Points by the End of CY 2025

Strengths, Weaknesses, and Recommendations

Strengths	
	CareSource developed appropriate Aim statements and documented clearly defined and complete data collection methods. The CMO followed and accurately documented the DCH-developed specifications.
Weaknesses and Recommendations	
	<p>Weakness: There were no identified weaknesses.</p> <p>Recommendations: Although there were no identified weaknesses, as CareSource progresses into its first remeasurement period, HSAG recommends that the CMO complete a causal/barrier analysis to identify barriers to desired outcomes and initiate and test timely interventions to address those barriers. In the next annual submission, CareSource should have evaluation processes and outcomes data to determine the effectiveness of each intervention.</p>

Peach State

Table 4-5 displays the validation ratings, performance indicators, and baseline results for each PIP topic.

Table 4-5—Overall Validation Rating for Peach State

PIP Topic	Validation Rating 1	Validation Rating 2	Performance Indicator	Performance Indicator Results		
				Baseline	R1	R2
Increase the Percentage of Pregnant Members Who Receive a Prenatal Care Visit Within 42 Days of Confirmation of Pregnancy by 4 Percentage Points by the End of CY 2025	High Confidence	Not Assessed	Prenatal Visits	81.8%		

PIP Topic	Validation Rating 1	Validation Rating 2	Performance Indicator	Performance Indicator Results		
				Baseline	R1	R2
<i>Increasing the Percent of Women With Hypertensive Disorders of Pregnancy and Chronic Hypertension Who Received a Follow-Up by an Appropriate Practitioner ≤10 Days After Postpartum Discharge by 4 Percentage Points by the End of CY 2025</i>	<i>High Confidence</i>	<i>Not Assessed</i>	Follow Up to Postpartum Discharge Blood Pressure Check	15.3%		
<i>Increase the Percentage of Discharges for Which the Members, Age 18 and Older, Who Were Hospitalized for Mental Illness or Self-Harm and Had a Follow-Up Visit After Discharge With a Mental Health Provider, Within 7-Days After Discharge by 3 Percentage Points by the End of CY 2025</i>	<i>High Confidence</i>	<i>Not Assessed</i>	FUH-7	32.2%		


R1 = Remeasurement 1
R2 = Remeasurement 2
HSAG rounded percentages to the first decimal place.


The CMO had not progressed to the point of initiating interventions with the first annual submission. Peach State’s interventions will be reported within the table below in the next annual technical report.

Table 4-6—Interventions for Peach State

Intervention Descriptions		
Increase the Percentage of Pregnant Members Who Receive a Prenatal Care Visit Within 42 Days of Confirmation of Pregnancy by 4 Percentage Points by the End of CY 2025	Increasing the Percent of Women With Hypertensive Disorders of Pregnancy and Chronic Hypertension Who Received a Follow-Up by an Appropriate Practitioner ≤10 Days After Postpartum Discharge by 4 Percentage Points by the End of CY 2025	Increase the Percentage of Discharges for Which the Members, Age 18 and Older, Who Were Hospitalized for Mental Illness or Self-Harm and Had a Follow-Up Visit After Discharge With a Mental Health Provider, Within 7-Days After Discharge by 3 Percentage Points by the End of CY 2025

Strengths, Weaknesses, and Recommendations

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

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

Amerigroup 360°

Table 4-7 displays the validation ratings, performance indicators, and baseline results for each PIP topic.

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

PIP Topic	Validation Rating 1	Validation Rating 2	Performance Indicator	Performance Indicator Results		
				Baseline	R1	R2
<i>Increase by 5 Percentage Points the Percent of GF360° Members Ages 12 to 17 Screened for Depression, on the Date of Encounter or 14 Days Prior to the Date of Encounter by CY 2025</i>	<i>High Confidence</i>	<i>Not Assessed</i>	Increase depression screening and follow-up for GF360° members ages 12–17 by end of CY 2025	4.5%		
<i>Increase the Percentage of Discharges for Which the Members, 6–17 Years of Age, Who Were Hospitalized for Mental Illness or Self-Harm and Had a Follow Up Visit With a Mental Health Provider Within 7 Days After Discharge by 3 Percentage Points by the End of CY 2025</i>	<i>High Confidence</i>	<i>Not Assessed</i>	Follow-up after Hospitalization for Mental Illness for GF360° members ages 6–17 within 7 days of discharge	49.6%		
<i>Increase the Percentage of GF360° Youth, Ages 12–17, Who Complete a Minimum of 50% of Skills-Based Services (H2014 and/or H2015) Within 3 Months of Authorization by 4 Percentage Points by the End of CY 2025</i>	<i>High Confidence</i>	<i>Not Assessed</i>	Increase the percentage of GF360° youth, ages 12–17, who complete a minimum of 50% of skills-based services (H2014 and/or H2015) within 3 months of authorization by	13.6%		

PIP Topic	Validation Rating 1	Validation Rating 2	Performance Indicator	Performance Indicator Results		
				Baseline	R1	R2
			4% by the end of CY 2025			



R1 = Remeasurement 1
R2 = Remeasurement 2
HSAG rounded percentages to the first decimal place.

The CMO had not progressed to the point of initiating interventions with the first annual submission. Amerigroup 360°’s interventions will be reported within the table below in the next annual technical report.

Table 4-8—Interventions for Amerigroup 360°

Intervention Descriptions		
Increase by 5 Percentage Points the Percent of GF360° Members Ages 12 to 17 Screened for Depression, on the Date of Encounter or 14 Days Prior to the Date of Encounter by CY 2025	Increase the Percentage of Discharges for Which the Members, 6–17 Years of Age, Who Were Hospitalized for Mental Illness or Self-Harm and Had a Follow Up Visit With a Mental Health Provider Within 7 Days After Discharge by 3 Percentage Points by the End of CY 2025	Increase the Percentage of GF360° Youth, Ages 12–17, Who Complete a Minimum of 50% of Skills-Based Services (H2014 and/or H2015) Within 3 Months of Authorization by 4 Percentage Points by the End of CY 2025

Strengths, Weaknesses, and Recommendations

Strengths	
	Amerigroup 360° developed appropriate Aim statements and documented clearly defined and complete data collection methods. The CMO followed and accurately documented the DCH-developed specifications.
Weaknesses and Recommendations	
	<p>Weakness: There were no identified weaknesses.</p> <p>Recommendations: Although there were no identified weaknesses, as Amerigroup 360° progresses into its first remeasurement period, HSAG recommends that the CMO complete its causal/barrier analysis to identify barriers to desired outcomes and implement timely interventions to address those barriers. In the next annual submission, Amerigroup 360° should have evaluation processes and outcomes data to determine the effectiveness of each intervention.</p>

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 2023.²⁴ 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.


²⁴ 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 2023 HEDIS 50th percentile for <i>Cervical Cancer Screening; Chlamydia Screening in Women—16–20 Years, Child and Adolescent Well-Care Visits—12-17 Years and Total; Childhood Immunization Status—Combination 7; Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—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> . Further, Amerigroup exceeded the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life; Oral Evaluation, Dental Services—Total; Sealant Receipt on Permanent First Molars—At Least One Sealant; and Topical Fluoride for Children—Rate 1—Dental or Oral Health Services—Total (Ages 1–20)</i> . This performance demonstrates that female members were receiving the appropriate screenings and that children and adolescents were accessing well-care visits as well as oral services and receiving immunizations and screenings according to the DCH EPSDT or Bright Futures schedules.
	In the Quality of Care domain for the GF population, Amerigroup met or exceeded the MY 2023 HEDIS 50th percentile for <i>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase and Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total</i> , indicating that the CMO’s child members were able to access appropriate services for some of their behavioral health needs.
	In the Stewardship domain for the GF population, Amerigroup met or exceeded the MY 2023 HEDIS 50th percentile for <i>Ambulatory Care—ED Visits—Total</i> and met or exceeded the 90th percentile for <i>Plan All-Cause Readmissions O/E Ratio—Total</i> , indicating a strength for Amerigroup and suggesting that members were receiving timely access to care, thereby reducing the cost of ED visits and readmissions.
	In the Access to Care domain for the PeachCare for Kids® population, Amerigroup met or exceeded the MY 2023 HEDIS 50th percentile for <i>Chlamydia Screening in Women—16–20 Years and Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits</i> . Amerigroup met or exceeded the HEDIS MY 2023 75th percentile for <i>Child and Adolescent Well-Care Visits—Total, Childhood Immunization Status—Combination 7, Immunizations for Adolescents—Combination 1, and 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 2023 50th percentile for <i>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase and Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i> . Amerigroup met or exceeded the 75th percentile for the <i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase</i> measure indicator. This performance demonstrates improved quality of care and follow-up for child and adolescent PeachCare for Kids® members.


Strengths	
	<p>In the Stewardship domain for the PeachCare for Kids® population, Amerigroup met or exceeded the MY 2023 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, 10 of 24 (41.7 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2023 50th percentile; of note, three of 24 rates (12.5 percent) fell below the 25th percentile: <i>Adults’ Access to Preventive/Ambulatory Health Services—Total</i>, <i>Breast Cancer Screening</i>, and <i>Prenatal and Postpartum Care—Postpartum Care</i>.</p> <p>Recommendations: HSAG recommends that Amerigroup continue its improvement efforts on these critical women’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. Amerigroup should continue its efforts in removing barriers to care 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). HSAG also recommends stratifying data by provider panel size to pinpoint which providers may need additional support to improve the quality of care delivered to members. Amerigroup should continue in its efforts to expand its PQIP to smaller provider groups, as well as increase one-on-one consultive support to providers who are the largest drivers of low performance. Finally, Amerigroup could also consider implementing small scale tests, for example using the PDSA cycle to identify any additional areas for improvement or adjustment before scaling up the interventions to sustain the changes.²⁵</p>
	<p>Weakness: In the Quality of Care domain for Amerigroup’s GF population, 27 of 30 (90 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2023 50th percentile, demonstrating the need for Amerigroup to improve in this domain. Of note, nine of 30 rates (30 percent) fell below the MY 2023 25th percentile:</p> <ul style="list-style-type: none"> • <i>Asthma Medication Ratio—5–11 Years and 12–18 Years</i> • <i>Controlling High Blood Pressure</i> • <i>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%) and HbA1c Poor Control (>9.0%)</i> • <i>Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—18–64 Years and 30-Day Follow-Up—18–64 Years</i> • <i>Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—18–64 Years and Engagement of SUD Treatment—Total—18-64 Years</i> <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 expanding on existing strategies that focus on disease and chronic condition management, such as:</p>

²⁵ Institute for Healthcare Improvement. How to Improve: Model for Improvement. Available at: <https://www.ihl.org/resources/how-improve-model-improvement>. Accessed on: Oct 30, 2024.

Weaknesses and Recommendations	
	<ul style="list-style-type: none"> • Providing at-home devices, such as blood pressure monitoring devices, to hypertensive members.²⁶ • 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>Regarding <i>Asthma Medication Ratio</i>, HSAG recommends that Amerigroup explore which demographic regions or providers report lower <i>Asthma Medication Ratio</i> rates and address obstacles that may be present for those members. Providers can be given educational opportunities discussing the importance of well-managed asthma, controller medications, and data collection on medication prescriptions.²⁷</p> <p>The low performance of the <i>Follow-Up After Emergency Department Visit for Mental Illness</i> measure indicator demonstrates that Amerigroup should focus efforts on managing care for patients discharged after an ED visit for mental illness more effectively. HSAG recommends that Amerigroup conduct focus groups with practitioners to ascertain potential reasons for low follow-up visit rates and review providers' practices in scheduling patients for follow-up visits before patient discharge. Finally, HSAG recommends that Amerigroup consider enhancing communication and collaboration with hospitals to improve the effectiveness of transitions of care, discharge planning, and handoffs to community settings for members with behavioral health needs.</p> <p>To improve the performance of the <i>Initiation and Engagement of Substance Use Disorder Treatment</i> measure, HSAG recommends that Amerigroup evaluate current care coordination practices and ensure patients and providers are aware of treatment options.</p>
	<p>Weakness: In the Access to Care domain for the PeachCare for Kids[®] population, Amerigroup fell below the HEDIS MY 2023 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 its improvement efforts for this immunization measure. HSAG also 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. Amerigroup should continue its efforts in removing barriers to care contributing to low performance (e.g., are the issues related to barriers to accessing care, lack of transportation, refusal or hesitancy of receiving immunizations, or the need for improved community outreach and education). HSAG also recommends stratifying data by provider panel size to pinpoint which providers may need additional support to improve the quality of care delivered to members. Amerigroup should continue in its efforts to expand its</p>

²⁶ Centers for Disease Control and Prevention. High Blood Pressure. Available at: <https://www.cdc.gov/high-blood-pressure/living-with/index.html>. Accessed on: Oct 30, 2024.

²⁷ Centers for Disease Control and Prevention. Asthma. Insurance Coverage and Barriers to Care for People with Asthma. Available at: https://www.cdc.gov/asthma/asthma_stats/insurance_coverage.htm. Accessed on: Oct 30, 2024.


Weaknesses and Recommendations	
	PQIP to smaller provider groups, as well as increase one-on-one consultive support to providers who are the largest drivers of low performance. Finally, Amerigroup could also consider implementing small scale tests, for example using the PDSA cycle to identify any additional areas for improvement or adjustment before scaling up the interventions to sustain the changes. ²⁸
	<p>Weakness: In the Quality domain for the PeachCare for Kids[®] population, Amerigroup fell below the HEDIS MY 2023 25th percentile for the <i>Asthma Medication Ratio—5–11 Years</i> and <i>12–18 Years</i> measure indicators. The low performance suggests a need for better access to care and appropriate medication management for members with asthma.</p> <p>Recommendations: HSAG recommends that Amerigroup explore which demographic regions or providers report lower <i>Asthma Medication Ratio</i> rates and address obstacles that may be present for those members. Providers can be given educational opportunities discussing the importance of well-managed asthma, controller medications, and data collection on medication prescriptions.²⁹</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 2023 50th percentile for <i>Chlamydia Screening in Women—16–20 Years</i> and <i>21–24 Years</i>, as well as <i>Cervical Cancer Screening</i>. CareSource also met or exceeded the HEDIS MY 2023 75th percentile for the <i>Childhood Immunization Status—Combination 7</i> measure indicator. Further, CareSource exceeded the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life</i> and <i>Sealant Receipt on Permanent First Molars—At Least One Sealant</i>. This performance demonstrates that some children and women were receiving needed screenings, oral health services, and immunizations.</p> <p>In the Quality of Care domain for the GF population, CareSource met or exceeded the HEDIS MY 2023 50th percentile for the <i>Asthma Medication Ratio—5–11 Years, 19–50</i></p>


²⁸ Institute for Healthcare Improvement. How to Improve: Model for Improvement. Available at: <https://www.ihl.org/resources/how-improve-model-improvement>. Accessed on: Oct 30, 2024.

²⁹ Centers for Disease Control and Prevention. Asthma. Insurance Coverage and Barriers to Care for People with Asthma. Available at: https://www.cdc.gov/asthma/asthma_stats/insurance_coverage.htm. Accessed on: Oct 30, 2024.

Strengths	
	<p>Years, and 51–64 Years age groups, while the 12–18 Years age group met or exceeded the 75th percentile. The performance for this measure suggests effective management of members with asthma. CareSource also met or exceeded the 50th percentile for the following behavioral health measures within the Quality domain:</p> <ul style="list-style-type: none"> • <i>Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13–17 Years</i> • <i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6–17 Years, 30-Day Follow-Up—6–17 Years, and 30-Day Follow-Up—18–64 Years</i> • <i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase</i> <p>This performance suggests members with SUD or mental illness received timely, coordinated care post-ED discharge and that CareSource ensured behavioral health medications (e.g., ADHD medications) were managed appropriately.</p>
	<p>In the Stewardship domain for the GF population, CareSource met or exceeded the MY 2023 HEDIS 50th percentile for <i>Ambulatory Care—ED Visits—Total</i>, indicating that some members were able to access and receive appropriate treatment needed to stay healthy and reduce unnecessary ED utilization.</p>
	<p>In the Access to Care domain for CareSource’s PeachCare for Kids® population, six of eight (75 percent) measure indicators that were comparable to benchmarks met or exceeded the HEDIS MY 2023 50th percentile. CareSource’s performance on a subset of children’s preventive and immunization measures continued to be a strength. Of note, <i>Childhood Immunization Status—Combination 7</i> exceeded the 90th percentile. The <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> measure indicators met or exceeded the 75th percentile.</p>
	<p>In the Quality of Care domain, CareSource met or exceeded the HEDIS MY 2023 50th percentile for four of five (80 percent) measure indicators that could be compared to benchmarks for its PeachCare for Kids® population, continuing to demonstrate strength in this domain. Of note, <i>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase</i> met or exceeded the HEDIS MY 2023 90th percentile.</p>
	<p>In the Stewardship domain for the PeachCare for Kids® population, CareSource met or exceeded the MY 2023 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 CareSource’s GF population, 18 of 24 (75 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2023 50th percentile, demonstrating the need for CareSource to improve in this domain. Of note, three of 24 rates (12.5 percent) fell below the 25th percentile: <i>Adults’ Access to Preventive/Ambulatory Health Services—Total</i>, <i>Immunizations for Adolescents—Combination 2</i>, and <i>Prenatal and Postpartum Care—Postpartum Care</i>.</p> <p>Recommendations: HSAG recommends that CareSource continue its improvement efforts in the Access to Care domain. 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 for</p>


Weaknesses and Recommendations	
	<p>measures falling below expected benchmarks. CareSource should also continue its efforts in removing barriers to care contributing to less access to preventive care and services in comparison to national benchmarks. (e.g., are the issues related to barriers to accessing care, lack of transportation, a lack of family planning service providers, immunization hesitancy, or the need for improved community outreach and education). HSAG also recommends stratifying data by provider panel size to pinpoint which providers may need additional support to improve the quality of care delivered to members. Finally, 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.³⁰</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.</p> <p>For the <i>Prenatal and Postpartum Care</i> measure, HSAG recommends that CareSource continue to review and analyze disparities and/or SDOH within the population that continue to contribute to low postpartum care rates. Strategies could include providing expanded access appointments outside of business hours to accommodate work schedules or childcare needs. Additionally, HSAG recommends timely and consistent monitoring of data on noncompliant members to help close care gaps, ensuring timely postpartum care.</p> <p>HSAG also recommends that CareSource identify barriers preventing members from accessing annual PCP visits (e.g. transportation, SDOH). Finally, HSAG recommends that CareSource expand educational efforts on the importance of annual wellness visits.</p>
	<p>Weakness: In the Quality of Care domain for CareSource’s GF population, 19 of 30 (63.3 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2023 50th percentile, demonstrating the need for CareSource to improve in this domain. Of note, eight of 30 rates (26.7 percent) fell below the 25th percentile:</p> <ul style="list-style-type: none"> • <i>Controlling High Blood Pressure</i> • <i>Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—18–64 Years and 30-Day Follow-Up—18–64 Years</i> • <i>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%) and HbA1c Poor Control (>9.0%)</i> • <i>Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—18–64 Years</i> • <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total and Blood Glucose and Cholesterol Testing—Total</i> <p>Recommendations: HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics</p>

³⁰ Institute for Healthcare Improvement. How to Improve: Model for Improvement. Available at: <https://www.ihl.org/resources/how-improve-model-improvement>. Accessed on: Oct 30, 2024.

Weaknesses and Recommendations	
	<p>such as race, ethnicity, age, and ZIP Code. HSAG also recommends expanding on existing strategies that focus on disease and chronic condition management, such as:</p> <ul style="list-style-type: none"> • Providing at-home devices, such as blood pressure monitoring devices, to hypertensive members.³¹ • 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. • Continuing to provide provider education on the utilization of CPT II codes to correctly capture HbA1c values and blood pressure readings. <p>The low performance of the <i>Follow-Up After Emergency Department Visit for Mental Illness</i> measure indicator demonstrates that CareSource should focus efforts in managing care for patients discharged after an ED visit for mental illness more effectively. HSAG recommends that CareSource conduct focus groups with practitioners to ascertain potential reasons for low follow-up visit rates and review providers' practices in scheduling patients for follow-up visits before patient discharge. Finally, HSAG recommends that CareSource consider enhancing communication and collaboration with hospitals to improve the effectiveness of transitions of care, discharge planning, and handoffs to community settings for members with behavioral health needs.</p> <p>To improve the performance of the <i>Initiation and Engagement of Substance Use Disorder Treatment</i> and <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i> measures, HSAG recommends that CareSource evaluate current care coordination practices and ensure patients and providers are aware of treatment options. Furthermore, HSAG recommends that CareSource partner with providers to improve care coordination for children on antipsychotic medications.</p>
	<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 2023 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.³²</p> <p>Recommendations: HSAG recommends that CareSource continue its improvement efforts for these key child preventive health measures. HSAG also 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. CareSource should focus efforts on removing barriers to care contributing to low performance (e.g., are the issues related to barriers to accessing care, lack of</p>

³¹ Centers for Disease Control and Prevention. High Blood Pressure. Available at: <https://www.cdc.gov/high-blood-pressure/living-with/index.html>. Accessed on: Oct 30, 2024.

³² National Committee for Quality Assurance. Child and Adolescent Well-Care Visits. Available at: <https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/>. Accessed on: Oct 30, 2024.

Weaknesses and Recommendations	
	<p>transportation, refusal or hesitancy of receiving immunizations, or the need for improved community outreach and education). HSAG also recommends stratifying data by provider panel size to pinpoint which providers may need additional support to improve the quality of care delivered to members. Finally, CareSource could also consider implementing small scale tests, for example using the PDSA cycle to identify any additional areas for improvement or adjustment before scaling up the interventions to sustain the changes.³³</p> <p>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.³⁴ • Evaluating and expanding current and/or new member outreach and engagement initiatives.
	<p>Weakness: In the Quality domain for CareSource’s PeachCare for Kids® population, <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total</i> fell below the HEDIS MY 2023 50th percentile, indicating that first-line psychosocial interventions may be underutilized in children and adolescents on antipsychotic medications.</p> <p>Recommendations: HSAG recommends that CareSource consider engaging providers to evaluate current practices and ensure patients and providers are aware of treatment options. Furthermore, HSAG recommends that CareSource consider partnering with providers to improve care for children on antipsychotic medications. Finally, HSAG recommends that CareSource provide education to families with children on antipsychotic medications on available psychosocial services and address obstacles to accessing these services.</p>

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.


³³ Institute for Healthcare Improvement. How to Improve: Model for Improvement. Available at: <https://www.ihl.org/resources/how-improve-model-improvement>. Accessed on: Oct 30, 2024.

³⁴ Centers for Medicare & Medicaid Services. State Medicaid and CHIP Improving Infant Well-Child Visit Rates. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/dvr-digm-chng-idea-table.pdf>. Accessed on: Oct 30, 2024.

Strengths, Weaknesses, and Recommendations


Strengths	
	In the Access to Care domain for the GF population, Peach State met or exceeded the HEDIS MY 2023 50th percentile for <i>Cervical Cancer Screening</i> and met or exceeded the 75th percentile for the <i>Chlamydia Screening in Women—16–20 Years</i> and <i>21–24 Years</i> measure indicators. Peach State also met or exceeded the HEDIS MY 2023 50th percentile for the following measure indicators: <i>Child and Adolescent Well-Care Visits—12–17 Years, 18–21 Years, and Total</i> ; <i>Childhood Immunization Status—Combination 7</i> ; <i>Immunizations for Adolescents—Combination 1</i> ; <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total</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> . Further, Peach State exceeded the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life</i> ; <i>Oral Evaluation, Dental Services—Total</i> ; <i>Sealant Receipt on Permanent First Molars—At Least One Sealant</i> and <i>All Four Molars Sealed</i> ; and <i>Topical Fluoride for Children—Rate 1—Dental or Oral Health Services—Total (Ages 1–20)</i> . This performance demonstrates strength in the Access to Care domain, as many children and adolescents were accessing well-care visits and oral health visits, and receiving immunizations and screenings according to the DCH 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 2023 50th percentile for <i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6–17 Years</i> and <i>18–64 Years</i> as well as <i>30-Day Follow-Up—6–17 Years</i> . Peach State met or exceeded the HEDIS MY 2023 75th percentile for the <i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase</i> measure indicator and exceeded the 90th percentile for the <i>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase</i> measure indicator. This performance suggests that some members with mental illness received timely, coordinated care post-ED discharge and that Peach State ensured behavioral health medications (e.g., ADHD medications) were managed appropriately.
	In the Stewardship domain for the GF population, Peach State met or exceeded the MY 2023 HEDIS 50th percentile for <i>Ambulatory Care—ED Visits—Total</i> and <i>Plan All-Cause Readmissions O/E Ratio—Total</i> , indicating a strength and suggesting that some members were receiving timely access to care, thereby reducing the cost of ED visits and readmissions.
	In the Access to Care domain for Peach State’s PeachCare for Kids® population, Peach State met or exceeded the HEDIS MY 2023 50th percentile for seven of 10 (70.0 percent) measure indicator rates that could be compared to benchmarks, continuing to demonstrate strength. Six measures (60 percent) met or exceeded the HEDIS MY 2023 75th percentile. Of note, <i>Childhood Immunization Status—Combination 7</i> and <i>Immunizations for Adolescents—Combination 1</i> met or exceeded the HEDIS MY 2023 90th percentile.
	In the Quality of Care domain for Peach State’s PeachCare for Kids® population, Peach State met or exceeded the HEDIS MY 2023 50th percentile for four of five (80.0 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 2023 75th percentile and <i>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase</i> met or exceeded the HEDIS MY 2023 90th percentile.

Strengths	
	In the Stewardship domain for the PeachCare for Kids® population, Peach State met or exceeded the MY 2023 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 Peach State’s GF population, nine of 24 (37.5 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2023 50th percentile. Of note, two of 24 rates (8.3 percent) fell below the 25th percentile: <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> and <i>Postpartum Care</i>.</p> <p>Recommendations: HSAG recommends that Peach State continue its improvement efforts in the Access to Care domain. HSAG also 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 for measures falling below expected benchmarks. Peach State should also continue its efforts in removing barriers to care contributing to less access to preventive care and services in comparison to national benchmarks (e.g., are the issues related to barriers to accessing care, lack of transportation, a lack of family planning service providers, immunization hesitancy, or the need for improved community outreach and education). HSAG also recommends stratifying data by provider panel size to pinpoint which providers may need additional support to improve the quality of care delivered to members. For the <i>Prenatal and Postpartum Care</i> measure, HSAG recommends that Peach State continue to review and analyze disparities and/or SDOH within the population that continue to contribute to low prenatal and postpartum care rates. HSAG also recommends that Peach State consider evaluating the feasibility of implementing appropriate interventions to improve the quality of, timeliness of, and access to prenatal and postpartum care. Strategies could include providing expanded access appointments outside of business hours to accommodate work schedules or childcare needs. Additionally, HSAG recommends timely and consistent monitoring of data on noncompliant members to help close care gaps, ensuring timely prenatal and postpartum care.</p>
	<p>Weakness: In the Quality of Care domain for Peach State’s GF population, 24 of 30 (80.0 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2023 50th percentile, demonstrating the need for Peach State to improve in this domain. Of note, 12 of 30 rates (40.0 percent) fell below the 25th percentile:</p> <ul style="list-style-type: none"> • <i>Asthma Medication Ratio—5–11 Years, 19–50 Years, and 51–64 Years</i> • <i>Controlling High Blood Pressure</i> • <i>Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—18–64 Years and 30-Day Follow-Up—18–64 Years</i> • <i>Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13–17 Years and 30-Day Follow-Up—13–17 Years</i> • <i>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%) and HbA1c Poor Control (>9.0%)</i> • <i>Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment—Total—18–64 Years</i> • <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total</i>

Weaknesses and Recommendations	
	<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 expanding on existing strategies that focus on disease and chronic condition management, such as:</p> <ul style="list-style-type: none"> • Providing at-home devices, such as blood pressure monitoring devices, to hypertensive members.³⁵ • 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>Regarding <i>Asthma Medication Ratio</i>, HSAG recommends that Peach State explore which demographic regions or providers report lower <i>Asthma Medication Ratio</i> rates and address obstacles that may be present for those members. Providers can be given educational opportunities discussing the importance of well-managed asthma, controller medications, and data collection on medication prescriptions.³⁶</p> <p>The low performance of the <i>Follow-Up After Emergency Department Visit for Mental Illness</i> and <i>Follow-Up After Emergency Department Visit for Substance Use</i> measure indicators demonstrates that Peach State should focus efforts on managing care for patients discharged after an ED visit for mental illness and substance use more effectively. HSAG recommends that Peach State conduct focus groups with practitioners to ascertain potential reasons for low follow-up visit rates and review providers' practices in scheduling patients for follow-up visits before patient discharge. HSAG also recommends that Peach State consider enhancing communication and collaboration with hospitals to improve the effectiveness of transitions of care, discharge planning, and handoffs to community settings for members with behavioral health needs.</p> <p>Finally, to improve the performance of <i>Initiation and Engagement of Substance Use Disorder Treatment</i> and <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i> measure indicators, HSAG recommends that Peach State consider evaluating current care coordination practices and ensuring patients and providers are aware of treatment options. Furthermore, HSAG recommends that Peach State consider partnering with providers to improve care coordination for children on antipsychotic medications.</p>
	<p>Weakness: In the Access to Care domain for the PeachCare for Kids® population, Peach State fell below the 50th percentile for <i>Immunizations for Adolescents—Combination 2</i>. Peach State also fell below the 25th percentile for <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> and <i>Postpartum Care</i>, demonstrating an area of opportunity to improve the timeliness of and access to prenatal and postpartum care.</p>

³⁵ Centers for Disease Control and Prevention. High Blood Pressure. Available at: <https://www.cdc.gov/high-blood-pressure/living-with/index.html>. Accessed on: Oct 30, 2024.

³⁶ Centers for Disease Control and Prevention. Asthma. Insurance Coverage and Barriers to Care for People with Asthma. Available at: https://www.cdc.gov/asthma/asthma_stats/insurance_coverage.htm. Accessed on: Oct 30, 2024.


Weaknesses and Recommendations	
	<p>Recommendations: HSAG recommends that Peach State continue to review and analyze disparities and/or SDOH within the population that continue to contribute to low immunization rates in adolescents and low prenatal and postpartum care rates. For the <i>Immunizations for Adolescents—Combination 2</i> measure, HSAG recommends that Peach State continue to build upon performance improvement interventions already implemented for ensuring that adolescents receive medically appropriate preventive vaccinations. For <i>Prenatal and Postpartum Care</i>, HSAG recommends that Peach State consider evaluating the feasibility of implementing appropriate interventions to improve the quality of, timeliness of, and access to prenatal and postpartum care. Strategies could include providing expanded access appointments outside of business hours to accommodate work schedules or childcare needs. Additionally, HSAG recommends timely and consistent monitoring of data on noncompliant members to help close care gaps, ensuring timely prenatal and postpartum care.</p>
	<p>Weakness: In the Quality domain for the PeachCare for Kids® population, Peach State fell below the HEDIS MY 2023 25th percentile for the <i>Asthma Medication Ratio—5–11 Years</i> measure indicator. The low performance suggests a need for better access to care and appropriate medication management for children with asthma.</p> <p>Recommendations: HSAG recommends that Peach State explore which demographic regions or providers report lower <i>Asthma Medication Ratio</i> rates and address obstacles that may be present for those members. Providers can be given educational opportunities discussing the importance of well-managed asthma, controller medications, and data collection on medication prescriptions.³⁷</p>

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° continued to demonstrate strength for HEDIS MY 2023, meeting or exceeding the 50th percentile for 11 of 13 (84.6 percent) HEDIS and non-HEDIS measure rates related to access to care that were comparable to benchmarks. Of these 11 measures, four measure rates (36.4 percent) were between the 75th and 89th percentile: <i>Child and Adolescent Well-Care Visits—Total</i>, <i>Childhood Immunization Status—Combination 7</i>, <i>Chlamydia Screening in Women—16–20 Years</i>,</p>

³⁷ Centers for Disease Control and Prevention. Asthma. Insurance Coverage and Barriers to Care for People with Asthma. Available at: https://www.cdc.gov/asthma/asthma_stats/insurance_coverage.htm. Accessed on: Oct 30, 2024.

Strengths	
	and <i>Immunizations for Adolescents—Combination 1</i> . In addition, <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> exceeded the 90th percentile. The <i>Developmental Screening in the First Three Years of Life</i> measure rate also 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 2023, meeting or exceeding the 50th percentile for 15 of 22 (68.2 percent) measure rates related to quality of care that were comparable to benchmarks. Of these 15 measure indicator rates, 10 (66.7 percent) exceeded the 75th percentile.
	In the Stewardship domain, Amerigroup 360° met or exceeded the 50th percentile for <i>Ambulatory Care (Per 1,000 Member Years)—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> and <i>Postpartum Care</i> measure indicator rates fell below the 25th percentile. This performance demonstrates opportunities to improve the timeliness of and access to prenatal and postpartum care services.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° consider whether disparities and/or SDOH within this population contributed to less access to prenatal and postpartum care services. HSAG also recommends that Amerigroup 360° consider evaluating the feasibility of implementing appropriate interventions to improve the quality of, timeliness of, and access to prenatal and postpartum care. Strategies could include providing expanded access appointments outside of business hours to accommodate work schedules or childcare needs. Additionally, timely and consistent monitoring of data on noncompliant members will help close care gaps, ensuring timely prenatal and postpartum care.</p>
	<p>Weakness: In the Quality of Care domain, seven of 22 (31.8 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. Of note, five of these seven measure indicator rates (71.4 percent) 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>, <i>Asthma Medication Ratio—12–18 Years</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 appropriate medications). HSAG recommends that Amerigroup 360° consider implementing appropriate interventions to improve performance. Best practices include partnering with providers and local pharmacies to emphasize timely 90-day prescription refills, when appropriate, to support medication adherence; medication reminders; enhancing coordination of care to ensure children who are prescribed behavioral health medications are managed appropriately; and providing member and/or guardian education on the importance of medication adherence. Regarding <i>Asthma Medication Ratio</i>, HSAG</p>

Weaknesses and Recommendations

	recommends that Amerigroup 360° explore which demographic regions or providers report lower <i>Asthma Medication Ratio</i> rates and address obstacles that may be present for those members. Providers can be given educational opportunities discussing the importance of well-managed asthma, controller medications, and data collection on medication prescriptions. ³⁸
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³⁸ Centers for Disease Control and Prevention. Asthma. Insurance Coverage and Barriers to Care for People with Asthma. Available at: https://www.cdc.gov/asthma/asthma_stats/insurance_coverage.htm. Accessed on: Oct 30, 2024.

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, 2023, through June 30, 2024. 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*, February 2023.³⁹

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.

³⁹ 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*, February 2023. Available at: <https://www.medicaid.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf>. Accessed on: Dec 11, 2024.

Table 6-1—Georgia Compliance Reviews for All CMOs

Standard	SFY 2023–2025	Access	Quality	Timeliness
Provider Network Management				
V. Adequate Capacity and Availability of Services	✓	✓	✓	✓
VIII. Provider Selection	✓	✓	✓	✓
XI. Subcontractual Relationships and Delegation	✓	✓	✓	✓
Member Services and Experiences				
II. Member Rights and Member Information	✓		✓	
III. Emergency and Poststabilization Services	✓	✓	✓	
IV. Availability of Services	✓	✓	✓	✓
VI. Coordination and Continuity of Care	✓	✓	✓	✓
VII. Coverage and Authorization of Services	✓	✓	✓	✓
X. Grievance and Appeal System	✓	✓	✓	✓
XVI. Early and Periodic Screening, Diagnostic, and Treatment	✓	✓	✓	✓
Managed Care Operations				
I. Disenrollment: Requirements and Limitations	✓	✓		✓
IX. Confidentiality	✓		✓	
XII. Practice Guidelines	✓		✓	
XIII. Health Information Systems	✓	✓	✓	✓
XIV. Quality Assessment and Performance Improvement	✓	✓	✓	✓
XV. 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 2023–SFY 2025

	Associated Federal Citation		Compliance Reviews Standard Name	Amerigroup		
	Medicaid	CHIP		2023	2024	2025
I.	438.56	§457.1212	Disenrollment: Requirements and Limitations			85.7%
II.	438.10 438.100	§457.1207 §457.1220	Member Rights and Member Information			77.3%
III.	438.114	§457.1228	Emergency and Poststabilization Services			100.0%
IV.	438.206	§457.1230(a)	Availability of Services			100.0%
V.	438.207	§457.1230(b) §457.1218	Assurances of Adequate Capacity and Services			33.3%
VI.	438.208	§457.1230(c)	Coordination and Continuity of Care			90.9%
VII.	438.210	§457.1230(d)	Coverage and Authorization of Services			90.9%
VIII.	438.214	§457.1233(a)	Provider Selection			40.0%
IX.	438.224	§457.1233(e)	Confidentiality			100.0%
X.	438.228	§457.1260	Grievance and Appeal Systems			71.1%
XI.	438.230	§457.1233(b)	Subcontractual Relationships and Delegation			50.0%
XII.	438.236	§457.1233(c)	Practice Guidelines			85.7%
XIII.	438.242	§457.1233(d)	Health Information Systems			100.0%
XIV.	438.330	§457.1240	Quality Assessment and Performance Improvement Program			100.0%
XV.	438.608	§457.1285	Program Integrity			93.3%
XVI.	§441.50; Social Security Act, Section 1902	Social Security Act, Section 1905	Early and Periodic Screening, Diagnostic, and Treatment			87.5%
			TOTAL SCORE			85.3%

Strengths, Weaknesses, and Recommendations

Strengths	
	<p>Strengths: The CMO achieved a score of 100.0 percent in five standards, demonstrating adherence to all requirements measured in the following areas:</p> <ul style="list-style-type: none"> Standard III: Emergency and Poststabilization Services Standard IV: Availability of Services Standard IX: Confidentiality Standard XIII: Health Information Systems Standard XIV: Quality Assessment and Performance Improvement Program
	<p>Of the standards that did not achieve a compliance score of 100.0 percent, the CMO achieved a score greater than 90.0 percent in three standards, demonstrating that the</p>

Strengths	
	<p>CMO developed and implemented the necessary policies, procedures, and work plans to operationalize most of the federal and DCH contract requirements in the following areas:</p> <ul style="list-style-type: none"> • Standard VI: Coordination and Continuity of Care (90.9%) • Standard VII: Coverage and Authorization of Services (90.9%) • Standard XV: Program Integrity (93.3%)
Weaknesses and Recommendations	
	<p>Weakness: The CMO scored below 90 percent in eight standards, suggesting the greatest opportunity for improvement. These findings suggest that the CMO did not consistently develop the necessary policies, procedures, and work plans to operationalize the federal and DCH contract requirements and did not consistently demonstrate compliance with the requirements. In addition, staff interviews indicated that staff members were not consistently knowledgeable about all requirements of the contract, and the policies and procedures that the CMO employed to meet the requirements in the following areas:</p> <ul style="list-style-type: none"> • Standard I: Disenrollment: Requirements and Limitations (85.7%) • Standard II: Member Rights and Member Information (77.3%) • Standard V: Assurances of Adequate Capacity and Services (33.3%) • Standard VIII: Provider Selection (40.0%) • Standard X: Grievance and Appeal Systems (71.1%) • Standard XI: Subcontractual Relationships and Delegation (50.0%) • Standard XII: Practice Guideline (85.7%) • Standard XVI: Early and Periodic Screening, Diagnostic, and Treatment (87.5%) <p>Recommendations: The CMO must develop and implement policies, procedures, and work plans that meet all federal and DCH contract requirements. The CMO must also develop and implement staff training programs to ensure an understanding of the federal and DCH contract requirements.</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 2023–SFY 2025

	Associated Federal Citation		Compliance Reviews Standard Name	CareSource		
	Medicaid	CHIP		2023	2024	2025
I.	438.56	§457.1212	Disenrollment: Requirements and Limitations			71.4%
II.	438.10 438.100	§457.1207 §457.1220	Member Rights and Member Information			63.6%
III.	438.114	§457.1228	Emergency and Poststabilization Services			100.0%
IV.	438.206	§457.1230(a)	Availability of Services			100.0%
V.	438.207	§457.1230(b) §457.1218	Assurances of Adequate Capacity and Services			100.0%

	Associated Federal Citation		Compliance Reviews	CareSource		
	Medicaid	CHIP		Standard Name	2023	2024
VI.	438.208	§457.1230(c)	Coordination and Continuity of Care			100.0%
VII.	438.210	§457.1230(d)	Coverage and Authorization of Services			86.4%
VIII.	438.214	§457.1233(a)	Provider Selection			80.0%
IX.	438.224	§457.1233(e)	Confidentiality			100.0%
X.	438.228	§457.1260	Grievance and Appeal Systems			89.5%
XI.	438.230	§457.1233(b)	Subcontractual Relationships and Delegation			83.3%
XII.	438.236	§457.1233(c)	Practice Guidelines			100.0%
XIII.	438.242	§457.1233(d)	Health Information Systems			100.0%
XIV.	438.330	§457.1240	Quality Assessment and Performance Improvement Program			100.0%
XV.	438.608	§457.1285	Program Integrity			93.3%
XVI.	§441.50; Social Security Act, Section 1902	Social Security Act, Section 1905	Early and Periodic Screening, Diagnostic, and Treatment			100.0%
			TOTAL SCORE			91.4%

Strengths, Weaknesses, and Recommendations

Strengths	
	<p>Strengths: The CMO achieved a score of 100.0 percent in nine standards, demonstrating adherence to all requirements measured in the following areas:</p> <ul style="list-style-type: none"> Standard III: Emergency and Poststabilization Services Standard IV: Availability of Services Standard V: Assurances of Adequate Capacity and Services Standard VI: Coordination and Continuity of Care Standard IX: Confidentiality Standard XII: Practice Guidelines Standard XIII: Health Information Systems Standard XIV: Quality Assessment and Performance Improvement Program Standard XVI: Early and Periodic Screening, Diagnostic, and Treatment
	<p>Strengths: Of the standards that did not achieve a compliance score of 100.0 percent, the CMO achieved a score greater than 90.0 percent in one standard, demonstrating that the CMO developed and implemented the necessary policies, procedures, and work plans to operationalize most of the Federal and DCH contract requirements in the following area:</p> <ul style="list-style-type: none"> Standard XV: Program Integrity (93.3%)

Weaknesses and Recommendations	
	<p>Weakness: The CMO scored below 90 percent in six standards, suggesting the greatest opportunity for improvement. These findings suggest that the CMO did not consistently develop the necessary policies, procedures, and work plans to operationalize the federal and DCH contract requirements and did not consistently demonstrate compliance with the requirements. In addition, staff interviews indicated that staff members were not consistently knowledgeable about all requirements of the contract, and the policies and procedures that the CMO employed to meet the requirements in the following areas:</p> <ul style="list-style-type: none"> • Standard I: Disenrollment: Requirements and Limitations (86.4%) • Standard II: Member Rights and Member Information (63.6%) • Standard VII: Coverage and Authorization of Services (86.4%) • Standard VIII: Provider Selection (80.0%) • Standard X: Grievance and Appeal Systems (89.5%) • Standard XI: Subcontractual Relationships and Delegation (83.3%) <p>Recommendations: The CMO must develop and implement policies, procedures, and work plans that meet all federal and DCH contract requirements. The CMO must also develop and implement staff training programs to ensure an understanding of the federal and DCH contract requirements.</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 2023–SFY 2025

	Associated Federal Citation		Compliance Reviews	Peach State		
	Medicaid	CHIP		Standard Name	2023	2024
I.	438.56	§457.1212	Disenrollment: Requirements and Limitations			85.7%
II.	438.10 438.100	§457.1207 §457.1220	Member Rights and Member Information			72.7%
III.	438.114	§457.1228	Emergency and Poststabilization Services			100.0%
IV.	438.206	§457.1230(a)	Availability of Services			91.7%
V.	438.207	§457.1230(b) §457.1218	Assurances of Adequate Capacity and Services			66.7%
VI.	438.208	§457.1230(c)	Coordination and Continuity of Care			100.0%
VII.	438.210	§457.1230(d)	Coverage and Authorization of Services			95.5%
VIII.	438.214	§457.1233(a)	Provider Selection			80.0%
IX.	438.224	§457.1233(e)	Confidentiality			100.0%
X.	438.228	§457.1260	Grievance and Appeal Systems			94.7%
XI.	438.230	§457.1233(b)	Subcontractual Relationships and Delegation			66.7%
XII.	438.236	§457.1233(c)	Practice Guidelines			100.0%

	Associated Federal Citation		Compliance Reviews	Peach State		
	Medicaid	CHIP		Standard Name	2023	2024
XIII.	438.242	§457.1233(d)	Health Information Systems			100.0%
XIV.	438.330	§457.1240	Quality Assessment and Performance Improvement Program			100.0%
XV.	438.608	§457.1285	Program Integrity			100.0%
XVI.	§441.50; Social Security Act, Section 1902	Social Security Act, Section 1905	Early and Periodic Screening, Diagnostic, and Treatment			93.8%
			TOTAL SCORE			92.7%

Strengths, Weaknesses, and Recommendations

Strengths	
	<p>Strengths: The CMO achieved a score of 100.0 percent in seven standards, demonstrating adherence to all requirements measured in the following areas:</p> <ul style="list-style-type: none"> Standard III: Emergency and Poststabilization Services Standard VI: Coordination and Continuity of Care Standard IX: Confidentiality Standard XII: Practice Guidelines Standard XIII: Health Information Systems Standard XIV: Quality Assessment and Performance Improvement Program Standard XV: Program Integrity
	<p>Strengths: Of the standards that did not achieve a compliance score of 100.0 percent, the CMO achieved a score greater than 90.0 percent in four standards, demonstrating that the CMO developed and implemented the necessary policies, procedures, and work plans to operationalize most of the federal and DCH contract requirements in the following area:</p> <ul style="list-style-type: none"> Standard IV: Availability of Services (91.7%) Standard VII: Coverage and Authorization of Services: (95.5%) Standard X: Grievance and Appeal Systems (94.7%) Standard XVI: Early and Periodic Screening, Diagnostic, and Treatment (93.8%)
Weaknesses and Recommendations	
	<p>Weakness: The CMO scored below 90 percent in five standards, suggesting the greatest opportunity for improvement. These findings suggest that the CMO did not consistently develop the necessary policies, procedures, and work plans to operationalize the federal and DCH contract requirements and did not consistently demonstrate compliance with the requirements. In addition, staff interviews indicated that staff members were not</p>

Weaknesses and Recommendations	
	<p>consistently knowledgeable about all requirements of the contract, and the policies and procedures that the CMO employed to meet the requirements in the following areas:</p> <ul style="list-style-type: none"> Standard I: Disenrollment: Requirements and Limitations (85.7%) Standard II: Member Rights and Responsibilities (72.7%) Standard V: Assurances of Adequate Capacity and Services (66.7%) Standard VIII: Provider Selection (80.0%) Standard XI: Subcontractual Relationships and Delegation (66.7%)
	<p>Recommendations: The CMO must develop and implement policies, procedures, and work plans that meet all federal and DCH contract requirements. The CMO must also develop and implement staff training programs to ensure an understanding of the federal and DCH contract requirements.</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 2023–SFY 2025

	Associated Federal Citation		Compliance Reviews Standard Name	Amerigroup 360°		
	Medicaid	CHIP		2023	2024	2025
I.	438.56	§457.1212	Disenrollment: Requirements and Limitations			85.7%
II.	438.10 438.100	§457.1207 §457.1220	Member Rights and Member Information			77.3%
III.	438.114	§457.1228	Emergency and Poststabilization Services			100.0%
IV.	438.206	§457.1230(a)	Availability of Services			100.0%
V.	438.207	§457.1230(b) §457.1218	Assurances of Adequate Capacity and Services			33.3%
VI.	438.208	§457.1230(c)	Coordination and Continuity of Care			100.0%
VII.	438.210	§457.1230(d)	Coverage and Authorization of Services			90.9%
VIII.	438.214	§457.1233(a)	Provider Selection			40.0%
IX.	438.224	§457.1233(e)	Confidentiality			100.0%
X.	438.228	§457.1260	Grievance and Appeal Systems			73.7%
XI.	438.230	§457.1233(b)	Subcontractual Relationships and Delegation			50.0%
XII.	438.236	§457.1233(c)	Practice Guidelines			85.7%
XIII.	438.242	§457.1233(d)	Health Information Systems			100.0%
XIV.	438.330	§457.1240	Quality Assessment and Performance Improvement Program			100.0%
XV.	438.608	§457.1285	Program Integrity			93.3%
XVI.	§441.50; Social Security	Social Security Act, Section 1905	Early and Periodic Screening, Diagnostic, and Treatment			87.5%

	Associated Federal Citation		Compliance Reviews	Amerigroup 360°		
	Medicaid	CHIP	Standard Name	2023	2024	2025
	Act, Section 1902					
			TOTAL SCORE			86.2%

Strengths, Weaknesses, and Recommendations

Strengths	
	<p>Strengths: The CMO achieved a score of 100.0 percent in six standards, demonstrating adherence to all requirements measured in the following areas:</p> <ul style="list-style-type: none"> Standard III: Emergency and Poststabilization Services Standard IV: Availability of Services Standard VI: Coordination and Continuity of Care Standard IX: Confidentiality Standard XIII: Health Information Systems Standard XIV: Quality Assessment and Performance Improvement Program
	<p>Of the standards that did not achieve a compliance score of 100.0 percent, the CMO achieved a score greater than 90.0 percent in two standards, demonstrating that the CMO developed and implemented the necessary policies, procedures, and work plans to operationalize most of the federal and DCH contract requirements in the following areas:</p> <ul style="list-style-type: none"> Standard VII: Coverage and Authorization of Services (90.9%) Standard XV: Program Integrity (93.3%)
Weaknesses and Recommendations	
	<p>Weakness: The CMO scored below 90 percent in eight standards, suggesting the greatest opportunity for improvement. These findings suggest that the CMO did not consistently develop the necessary policies, procedures, and work plans to operationalize the federal and DCH contract requirements and did not consistently demonstrate compliance with the requirements. In addition, staff interviews indicated that staff members were not consistently knowledgeable about all requirements of the contract, and the policies and procedures that the CMO employed to meet the requirements in the following areas:</p> <ul style="list-style-type: none"> Standard XI: Disenrollment: Requirements and Limitations (85.7%) Standard II: Member Rights and Member Information (77.3%) Standard V: Assurances of Adequate Capacity and Services (33.3%) Standard VIII: Provider Selection (40.0%) Standard X: Grievance and Appeal Systems (73.7%) Standard XI: Subcontractual Relationships and Delegation (50.0%) Standard XII: Practice Guideline (85.7%) Standard XVI: Early and Periodic Screening, Diagnostic, and Treatment (87.5%) <p>Recommendations: The CMO must develop and implement policies, procedures, and work plans that meet all federal and DCH contract requirements. The CMO must also</p>

Weaknesses and Recommendations

	develop and implement staff training programs to ensure an understanding of the federal and DCH contract requirements.
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DCH Intermediate Sanctions Applied

During 2024, DCH monitored the CMOs' implementation of CAPs from prior years' compliance reviews. The DCH continued to monitor CMO 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 of, 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 2023 and 2024 adult Medicaid CAHPS top-box scores.

Table 7-1—Amerigroup Adult Medicaid CAHPS Results

	2023 Top-Box Scores	2024 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	74.79% +	76.16% +
<i>Getting Care Quickly</i>	71.33% +	74.50% +
<i>How Well Doctors Communicate</i>	91.12% +	97.43% + ▲
<i>Customer Service</i>	85.79% +	83.12% +
Global Ratings		
<i>Rating of All Health Care</i>	80.00% +	77.38% +
<i>Rating of Personal Doctor</i>	82.41%	92.22% + ▲
<i>Rating of Specialist Seen Most Often</i>	79.63% +	85.19% +
<i>Rating of Health Plan</i>	80.13%	71.92%

	2023 Top-Box Scores	2024 Top-Box Scores
Medical Assistance With Smoking and Tobacco Use Cessation Items*		
<i>Advising Smokers and Tobacco Users to Quit</i>	64.29% +	61.54% +
<i>Discussing Cessation Medications</i>	29.27% +	42.11% +
<i>Discussing Cessation Strategies</i>	29.27% +	37.84% +



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 2024 score is statistically significantly higher than the 2023 national average.

▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.

Strengths, Weaknesses, and Recommendations

Strengths	
	Adult members enrolled in Amerigroup reported more positive experiences with how well their doctors communicated and the care provided by their personal doctor, as the 2024 scores for <i>How Well Doctors Communicate</i> and <i>Rating of Personal Doctor</i> were statistically significantly higher than the 2023 NCQA child Medicaid national averages and the 2023 scores.
Weaknesses and Recommendations	
	<p>Weakness: HSAG did not identify any opportunities for improvement for Amerigroup based on the results from the CAHPS survey, as none of the measure scores were statistically significantly lower than the 2023 NCQA adult Medicaid national averages or the 2023 scores.</p> <p>Recommendations: HSAG recommends that Amerigroup continue to monitor the measures to ensure significant decreases in scores over time do not occur.</p>

Child Findings

Table 7-2 displays Amerigroup's 2023 and 2024 child Medicaid CAHPS top-box scores.


Table 7-2—Amerigroup Child Medicaid CAHPS Results

	2023 Top-Box Scores	2024 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	81.63%	81.23%
<i>Getting Care Quickly</i>	90.58%	90.64%
<i>How Well Doctors Communicate</i>	93.66%	94.23%
<i>Customer Service</i>	88.89%	91.73%
Global Ratings		
<i>Rating of All Health Care</i>	81.64%	89.38% ▲
<i>Rating of Personal Doctor</i>	86.42%	90.91%



	2023 Top-Box Scores	2024 Top-Box Scores
<i>Rating of Specialist Seen Most Often</i>	79.52% +	87.84% +
<i>Rating of Health Plan</i>	87.83%	87.37%

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 2024 score is statistically significantly higher than the 2023 national average.

 Indicates the 2024 score is statistically significantly higher than the 2023 score.

Strengths, Weaknesses, and Recommendations

Strengths	
	Parents/caretakers of child members enrolled in Amerigroup had more positive experiences related to getting care quickly for their child, customer service, and care and services their child received, as the 2024 scores for <i>Getting Care Quickly</i> and <i>Customer Service</i> were statistically significantly higher than the 2023 NCQA child Medicaid national averages, and the 2024 score for <i>Rating of All Health Care</i> was statistically significantly higher than the 2023 score.
Weaknesses and Recommendations	
	<p>Weakness: HSAG did not identify any opportunities for improvement for Amerigroup based on the results from the CAHPS survey, as none of the measure scores were statistically significantly lower than the 2023 NCQA child Medicaid national averages or the 2023 scores.</p> <p>Recommendations: HSAG recommends that Amerigroup continue to monitor the measures to ensure significant decreases in scores over time do not occur.</p>

CareSource

Adult Findings

Table 7-3 displays CareSource’s 2023 and 2024 adult Medicaid CAHPS top-boxes scores.

Table 7-3—CareSource Adult Medicaid CAHPS Results

	2023 Top-Box Scores	2024 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	76.78% +	79.61% +
<i>Getting Care Quickly</i>	79.97% +	79.82% +
<i>How Well Doctors Communicate</i>	91.65% +	90.82% +
<i>Customer Service</i>	95.00% +	86.42% + ▼
Global Ratings		
<i>Rating of All Health Care</i>	75.00%	81.25% +
<i>Rating of Personal Doctor</i>	84.25%	81.25% +
<i>Rating of Specialist Seen Most Often</i>	85.92% +	82.76% +

	2023 Top-Box Scores	2024 Top-Box Scores
<i>Rating of Health Plan</i>	71.43%	77.27%
Medical Assistance With Smoking and Tobacco Use Cessation Items*		
<i>Advising Smokers and Tobacco Users to Quit</i>	63.01% +	63.16% +
<i>Discussing Cessation Medications</i>	31.08% +	32.47% +
<i>Discussing Cessation Strategies</i>	24.66% +	28.00% +



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 2024 score is statistically significantly lower than the 2023 national average.

▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.

Strengths, Weaknesses, and Recommendations

Strengths	
	HSAG did not identify any strengths for CareSource based on the results from the CAHPS survey, as none of the measure scores were statistically significantly higher than the 2023 NCQA adult Medicaid national averages or the 2023 scores.
Weaknesses and Recommendations	
	<p>Weakness: Fewer adult members enrolled with CareSource reported positive experiences with two of the three medical assistance with smoking and tobacco use cessation items, as the 2024 scores for <i>Discussing Cessation Medications</i> and <i>Discussing Cessation Strategies</i> were statistically significantly lower than the 2023 NCQA adult Medicaid national average. Fewer adult members also reported positive experiences with their health plan's customer service, as the 2024 score for <i>Customer Service</i> was statistically significantly lower than the 2023 score.</p> <p>Recommendations: HSAG recommends that CareSource focus on increasing response rates to the CAHPS survey so there are greater than 100 respondents for each measure by educating and engaging all employees to increase their knowledge of CAHPS, using customer service techniques, oversampling, and continuing to increase member and provider awareness during the survey period. Additionally, HSAG recommends that CareSource focus on quality improvement initiatives to provide medical assistance with smoking and tobacco use cessation and continue to develop efforts to promote its Health Education & Wellness smoking cessation program. CareSource should also develop provider materials aimed at promoting smoking cessation and the available options to stop smoking, including medication assistance.</p>

Child Findings

Table 7-4 shows CareSource’s 2023 and 2024 child Medicaid CAHPS top-box scores.

Table 7-4—CareSource Child Medicaid CAHPS Results



	2023 Top-Box Scores	2024 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	78.78%	83.74%
<i>Getting Care Quickly</i>	83.50%	87.73%
<i>How Well Doctors Communicate</i>	91.76%	95.28% ▲
<i>Customer Service</i>	87.29%	88.41%
Global Ratings		
<i>Rating of All Health Care</i>	84.29%	85.87%
<i>Rating of Personal Doctor</i>	88.07%	89.41%
<i>Rating of Specialist Seen Most Often</i>	76.24%	91.82% ▲
<i>Rating of Health Plan</i>	83.25%	85.97%

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 2024 score is statistically significantly higher than the 2023 national average.

▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.

Strengths, Weaknesses, and Recommendations

Strengths	
	Parents/caretakers of child members enrolled in CareSource had more positive experiences with how well their child’s doctor communicated and the care received from specialists, as the 2024 scores for <i>How Well Doctors Communicate</i> and <i>Rating of Specialist Seen Most Often</i> were statistically significantly higher than the 2023 scores, and the 2024 score for <i>Rating of Specialist Seen Most Often</i> was statistically significantly higher than the 2023 NCQA child Medicaid national average.
Weaknesses and Recommendations	
	<p>Weakness: HSAG did not identify any opportunities for improvement for CareSource based on the results from the CAHPS survey, as none of the measure scores were statistically significantly lower than the 2023 NCQA child Medicaid national averages or the 2023 scores.</p> <p>Recommendations: HSAG recommends that CareSource continue to monitor the measures to ensure significant decreases in scores over time do not occur.</p>

Peach State

Adult Findings

Table 7-5 shows Peach State’s 2023 and 2024 adult Medicaid CAHPS top-box scores.

Table 7-5—Peach State Adult Medicaid CAHPS Results

	2023 Top-Box Scores	2024 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	77.08%	84.21% +
<i>Getting Care Quickly</i>	76.97%	82.12% +
<i>How Well Doctors Communicate</i>	90.05%	92.09% +
<i>Customer Service</i>	85.90% +	90.00% +
Global Ratings		
<i>Rating of All Health Care</i>	73.13%	75.00% +
<i>Rating of Personal Doctor</i>	82.93%	88.68% +
<i>Rating of Specialist Seen Most Often</i>	75.90% +	85.71% +
<i>Rating of Health Plan</i>	72.44%	82.86% +
Medical Assistance With Smoking and Tobacco Use Cessation Items*		
<i>Advising Smokers and Tobacco Users to Quit</i>	62.07% +	59.52% +
<i>Discussing Cessation Medications</i>	34.48% +	40.48% +
<i>Discussing Cessation Strategies</i>	33.93% +	30.95% +

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 2024 score is statistically significantly lower than the 2023 national average.

Strengths, Weaknesses, and Recommendations

Strengths	
	HSAG did not identify any strengths for Peach State based on the results from the CAHPS survey, as none of the measure scores were statistically significantly higher than the 2023 NCQA adult Medicaid national averages or the 2023 scores.
Weaknesses and Recommendations	
	<p>Weakness: Fewer adult members enrolled with Peach State reported positive experiences with one of the three medical assistance with smoking and tobacco use cessation items, as the 2024 score for <i>Discussing Cessation Strategies</i> was statistically significantly lower than the 2023 NCQA adult Medicaid national average.</p> <p>Recommendations: HSAG recommends that Peach State focus on increasing response rates to the CAHPS survey so there are greater than 100 respondents for each measure by educating and engaging all employees to increase their knowledge of CAHPS, using customer service techniques, oversampling, and continuing to increase member and provider awareness during the survey period. Additionally, HSAG recommends that Peach State focus on quality improvement initiatives to provide medical assistance with smoking and tobacco use cessation and continue to develop efforts to promote its Health Education & Wellness smoking cessation program. Peach State should also develop provider materials aimed at promoting smoking cessation and the available options to stop smoking, including medication assistance.</p>

Child Findings



Table 7-6 shows Peach State’s 2023 and 2024 child Medicaid CAHPS top-box scores.

Table 7-6—Peach State Child Medicaid CAHPS Results

	2023 Top-Box Scores	2024 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	82.86%	86.71%
<i>Getting Care Quickly</i>	87.31%	88.93%
<i>How Well Doctors Communicate</i>	93.86%	95.46%
<i>Customer Service</i>	83.65%	89.33% +
Global Ratings		
<i>Rating of All Health Care</i>	85.59%	88.34%
<i>Rating of Personal Doctor</i>	91.32%	92.04%
<i>Rating of Specialist Seen Most Often</i>	80.70%	85.37% +
<i>Rating of Health Plan</i>	84.05%	86.81%

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.

Strengths, Weaknesses, and Recommendations

Strengths	
	HSAG did not identify strengths for Peach State based on the results of the CAHPS survey, as none of the measure scores were statistically significantly higher than the 2023 NCQA child Medicaid national averages or the 2023 scores.
Weaknesses and Recommendations	
	<p>Weakness: HSAG did not identify any opportunities for improvement for Peach State based on the results of the CAHPS survey, as none of the measure scores were statistically significantly lower than the 2023 NCQA child Medicaid national averages or the 2023 scores.</p> <p>Recommendations: HSAG recommends that Peach State continue to monitor the measures to ensure significant decreases in scores over time do not occur.</p>

Amerigroup 360°

Table 7-7 shows Amerigroup 360°’s 2023 and 2024 Medicaid CAHPS top-box scores.

Table 7-7—Amerigroup 360° CAHPS Results



	2023 Top-Box Scores	2024 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	85.43%	86.44%

	2023 Top-Box Scores	2024 Top-Box Scores
<i>Getting Care Quickly</i>	92.51%	93.13%
<i>How Well Doctors Communicate</i>	98.37%	96.53%
<i>Customer Service</i>	89.48% +	95.00% +
Global Ratings		
<i>Rating of All Health Care</i>	88.65%	86.21%
<i>Rating of Personal Doctor</i>	93.46%	91.94%
<i>Rating of Specialist Seen Most Often</i>	89.90% +	85.90% +
<i>Rating of Health Plan</i>	80.56%	79.52%

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 2024 score is statistically significantly higher than the 2023 national average.
- Indicates the 2024 score is statistically significantly lower than the 2023 national average.

Strengths, Weaknesses, and Recommendations

Strengths	
	A comparison of the 2024 Amerigroup 360° scores to the 2023 NCQA child Medicaid national averages revealed that Amerigroup 360°'s 2024 scores were statistically significantly higher than the 2023 NCQA child Medicaid national averages for three measures: <i>Getting Care Quickly</i> , <i>How Well Doctors Communicate</i> , and <i>Customer Service</i> .
Weaknesses and Recommendations	
	<p>Weakness: A comparison of the 2024 Amerigroup 360° scores to the 2023 NCQA child Medicaid national averages revealed that Amerigroup 360°'s 2024 score was statistically significantly lower than the 2023 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 are potentially perceiving a lack of access to care, timeliness of needed care, and overall quality of care. Once a root cause or probable reasons for lower ratings are identified in each area, Amerigroup 360° can determine appropriate interventions, education, and actions to improve performance.</p>

8. Network Adequacy Validation

Overview

The DCH contracted with HSAG to conduct NAV for the CMOs and DCH. 42 CFR §438.350(a) requires states to have a qualified EQRO perform an annual EQR that includes NAV to ensure provider networks are sufficient to provide timely and accessible care to Medicaid and CHIP beneficiaries across the continuum of services. HSAG conducted NAV, validating the systems and processes, data sources, methods, and results in accordance with the CMS EQR *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023 (EQR Protocol 4).⁴⁰

HSAG worked with DCH to identify applicable quantitative network adequacy standards by provider and plan type to be validated. Information such as description of network adequacy data and documentation, information flow from the CMOs to the State, prior year NAV reports, and additional supporting information relevant to network adequacy monitoring and validation were obtained from the State and incorporated into all phases of validation activities.

The purpose of NAV is to assess the accuracy of the state-defined network adequacy indicators reported by CMOs and to evaluate the collection of provider data, reliability and validity of network adequacy data, methods used to assess network adequacy, systems and processes used, and to determine the overall validation rating, which refers to the overall confidence that acceptable methodology was used for all phases of design, data collection, analysis, and interpretation of the network adequacy indicators, as established by DCH.

As the EQRO for DCH, HSAG conducted the state fiscal year (SFY) 2024 validation of network adequacy indicators, including confirming the CMOs' ability to collect reliable and valid network adequacy monitoring data, use of sound methods to assess the adequacy of its managed care networks, and produce accurate results to support the CMOs' and DCH's network adequacy monitoring efforts.

Description of Validation Activities

HSAG completed the following CMS EQR Protocol 4 activities to conduct the NAV:

- **Defined the scope of the validation of quantitative network adequacy standards:** HSAG obtained information from the State (i.e., network adequacy standards, descriptions and samples of documentation the CMOs submit to DCH, a description of the network adequacy information flow, and any prior NAV reports), then worked with DCH to identify and define network adequacy indicators and provider types, and to establish the NAV activities and timeline.
- **Identified data sources for validation:** HSAG worked with DCH and the CMOs to identify NAV-related data sources and to answer clarifying questions regarding the data sources.
- **Reviewed information systems underlying network adequacy monitoring:** HSAG reviewed any previously completed ISCA's, then assessed processes for collecting network adequacy data that were not addressed in the ISCA, completed a comprehensive NAV ISCA by collecting an updated ISCAT from each

⁴⁰ 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/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Dec 11, 2024.

CMO and DCH, and interviewed CMO and DCH staff members or other personnel involved in production of network adequacy results.

- **Validated network adequacy assessment data, methods, and results:** HSAG used CMS EQR Protocol 4 Worksheet 4.6 to document each CMO's and DCH's ability to collect reliable and valid network adequacy monitoring data, use sound methods to assess the adequacy of its networks, and produce accurate results that support the CMOs' and State's network adequacy monitoring efforts. When evaluating the CMOs and DCH for this validation step, HSAG assessed data reliability, accuracy, timeliness, and completeness; CMO and DCH methods to assess network adequacy; and the validity of the network adequacy results the CMOs submitted. HSAG used CMS EQR Protocol 4 Worksheet 4.6 to summarize its NAV findings, which are documented in the individual CMO-specific sections of this report.
- **Communicated preliminary findings to each CMO and DCH:** HSAG communicated preliminary NAV findings to each CMO and DCH that provided findings, preliminary validation ratings, areas of potential concern, and recommendations for improvement. Each CMO and DCH were provided the opportunity to correct any preliminary report omissions and/or errors.
- **Submitted the NAV findings to DCH in the form of the NAV aggregate report:** HSAG used the DCH-approved NAV aggregate report template to document the NAV findings and submitted the draft and final NAV aggregate report according to the DCH-approved timeline.

Network Adequacy Standards and Indicators Validated

States that contract with CMOs to provide Medicaid or CHIP services are required to develop quantitative network adequacy standards across a subset of provider types to set expectations for each contracted CMO's provider networks. States may elect to use a variety of quantitative standards including, but not limited to, minimum provider-to-member ratios, time and distance, percentage of providers accepting new patients, and/or combinations of these quantitative measures. Based on the state-defined network adequacy standards, the State and the EQRO defined the network adequacy indicators, which the EQRO then validated. The indicators are metrics used to assess adherence to the quantitative network adequacy standards required and set forth by the State. The DCH-identified network adequacy indicators were to be validated for the reporting period of October 1, 2023–December 31, 2023 (Q4).

Results for NAV

Amerigroup

HSAG determined that Amerigroup was compliant with network adequacy requirements for all but nine provider types, which are reported as "deficient." The DCH requires at least 90 percent of the members in each county to have access to a provider when contractual access standards are applied. Compliance was determined based on the CMO meeting the State's time and distance standards, with no deficiencies identified for each provider type according to urbanicity. Compliant results are presented by provider type and urbanicity in Table 8-1, and deficient results are presented in Table 8-2.

Table 8-1—Amerigroup Network Adequacy Time and Distance Compliance by Provider Type and Urbanicity

Provider Type	Urbanicity	Compliance
PCPs	Urban	Compliant
	Rural	Compliant
Pediatricians	Urban	Compliant
	Rural	Compliant
Obstetrics providers	Urban	Compliant
	Rural	Compliant
*Specialists	Urban	Compliant
	Rural	Compliant
General Dental Providers	Urban	Compliant
	Rural	Compliant
Dental Sub-Specialty	Urban	Compliant
	Rural	Compliant
Hospitals	Urban	Compliant
	Rural	Compliant
*Mental Health Providers	Urban	Compliant
	Rural	Compliant
Therapy	Urban	Compliant
	Rural	Compliant
Vision	Urban	Compliant
	Rural	Compliant

*Compliant for a subset of provider types.

Table 8-2—Amerigroup Network Adequacy Time and Distance Deficiencies by Provider Type and Urbanicity

Provider Type	Urbanicity	Compliance
*Specialists		
Audiology, Endocrinology	Rural	Deficient
Infectious Disease	Rural	Deficient
Adult ENT (Amerigroup 360°)	Rural	Deficient
Adult Gastroenterology (Amerigroup 360°)	Rural	Deficient
Allergy and Immunology (Amerigroup 360°)	Rural	Deficient
*Mental Health Providers		
Psychiatric Residential Treatment Facilities	Urban	Deficient
Psychiatric Residential Treatment Facilities and Narcotic Treatment Programs	Rural	Deficient
Pharmacy Providers		
Pharmacies	Urban	Deficient
Pharmacies	Rural	Deficient

*Compliant for a subset of provider types.

Amerigroup 360°

HSAG determined that Amerigroup 360° was compliant with network adequacy requirements for all but nine provider types, which are reported as “deficient.” The DCH requires at least 90 percent of the members in each county to have access to a provider when contractual access standards are applied. Compliance was determined based on the CMO meeting the State’s time and distance standards, with no deficiencies identified for each provider type according to urbanicity. Compliant results are presented by provider type and urbanicity in Table 8-3, and deficient results are presented in Table 8-4.

Table 8-3—Amerigroup 360° Network Adequacy Time and Distance Compliance by Provider Type and Urbanicity

Provider Type	Urbanicity	Compliance
PCPs	Urban	Compliant
	Rural	Compliant
Pediatricians	Urban	Compliant
	Rural	Compliant
Obstetrics providers	Urban	Compliant
	Rural	Compliant
*Specialists	Urban	Compliant
	Rural	Compliant
General Dental Providers	Urban	Compliant
	Rural	Compliant
Dental Sub-Specialty	Urban	Compliant
	Rural	Compliant
Hospitals	Urban	Compliant
	Rural	Compliant
*Mental Health Providers	Urban	Compliant
	Rural	Compliant
Therapy	Urban	Compliant
	Rural	Compliant
Vision	Urban	Compliant
	Rural	Compliant

*Compliant for a subset of provider types.

Table 8-4—Amerigroup Network Adequacy Time and Distance Deficiencies by Provider Type and Urbanicity

Provider Type	Urbanicity	Compliance
*Specialists		
Audiology, Endocrinology	Rural	Deficient
Infectious Disease	Rural	Deficient
Adult ENT (Amerigroup 360°)	Rural	Deficient
Adult Gastroenterology (Amerigroup 360°)	Rural	Deficient
Allergy and Immunology (Amerigroup 360°)	Rural	Deficient

Provider Type	Urbanicity	Compliance
*Mental Health Providers		
Psychiatric Residential Treatment Facilities	Urban	Deficient
Psychiatric Residential Treatment Facilities and Narcotic Treatment Programs	Rural	Deficient
Pharmacy Providers		
Pharmacies	Urban	Deficient
Pharmacies	Rural	Deficient

*Compliant for a subset of provider types.

CareSource

HSAG determined that CareSource was compliant with network adequacy requirements for all but eight provider types, which are reported as “deficient.” The DCH requires at least 90 percent of the members in each county to have access to a provider when contractual access standards are applied. Compliance was determined based on the CMO meeting the State’s time and distance standards, with no deficiencies identified for each provider type according to urbanicity. Compliant results are presented by provider type and urbanicity in Table 8-5, and deficient results are presented in Table 8-6.

Table 8-5—CareSource Network Adequacy Time and Distance Compliance by Provider Type and Urbanicity

Provider Type	Urbanicity	Compliance
PCPs	Urban	Compliant
	Rural	Compliant
Pediatricians	Urban	Compliant
	Rural	Compliant
Obstetrics Providers	Urban	Compliant
	Rural	Compliant
*Specialists	Urban	Compliant
	Rural	Compliant
General Dental Providers	Urban	Compliant
	Rural	Compliant
Dental Sub-Specialty	Urban	Compliant
	Rural	Compliant
Hospitals	Urban	Compliant
	Rural	Compliant
*Mental Health Providers	Urban	Compliant
	Rural	Compliant
Therapy	Urban	Compliant
	Rural	Compliant
Vision	Urban	Compliant
	Rural	Compliant

*Compliant for a subset of provider types.

Table 8-6—CareSource Network Adequacy Time and Distance Deficiencies by Provider Type and Urbanicity

Provider Type	Urbanicity	Compliance
*Specialists		
Audiology	Rural	Deficient
Pediatric Audiology	Rural	Deficient
Rheumatology	Rural	Deficient
Pediatric Rheumatology	Rural	Deficient
*Mental Health Providers		
Narcotic Treatment Programs	Urban	Deficient
Narcotic Treatment Programs	Rural	Deficient
Pharmacy Providers		
Pharmacies	Urban	Deficient
Pharmacies	Rural	Deficient

*Compliant for a subset of provider types.

Peach State Health Plan

HSAG determined that Peach State was compliant with network adequacy requirements for all but five provider types, which are reported as “deficient.” The DCH requires at least 90 percent of the members in each county to have access to a provider when contractual access standards are applied. Compliance was determined based on the CMO meeting the State’s time and distance standards, with no deficiencies identified for each provider type according to urbanicity. Compliant results are presented by provider type and urbanicity in Table 8-7, and deficient results are presented in Table 8-8.

Table 8-7—Peach State Network Adequacy Time and Distance Compliance by Provider Type and Urbanicity

Provider Type	Urbanicity	Compliance
PCPs	Urban	Compliant
	Rural	Compliant
Pediatricians	Urban	Compliant
	Rural	Compliant
Obstetrics Providers	Urban	Compliant
	Rural	Compliant
*Specialists	Urban	Compliant
	Rural	Compliant
General Dental Providers	Urban	Compliant
	Rural	Compliant
Dental Sub-Specialty	Urban	Compliant
	Rural	Compliant
Hospitals	Urban	Compliant
	Rural	Compliant

Provider Type	Urbanicity	Compliance
*Mental Health Providers	Urban	Compliant
	Rural	Compliant
Therapy	Urban	Compliant
	Rural	Compliant
Vision	Urban	Compliant
	Rural	Compliant

*Compliant for a subset of provider types.

Table 8-8—Peach State Network Adequacy Time and Distance Deficiencies by Provider Type and Urbanicity

Provider Type	Urbanicity	Compliance
*Specialists		
Endocrinology	Rural	Deficient
*Mental Health Providers		
Psychiatric Residential Treatment Facilities	Urban	Deficient
Psychiatric Residential Treatment Facilities and Narcotic Treatment Programs	Rural	Deficient
Pharmacy Providers		
Pharmacies	Urban	Deficient
Pharmacies	Rural	Deficient

*Compliant for a subset of provider types.

9. 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 of, timeliness of, 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 8 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 9-1—Overall Conclusions for Amerigroup: Quality, Access, and Timeliness

Strengths Related to Quality	
	<p>Amerigroup demonstrated strength in members’ experience of care. Adult members enrolled in Amerigroup reported more positive experiences with how well their doctors communicated and the care provided by their personal doctor, as the 2024 CAHPS top-box scores for <i>How Well Doctors Communicate</i> and <i>Rating of Personal Doctor</i> were statistically significantly higher than the 2023 NCQA child Medicaid national averages and the 2023 scores, and Amerigroup’s 2024 top-box score for <i>How Well Doctors Communicate</i> was also statistically significantly higher than the Georgia CMO program score.</p> <p>Overall, the results indicate that the CMO’s providers may have strength in patient-centered communications and processes to ensure access to care when members need care and services.</p>
	<p>In the Quality of Care domain for the PeachCare for Kids® population, Amerigroup demonstrated strength in some measures, where it met or exceeded the HEDIS MY 2023 50th percentile for <i>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase</i> and <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>. Amerigroup met or exceeded the 75th percentile for the <i>Follow-Up Care for Children Prescribed</i></p>

Strengths Related to Quality	
	<p><i>ADHD Medication—Initiation Phase</i> measure indicator. Amerigroup also met or exceeded the MY 2023 HEDIS 50th percentile for <i>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase</i> and <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total</i>, indicating that the CMO’s child members were able to access appropriate services for some of their behavioral health needs. This performance demonstrates improved quality of care and follow-up for child and adolescent PeachCare for Kids® members related to their behavioral care, services, and treatment.</p>
+	<p>Amerigroup developed appropriate PIP Aim statements and documented clearly defined and complete data collection methods for its PIPs. The CMO demonstrated strength in PIP development processes by following and accurately documenting the DCH-developed PIP specifications. The strength in developing and implementing PIPs indicates that the CMO has sound processes that should result in continued performance improvement.</p>
Strengths Related to Access and Timeliness	
+	<p>In the Access to Care domain for the GF population, Amerigroup’s performance for preventive screening measures and immunizations met or exceeded the MY 2023 HEDIS 50th percentile for <i>Cervical Cancer Screening; Chlamydia Screening in Women—16–20 Years; Child and Adolescent Well-Care Visits—12–17 Years and Total; Childhood Immunization Status—Combination 7; Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—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></p> <p>Further, Amerigroup exceeded the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life; Oral Evaluation, Dental Services—Total; Sealant Receipt on Permanent First Molars—At Least One Sealant; and Topical Fluoride for Children—Rate 1—Dental or Oral Health Services—Total (Ages 1–20).</i> This performance demonstrates that female members were able to receive the appropriate screenings and that children and adolescents were accessing well-care visits as well as oral health services and receiving immunizations and screenings according to the DCH EPSDT or Bright Futures schedules.</p> <p>Similarly, in the Access to Care domain for the PeachCare for Kids® population, Amerigroup met or exceeded the MY 2023 HEDIS 50th percentile for <i>Chlamydia Screening in Women—16–20 Years and Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits.</i> Amerigroup met or exceeded the HEDIS MY 2023 75th percentile for <i>Child and Adolescent Well-Care Visits—Total, Childhood Immunization Status—Combination 7, Immunizations for Adolescents—Combination 1, and 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.</p> <p>The performance measure results were consistent with member experience survey results, where parents/caretakers of child members enrolled in Amerigroup</p>

Strengths Related to Access and Timeliness	
	indicated more positive experiences related to getting care quickly for their child, customer service, and care and services their child received, as the 2024 scores for <i>Getting Care Quickly</i> and <i>Customer Service</i> were statistically significantly higher than the 2023 NCQA child Medicaid national averages, and the 2024 score for <i>Rating of All Health Care</i> was statistically significantly higher than the 2023 score.
	<p>For the GF population, Amerigroup met or exceeded the MY 2023 HEDIS 50th percentile for <i>Ambulatory Care—ED Visits—Total</i> and met or exceeded the 90th percentile for <i>Plan All-Cause Readmissions O/E Ratio—Total</i> in the Stewardship domain for the GF population, indicating a strength for Amerigroup and suggesting that members were receiving timely access to care, thereby reducing the use and cost of ED visits and readmissions</p> <p>In addition, for the PeachCare for Kids® population, Amerigroup met or exceeded the MY 2023 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, 10 of 24 (41.7 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2023 50th percentile; of note, three of 24 rates (12.5 percent) fell below the 25th percentile: <i>Adults’ Access to Preventive/Ambulatory Health Services—Total</i>, <i>Breast Cancer Screening</i>, and <i>Prenatal and Postpartum Care—Postpartum Care</i>.</p> <p>Recommendations: HSAG recommends that Amerigroup continue its improvement efforts on these critical women’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. Amerigroup should also continue its efforts in removing barriers to care contributing to low performance (e.g., barriers to accessing care, lack of transportation, a lack of family planning service providers, or the need for improved community outreach and education). HSAG also recommends stratifying data by provider panel size to pinpoint which providers may need additional support to improve the quality of care delivered to members. Amerigroup should continue in its efforts to expand its PQIP to smaller provider groups, as well as increase one-on-one consultative support to providers who are the largest drivers of low performance. Finally, Amerigroup should consider evaluating the effectiveness of small tests of change, such as in a PIP, to identify any additional areas for improvement or adjustment before scaling up the interventions to sustain the changes.⁴¹</p>
	<p>Weakness: In the Quality of Care domain for Amerigroup’s GF population, 27 of 30 (90 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2023 50th percentile, demonstrating the need for Amerigroup</p>

⁴¹ Institute for Healthcare Improvement. How to Improve: Model for Improvement. Available at: <https://www.ihl.org/resources/how-improve-model-improvement>. Accessed on: Oct 30, 2024.

Weaknesses and Recommendations

to improve in this domain. Of note, nine of 30 rates (30 percent) fell below the 25th percentile:

- *Asthma Medication Ratio—5–11 Years and 12–18 Years*
- *Controlling High Blood Pressure*
- *Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%) and HbA1c Poor Control (>9.0%)*
- *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—18–64 Years and 30-Day Follow-Up—18–64 Years*
- *Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—18–64 Years and Engagement of SUD Treatment—Total—18–64 Years*

Similarly, in the PeachCare for Kids® population, Amerigroup also fell below the HEDIS MY 2023 25th percentile for the *Asthma Medication Ratio—5–11 Years and 12–18 Years* measure indicators. The low performance suggests a need for better access to care and appropriate medication management for members with asthma.

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 expanding on existing strategies that focus on disease and chronic condition management, such as:


- Providing at-home devices, such as blood pressure monitoring devices, to hypertensive members.⁴²
- 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.

Regarding *Asthma Medication Ratio*, HSAG recommends that Amerigroup explore which demographic regions or providers have lower *Asthma Medication Ratio* rates and address obstacles that may be present for those members. Providers can be given educational opportunities discussing the importance of well-managed asthma, controller medications, and data collection on medication prescriptions.⁴³

The low performance of the *Follow-Up After Emergency Department Visit for Mental Illness* measure indicator demonstrates that Amerigroup should focus efforts in managing care for patients discharged after an ED visit for mental illness more effectively. HSAG recommends that Amerigroup conduct focus groups with practitioners to ascertain potential reasons for low follow-up visit rates and review


⁴² Centers for Disease Control and Prevention. High Blood Pressure. Available at: <https://www.cdc.gov/high-blood-pressure/living-with/index.html>. Accessed on: Oct 30, 2024.

⁴³ Centers for Disease Control and Prevention. Asthma. Insurance Coverage and Barriers to Care for People with Asthma. Available at: https://www.cdc.gov/asthma/asthma_stats/insurance_coverage.htm. Accessed on: Oct 30, 2024.

Weaknesses and Recommendations	
	<p>providers' processes in scheduling patients for follow-up visits before patient discharge. Finally, HSAG recommends that Amerigroup consider enhancing communication and collaboration with hospitals to improve the effectiveness of transitions of care, discharge planning, and handoffs to community settings for members with behavioral health needs.</p> <p>To improve the performance of the <i>Initiation and Engagement of Substance Use Disorder Treatment</i> measure, HSAG recommends that Amerigroup evaluate current care coordination practices and ensure patients and providers are aware of treatment options.</p>
	<p>Weakness: In the Access to Care domain for the PeachCare for Kids® population, Amerigroup fell below the HEDIS MY 2023 50th percentile for <i>Immunizations for Adolescents—Combination 2</i>, suggesting opportunities to improve the rate of adolescents receiving the recommended immunization screenings.</p> <p>Recommendations: HSAG recommends that Amerigroup continue its improvement efforts for this immunization measure. HSAG also recommends that the CMO consider targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code. Amerigroup should continue its efforts in removing barriers to care contributing to low performance (e.g., barriers to accessing care, lack of transportation, refusal or hesitancy of receiving immunizations, or the need for improved community outreach and education). In addition, HSAG recommends stratifying data by provider panel size to pinpoint which providers may need additional support to improve the quality of care delivered to members. Amerigroup should also continue its efforts to expand its PQIP to smaller provider groups, as well as increase one-on-one consultative support to providers who are the largest drivers of low performance. Finally, Amerigroup 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.⁴⁴</p>



CareSource

Table 9-2—Overall Conclusions for CareSource: Quality, Access, and Timeliness


Strengths Related to Quality	
	<p>CareSource developed appropriate PIP Aim statements and documented clearly defined and complete data collection methods. The CMO followed and accurately documented the DCH-developed specifications. The strength in developing and implementing PIPs indicates that the CMO has sound processes that should result in continued performance improvement.</p>
	<p>CareSource met or exceeded the HEDIS MY 2023 50th percentile for the <i>Asthma Medication Ratio—5–11 Years, 19–50 Years, and 51–64 Years</i> age groups, while</p>

⁴⁴ Institute for Healthcare Improvement. How to Improve: Model for Improvement. Available at: <https://www.ihl.org/resources/how-improve-model-improvement>. Accessed on: Oct 30, 2024.

Strengths Related to Quality	
+	<p>the 12–18 Years age group met or exceeded the 75th percentile in the Quality of Care domain for the GF population. The performance for this measure is a strength and suggests effective management of members with asthma. CareSource also met or exceeded the 50th percentile for the following behavioral health measures within the Quality domain:</p> <ul style="list-style-type: none"> • <i>Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13–17 Years</i> • <i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6–17 Years, 30-Day Follow-Up—6–17 Years, and 30-Day Follow-Up—18–64 Years</i> • <i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase</i> <p>In addition, CareSource met or exceeded the HEDIS MY 2023 50th percentile for four of five (80 percent) measure indicators that could be compared to benchmarks for its PeachCare for Kids® population, continuing to demonstrate strength in this domain. Of note, <i>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase</i> met or exceeded the HEDIS MY 2023 90th percentile.</p> <p>This performance suggests that members with SUD or mental illness received timely, coordinated care post-ED discharge and that CareSource and its providers ensured behavioral health medications (e.g., ADHD medications) were managed appropriately.</p>
+	<p>Parents/caretakers of child members enrolled in CareSource had more positive experiences with how well their child’s doctor communicated and the care received from specialists, as the 2024 scores for <i>How Well Doctors Communicate</i> and <i>Rating of Specialist Seen Most Often</i> were statistically significantly higher than the 2023 scores, and the 2024 score for <i>Rating of Specialist Seen Most Often</i> was statistically significantly higher than the 2023 NCQA child Medicaid national average.</p>
Strengths Related to Access and Timeliness	
+	<p>CareSource met or exceeded the HEDIS MY 2023 50th percentile for <i>Chlamydia Screening in Women—16–20 Years and 21–24 Years</i> and <i>Cervical Cancer Screening</i>. CareSource also met or exceeded the HEDIS MY 2023 75th percentile for the <i>Childhood Immunization Status—Combination 7</i> measure indicator in the Access to Care domain for the GF population. Further, CareSource exceeded the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life</i> and <i>Sealant Receipt on Permanent First Molars—At Least One Sealant</i>.</p> <p>In addition, in the Access to Care domain for CareSource’s PeachCare for Kids® population, six of eight (75 percent) measure indicators that were comparable to benchmarks met or exceeded the HEDIS MY 2023 50th percentile. CareSource’s performance on a subset of children’s preventive and immunization measures continued to be a strength. Of note, <i>Childhood Immunization Status—Combination 7</i> exceeded the 90th percentile. The <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</i></p>


Strengths Related to Access and Timeliness	
	<p><i>Months–30 Months—Two or More Well-Child Visits</i> measure indicators met or exceeded the 75th percentile.</p> <p>This performance demonstrates a strength for the CMO, as some children and women were accessing and receiving needed screenings, oral health services, and immunizations.</p>
	<p>CareSource met or exceeded the MY 2023 HEDIS 50th percentile for <i>Ambulatory Care—ED Visits—Total</i> for the GF population, and for the PeachCare for Kids® population, CareSource met or exceeded the MY 2023 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. The results indicate that some members were able to access and receive appropriate treatment needed to stay healthy and reduce unnecessary ED utilization.</p>
Weaknesses and Recommendations	
	<p>Weakness: For CareSource’s GF population, 18 of 24 (75 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2023 50th percentile, demonstrating the need for CareSource to improve in the Access to Care domain. Of note, three of 24 rates (12.5 percent) fell below the 25th percentile: <i>Adults’ Access to Preventive/Ambulatory Health Services—Total</i>, <i>Immunizations for Adolescents—Combination 2</i>, and <i>Prenatal and Postpartum Care—Postpartum Care</i>.</p> <p>In addition, 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 2023 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.⁴⁵</p> <p>Recommendations: HSAG recommends that CareSource continue its improvement efforts in the Access to Care domain. 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 for measures falling below expected benchmarks. CareSource should also continue its efforts in removing barriers to care contributing to less access to preventive care and services in comparison to national benchmarks. (e.g., are the issues related to barriers to accessing care, lack of transportation, a lack of family planning service providers, immunization hesitancy, or the need for improved community outreach and education). HSAG also recommends stratifying data by provider panel size to pinpoint which providers may need additional support to improve the quality of care delivered to members. Finally, 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</p>

⁴⁵ National Committee for Quality Assurance. Child and Adolescent Well-Care Visits. Available at: <https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/>. Accessed on: Oct 30, 2024.


Weaknesses and Recommendations	
	<p>any additional areas for improvement or adjustment before scaling up the interventions to sustain the changes.⁴⁶</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.</p> <p>Best practices that CareSource may also 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.⁴⁷ • Evaluating and expanding current and/or new member outreach and engagement initiatives. <p>For the <i>Prenatal and Postpartum Care</i> measure, HSAG recommends that CareSource continue to review and analyze disparities and/or SDOH within the population that continue to contribute to low postpartum care rates. Strategies could include providing expanded access appointments outside of business hours to accommodate work schedules or childcare needs. Additionally, HSAG recommends timely and consistent monitoring of data on noncompliant members to help close care gaps, ensuring timely postpartum care.</p> <p>HSAG also recommends that CareSource identify barriers preventing members from accessing annual PCP visits (e.g. transportation, SDOH). Finally, HSAG recommends that CareSource expand educational efforts on the importance of annual wellness visits.</p>
	<p>Weakness: For CareSource’s GF population, 19 of 30 (63.3 percent) measure indicator rates in the Quality of Care domain that could be compared to benchmarks fell below the HEDIS MY 2023 50th percentile, demonstrating the need for CareSource to improve in this domain. Of note, eight of 30 rates (26.7 percent) fell below the 25th percentile:</p> <ul style="list-style-type: none"> • <i>Controlling High Blood Pressure</i> • <i>Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—18–64 Years and 30-Day Follow-Up—18–64 Years</i> • <i>Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%) and HbA1c Poor Control (>9.0%)</i>

⁴⁶ Institute for Healthcare Improvement. How to Improve: Model for Improvement. Available at: <https://www.ihl.org/resources/how-improve-model-improvement>. Accessed on: Oct 30, 2024.

⁴⁷ Centers for Medicare & Medicaid Services. State Medicaid and CHIP Improving Infant Well-Child Visit Rates. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/dvr-digrm-chng-idea-table.pdf>. Accessed on: Oct 30, 2024.


Weaknesses and Recommendations	
	<ul style="list-style-type: none"> • <i>Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—18–64 Years</i> • <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total and Blood Glucose and Cholesterol Testing—Total</i> <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 expanding on existing strategies that focus on disease and chronic condition management, such as:</p> <ul style="list-style-type: none"> • Providing at-home devices, such as blood pressure monitoring devices, to hypertensive members.⁴⁸ • 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. • Continuing to provide provider education on the utilization of CPT II codes to correctly capture HbA1c values and blood pressure readings. <p>The low performance of the <i>Follow-Up After Emergency Department Visit for Mental Illness</i> measure indicator demonstrates that CareSource should focus efforts in managing care for patients discharged after an ED visit for mental illness more effectively. HSAG recommends that CareSource conduct focus groups with practitioners to ascertain potential reasons for low follow-up visit rates and review providers' practices in scheduling patients for follow-up visits before patient discharge. Finally, HSAG recommends that CareSource consider enhancing communication and collaboration with hospitals to improve the effectiveness of transitions of care, discharge planning, and handoffs to community settings for members with behavioral health needs.</p> <p>To improve the performance of the <i>Initiation and Engagement of Substance Use Disorder Treatment</i> and <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i> measures, HSAG recommends that CareSource evaluate current care coordination practices and ensure patients and providers are aware of treatment options. Furthermore, HSAG recommends that CareSource partner with providers to improve care coordination for children on antipsychotic medication.</p>
	<p>Weakness: For CareSource's PeachCare for Kids[®] population, <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total</i> fell below the HEDIS MY 2023 50th percentile in the Quality domain, indicating that first-line psychosocial interventions may be underutilized in children and adolescents on antipsychotic medications.</p>



⁴⁸ Centers for Disease Control and Prevention. High Blood Pressure. Available at: <https://www.cdc.gov/high-blood-pressure/living-with/index.html>. Accessed on: Oct 30, 2024.



Weaknesses and Recommendations	
	<p>Recommendations: HSAG recommends that CareSource consider engaging providers to evaluate current practices and ensure patients and providers are aware of treatment options. Furthermore, HSAG recommends that CareSource consider partnering with providers to improve care for children on antipsychotic medication. Finally, HSAG recommends that CareSource provide education to families with children on antipsychotic medications on available psychosocial services and address obstacles to accessing these services.</p>
	<p>Weakness: Fewer adult members enrolled with CareSource reported positive experiences with two of the three medical assistance with smoking and tobacco use cessation items, as the 2024 scores for <i>Discussing Cessation Medications</i> and <i>Discussing Cessation Strategies</i> were statistically significantly lower than the 2023 NCQA adult Medicaid national average. Fewer adult members also reported positive experiences with their health plan’s customer service, as the 2024 score for <i>Customer Service</i> was statistically significantly lower than the 2023 score.</p> <p>Recommendations: HSAG recommends that CareSource focus on increasing response rates to the CAHPS survey so there are greater than 100 respondents for each measure by educating and engaging all employees to increase their knowledge of CAHPS, using customer service techniques, oversampling, and continuing to increase member and provider awareness during the survey period. Additionally, HSAG recommends that CareSource focus on quality improvement initiatives to provide medical assistance with smoking and tobacco use cessation and to continue to develop efforts to promote its Health Education & Wellness smoking cessation program. CareSource should also consider developing provider materials aimed at promoting smoking cessation and the available options to stop smoking, including medication assistance.</p>

Peach State

Table 9-3—Overall Conclusions for Peach State: Quality, Access, and Timeliness

Strengths Related to Quality	
	<p>Peach State developed appropriate PIP Aim statements and documented clearly defined and complete data collection methods. The CMO followed and accurately documented the DCH-developed specifications. The strength in developing and implementing PIPs indicates that the CMO has sound processes that should result in continued performance improvement.</p>
	<p>For its GF population, Peach State met or exceeded the HEDIS MY 2023 50th percentile for the <i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6–17 Years</i> and <i>18–64 Years</i>, and <i>30-Day Follow-Up—6–17 Years</i> measure indicators in the Quality of Care domain, demonstrating a strength for the CMO. Peach State met or exceeded the HEDIS MY 2023 75th percentile for the <i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase</i> measure indicator and exceeded the 90th percentile for the <i>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase</i> measure indicator. This performance suggests that some members with mental illness received timely, coordinated care post-ED discharge and that Peach State ensured</p>

Strengths Related to Quality	
	<p>behavioral health medications (e.g., ADHD medications) were managed appropriately.</p> <p>Similarly, for Peach State's PeachCare for Kids® population, Peach State met or exceeded the HEDIS MY 2023 50th percentile for four of five (80.0 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 2023 75th percentile, and <i>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase</i> met or exceeded the HEDIS MY 2023 90th percentile.</p>
Strengths Related to Access and Timeliness	
	<p>Peach State met or exceeded the HEDIS MY 2023 50th percentile for <i>Cervical Cancer Screening</i> and met or exceeded the 75th percentile for <i>Chlamydia Screening in Women—16–20 Years</i> and <i>21–24 Years</i> in the Access to Care domain for the GF population. Peach State also met or exceeded the HEDIS MY 2023 50th percentile for the following measure indicators: <i>Child and Adolescent Well-Care Visits—12–17 Years, 18–21 Years, and Total</i>; <i>Childhood Immunization Status—Combination 7</i>; <i>Immunizations for Adolescents—Combination 1</i>; <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total</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>. Further, Peach State exceeded the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life</i>; <i>Oral Evaluation, Dental Services—Total</i>; <i>Sealant Receipt on Permanent First Molars—At Least One Sealant</i> and <i>All Four Molars Sealed</i>; and <i>Topical Fluoride for Children—Rate 1—Dental or Oral Health Services—Total (Ages 1–20)</i>.</p> <p>Similarly, in the Access to Care domain for the PeachCare for Kids® population, Peach State met or exceeded the HEDIS MY 2023 50th percentile for seven of 10 (70.0 percent) measure indicator rates that could be compared to benchmarks, continuing to demonstrate strength. Six measures (60 percent) met or exceeded the HEDIS MY 2023 75th percentile. Of note, <i>Childhood Immunization Status—Combination 7</i> and <i>Immunizations for Adolescents—Combination 1</i> met or exceeded the HEDIS MY 2023 90th percentile.</p> <p>This performance demonstrates strength in the Access to Care domain, as many children and adolescents were accessing well-care visits, oral health visits, and receiving immunizations and screenings according to the DCH EPSDT or Bright Futures schedules.</p>
	<p>In the Stewardship domain for the GF population, Peach State met or exceeded the MY 2023 HEDIS 50th percentile for <i>Ambulatory Care—ED Visits—Total</i> and <i>Plan All-Cause Readmissions O/E Ratio—Total</i>, indicating a strength for Peach State.</p> <p>In addition, for the PeachCare for Kids® population, Peach State met or exceeded the MY 2023 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>

Strengths Related to Access and Timeliness	
	<p>These results suggest that some members were receiving timely access to care, thereby reducing the cost of ED visits and readmissions.</p>
Weaknesses and Recommendations	
	<p>Weakness: In the Access to Care domain for Peach State's GF population, nine of 24 (37.5 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2023 50th percentile. Of note, two of 24 rates (8.3 percent) fell below the 25th percentile: <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> and <i>Postpartum Care</i>.</p> <p>Similarly, for the PeachCare for Kids® population, Peach State fell below the 50th percentile for <i>Immunizations for Adolescents—Combination 2</i>. Peach State also fell below the 25th percentile for <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> and <i>Postpartum Care</i>, demonstrating an area of opportunity to improve the timeliness of and access to prenatal and postpartum care.</p> <p>Recommendations: HSAG recommends that Peach State continue its improvement efforts in the Access to Care domain. HSAG also 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 for measures falling below expected benchmarks. Peach State should also continue its efforts in removing barriers to care contributing to less access to preventive care and services in comparison to national benchmarks (e.g., are the issues related to barriers to accessing care, lack of transportation, a lack of family planning service providers, immunization hesitancy, or the need for improved community outreach and education). HSAG further recommends stratifying data by provider panel size to pinpoint which providers may need additional support to improve the quality of care delivered to members. For the <i>Prenatal and Postpartum Care</i> measure, HSAG recommends that Peach State continue to review and analyze disparities and/or SDOH within the population that continue to contribute to low prenatal and postpartum care rates. HSAG also recommends that Peach State consider evaluating the feasibility of implementing appropriate interventions to improve the quality of, timeliness of, and access to prenatal and postpartum care. Strategies could include providing expanded access appointments outside of business hours to accommodate work schedules or childcare needs. Additionally, HSAG recommends timely and consistent monitoring of data on noncompliant members to help close care gaps, ensuring timely prenatal and postpartum care.</p> <p>For the <i>Immunizations for Adolescents—Combination 2</i> measure, HSAG recommends that Peach State continue to build upon performance improvement interventions already implemented for ensuring that adolescents receive medically appropriate preventive vaccinations.</p>
	<p>Weakness: For Peach State's GF population, 24 of 30 (80.0 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2023 50th percentile, demonstrating the need for Peach State to improve in the Quality of Care domain. Of note, 12 of 30 rates (40.0 percent) fell below the MY 2023 25th percentile:</p>

Weaknesses and Recommendations

- *Asthma Medication Ratio—5–11 Years, 19–50 Years, and 51–64 Years*
- *Controlling High Blood Pressure*
- *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—18–64 Years and 30-Day Follow-Up—18–64 Years*
- *Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13–17 Years and 30-Day Follow-Up—13–17 Years*
- *Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%) and HbA1c Poor Control (>9.0%)*
- *Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment—Total—18–64 Years*
- *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total*

Similarly, in the Quality domain for the PeachCare for Kids® population, Peach State fell below the HEDIS MY 2023 25th percentile for the *Asthma Medication Ratio—5–11 Years* measure indicator. This low performance suggests a need for better access to care and appropriate medication management for children with asthma.

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 expanding on existing strategies that focus on disease and chronic condition management, such as:


- Providing at-home devices, such as blood pressure monitoring devices, to hypertensive members.⁴⁹
- 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.

Regarding *Asthma Medication Ratio*, HSAG recommends that Peach State explore which demographic regions or providers report lower *Asthma Medication Ratio* rates and address obstacles that may be present for those members. Providers can be given educational opportunities discussing the importance of well-managed asthma, controller medications, and data collection on medication prescriptions.⁵⁰

The low performance of the *Follow-Up After Emergency Department Visit for Mental Illness* and *Follow-Up After Emergency Department Visit for Substance Use*



⁴⁹ Centers for Disease Control and Prevention. High Blood Pressure. Available at: <https://www.cdc.gov/high-blood-pressure/living-with/index.html>. Accessed on: Oct 30, 2024.






⁵⁰ Centers for Disease Control and Prevention. Asthma. Insurance Coverage and Barriers to Care for People with Asthma. Available at: https://www.cdc.gov/asthma/asthma_stats/insurance_coverage.htm. Accessed on: Oct 30, 2024.



Weaknesses and Recommendations	
	<p>measure indicators demonstrates that Peach State should focus efforts on managing care for patients discharged after an ED visit for mental illness and substance use more effectively. HSAG recommends that Peach State conduct focus groups with practitioners to ascertain potential reasons for low follow-up visit rates and review providers' practices in scheduling patients for follow-up visits before patient discharge. Finally, HSAG recommends that Peach State consider enhancing communication and collaboration with hospitals to improve the effectiveness of transitions of care, discharge planning, and handoffs to community settings for members with behavioral health needs.</p> <p>Finally, to improve the performance of the <i>Initiation and Engagement of Substance Use Disorder Treatment</i> and <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i> measure indicators, HSAG recommends that Peach State consider evaluating current care coordination practices and ensuring patients and providers are aware of treatment options. Furthermore, HSAG recommends that Peach State consider partnering with providers to improve care coordination for children on antipsychotic medication.</p>
	<p>Weakness: Fewer adult members enrolled with Peach State reported, through the CAHPS member experience survey, positive experiences with one of the three medical assistance with smoking and tobacco use cessation items, as the 2024 score for <i>Discussing Cessation Strategies</i> was statistically significantly lower than the 2023 NCQA adult Medicaid national average.</p> <p>Recommendations: HSAG recommends that Peach State focus on increasing response rates to the CAHPS survey so there are greater than 100 respondents for each measure by educating and engaging all employees to increase their knowledge of CAHPS, using customer service techniques, oversampling, and continuing to increase member and provider awareness during the survey period. Additionally, HSAG recommends that Peach State focus on quality improvement initiatives to provide medical assistance with smoking and tobacco use cessation and continue to develop efforts to promote its Health Education & Wellness smoking cessation program. Peach State should also develop provider materials aimed at promoting smoking cessation and the available options to stop smoking, including medication assistance.</p>

Amerigroup 360°

Table 9-4—Overall Conclusions for Amerigroup 360°: Quality, Access, and Timeliness

Strengths Related to Quality	
	<p>Amerigroup 360° developed appropriate PIP Aim statements and documented clearly defined and complete data collection methods. The CMO followed and accurately documented the DCH-developed specifications. The strength in developing and implementing PIPs indicates that the CMO has sound processes that should result in continued performance improvement.</p>
	<p>In the Quality of Care domain, Amerigroup 360° continued to demonstrate strength for its HEDIS MY 2023 rates, meeting or exceeding the 50th percentile for 15 of 22 (68.2 percent) measure rates related to quality of care that were comparable to</p>

Strengths Related to Quality	
	benchmarks. Of these 15 measure indicator rates, 10 (66.7 percent) exceeded the 75th percentile.
	A comparison of the 2024 Amerigroup 360° member experience (CAHPS) scores to the 2023 NCQA child Medicaid national averages revealed that Amerigroup 360°'s 2024 scores were statistically significantly higher than the 2023 NCQA child Medicaid national averages for three measures: <i>Getting Care Quickly</i> , <i>How Well Doctors Communicate</i> , and <i>Customer Service</i> . Overall, these results indicate that the CMO's providers may have strength in patient-centered communications and processes to ensure access to care when members need care and services.
Strengths Related to Access and Timeliness	
	Amerigroup 360° continued to demonstrate strength for HEDIS MY 2023 in the Access to Care domain, meeting or exceeding the 50th percentile for 11 of 13 (84.6 percent) HEDIS and non-HEDIS measure rates related to access to care that were comparable to benchmarks. Of these 11 measures, four rates (36.4 percent) were between the 75th and 89th percentile: <i>Child and Adolescent Well-Care Visits—Total</i> , <i>Childhood Immunization Status—Combination 7</i> , <i>Chlamydia Screening in Women—16–20 Years</i> , and <i>Immunizations for Adolescents—Combination 1</i> . In addition, <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> 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 ensuring members were able to access and receive well and preventive care and services.
	In the Stewardship domain, Amerigroup 360° met or exceeded the 50th percentile for <i>Ambulatory Care (Per 1,000 Member Years)—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.
	A comparison of the 2024 Amerigroup 360° member experience (CAHPS) scores to the 2023 NCQA child Medicaid national averages revealed that Amerigroup 360°'s 2024 scores were statistically significantly higher than the 2023 NCQA child Medicaid national averages for three measures: <i>Getting Care Quickly</i> , <i>How Well Doctors Communicate</i> , and <i>Customer Service</i> . Overall, the results indicate that the CMO's providers may have strength in patient-centered communications and processes to ensure access to care when members need care and services.
Weaknesses and Recommendations	
	<p>Weakness: In the Access to Care domain, Amerigroup 360°'s <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> and <i>Postpartum Care</i> measure indicators fell below the 25th percentile. This performance demonstrates opportunities to improve the timeliness of and access to prenatal and postpartum care services.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° consider whether disparities and/or SDOH of health within this population contributed to less access to prenatal and postpartum care services. HSAG also recommends that Amerigroup 360° consider evaluating the feasibility of implementing appropriate interventions to improve the quality of, timeliness of, and access to prenatal and postpartum care. Strategies the CMO should consider include providing expanded access appointments outside of business hours to accommodate work schedules</p>

Weaknesses and Recommendations	
	or childcare needs. Additionally, timely and consistent monitoring of data on noncompliant members will help close care gaps, ensuring timely prenatal and postpartum care.
	<p>Weakness: Seven of 22 (31.8 percent) measure indicator rates that were comparable to benchmarks in the Quality of Care domain fell below the 50th percentile, showing a continued decrease in performance for this domain. Of note, five of these seven (71.4 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, Asthma Medication Ratio—12–18 Years, 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 appropriate medications). HSAG also recommends that Amerigroup 360° consider implementing appropriate interventions to improve performance. Best practices include partnering with providers and local pharmacies to emphasize timely 90-day prescription refills, when appropriate, to support medication adherence; medication reminders; enhancing coordination of care to ensure children who are prescribed behavioral health medications are managed appropriately; and providing member and/or guardian education on the importance of medication adherence. Regarding <i>Asthma Medication Ratio</i>, HSAG also recommends that Amerigroup 360° explore which demographic regions or providers report lower <i>Asthma Medication Ratio</i> rates and address obstacles that may be present for those members. Providers can be given educational opportunities discussing the importance of well-managed asthma, controller medications, and data collection on medication prescriptions.⁵¹</p>
	<p>Weakness: A comparison of the 2024 Amerigroup 360° member experience (CAHPS) scores to the 2023 NCQA child Medicaid national averages revealed that Amerigroup 360°’s 2024 score was statistically significantly lower than the 2023 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 are potentially perceiving a lack of access to care, timeliness of needed care, and overall quality of care. Once a root cause or probable reasons for lower ratings are identified in each area, Amerigroup 360° can determine appropriate interventions, education, and actions to improve performance.</p>

⁵¹ Centers for Disease Control and Prevention. Asthma. Insurance Coverage and Barriers to Care for People with Asthma. Available at: https://www.cdc.gov/asthma/asthma_stats/insurance_coverage.htm. Accessed on: Oct 30, 2024.

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

Item #	Required Elements	Page Number
General Report Requirements		
1.	The state submitted its EQR technical report by April 30th .	Cover page
2.	Include a clickable or hyperlinked table of contents for easy navigation throughout the report.	i – ii
3.	Produce a searchable PDF to enable stakeholders to review topics of interest and facilitate use of the reports for topic-specific analyses.	Entire document
4.	Use the names of the managed care entities (MCEs) when referring to plan performance. Findings and comparisons should refer to MCEs by name to facilitate transparency and stakeholder understanding of specific plan performance.	1-1 Entire document
5.	All eligible Medicaid and Children’s Health Insurance Program (CHIP) plans are included in the report. <i>TIP: Identify the MCEs subject to EQR by plan name, MCE 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>	1-1
6.	The State must ensure that the EQR results in an annual detailed technical report summarize findings on access and quality of care , including: (1) A description of the manner in which the data from all activities conducted in accordance with § 438.358 were aggregated and analyzed, and conclusions were drawn as to the quality, timeliness, and access to the care furnished by the MCO, PIHP, or PAHP <i>TIP: Include a description for all three activities noted under the regulation (1) how data were aggregated, (2) how they were analyzed, and (3) how conclusions were drawn about the MCE’s ability to furnish services. These findings should reflect a comparison to the domains of quality, timeliness, and access to healthcare services.</i>	1-3 – 1-9
7.	For each EQR-related activity conducted in accordance with § 438.358: <ul style="list-style-type: none"> • Objectives; • Technical methods of data collection and analysis; • The data and a description of data obtained, including validated performance measurement, any outcomes data and results from quantitative assessments, for each activity conducted in accordance with § 438.358(b)(1)(i), (ii) and (iv) of this subpart; and • Conclusions drawn from the data 	Appendix B
8.	Include an assessment of each MCE's strengths and weaknesses for the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries. <i>TIP:</i>	Section 9

Item #	Required Elements	Page Number
	<ul style="list-style-type: none"> • <i>Include a chart outlining each MCE's strengths and weaknesses for each EQR activity and designate a quality, timeliness, and access domain.</i> • <i>Highlight substantive findings concerning the extent to which each MCE 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.</i> • <i>Consider using the Strengths-Weaknesses QAT Worksheet</i> 	
9.	<p>The technical report must include recommendations for improving the quality of health care services furnished by each MCO, PIHP, or PAHP.</p> <p>TIP:</p> <ul style="list-style-type: none"> • <i>Include recommendations for each MCE. Recommendations should share the EQRO's understanding of why the weakness exists and suggest steps for how the MCE—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 MCE and/or state can identify the cause.</i> • <i>When determining recommendations, EQROs should consider whether the suggested actions are within the authority of the MCE (or state).</i> 	Section 9 9-3 – 9-5 9-7 – 9-10 9-12 – 9-14 9-15 – 9-16
10.	<p>The technical report must include recommendations for how the state can target goals and objectives in the quality strategy, under §438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid or CHIP beneficiaries.</p> <p>TIP:</p> <ul style="list-style-type: none"> • <i>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 an MCE 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.</i> 	1-10 – 1-11
11.	<p>Ensure methodologically appropriate, comparative information about all MCEs, consistent with guidance included in the EQR protocols issued in accordance with § 438.352(e).</p> <p>TIP:</p> <ul style="list-style-type: none"> • <i>Aggregate findings across MCEs for each EQR activity and show comparisons.</i> • <i>Provide context for the individual MCE to make it easier for stakeholders to understand the results of the review and more readily determine whether issues are localized or systemic.</i> 	Section 3
12.	<p>Include an assessment of the degree to which each MCE has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR.</p> <p>TIP:</p> <ul style="list-style-type: none"> • <i>State the prior year finding and describe the assessment of each MCE'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 MCE or state.</i> 	Appendix E

Item #	Required Elements	Page Number
	<ul style="list-style-type: none"> Document assessments with the same specificity used when reporting on initial findings. 	
13.	Include the names of the MCEs exempt from external quality review by the State, including the beginning date of the current exemption period, or that no MCEs are exempt, as appropriate.	1-1
14.	The information included in the technical report must not disclose the identity or other protected health information of any patient. 42 CFR 438.364(d) TIP: <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 MCEs 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 document
Performance Improvement Projects (PIPs) Report Requirements		
15.	The technical report must include information on the validation of PIPs that were underway during the preceding 12 months. TIP: <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. Provide the data period the EQRO validated (for example, measurement year 2023) 	4-2 – 4-8
16.	The technical report must include a description of PIP interventions associated with each state-required PIP topic for the current EQR review cycle. TIP: <ul style="list-style-type: none"> For states with many MCEs 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 information in a cohesive way that allows for brevity in the sections that describe data analysis and conclusions. 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. 	4-3 – 4-8
17.	Validation of performance improvement projects PIPs: <ul style="list-style-type: none"> Objectives TIP: 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.	4-1 Appendix B
18.	Validation of performance improvement projects PIPs: <ul style="list-style-type: none"> Technical methods of data collection and analysis TIP:	4-1 Appendix B

Item #	Required Elements	Page Number
	<p><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></p>	
19.	<p>Validation of performance improvement projects PIPs:</p> <ul style="list-style-type: none"> • Description of data obtained <p>TIP: <i>Based upon the collection efforts identified in the technical methods of data collection and analysis section, 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></p>	4-1 Appendix B
20.	<p>Validation of performance improvement projects PIPs:</p> <ul style="list-style-type: none"> • Conclusions drawn from the data <p>TIP: <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></p>	4-3 4-5 4-6 – 4-7 4-8 Section 9
21.	<p>The timeline for conducting the EQR activity:</p> <ul style="list-style-type: none"> • The date(s) data for the activity was requested and collected. • Date(s) when the validation or activity was conducted. • Date(s) when the activity report was written. • Date(s) when the activity report was finalized. 	Appendix B B-3
Performance Measure Validation		
22.	<p>The technical report must include information on the validation of each MCE’s performance measure required by 438.330(b)(2) or each MCE performance measure calculated by the State during the preceding 12 months. Include a list of the measures validated.</p> <p>TIP:</p> <ul style="list-style-type: none"> • <i>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.</i> • <i>States often link the time-frame under review to a corresponding measurement or performance period such as state or federal fiscal year, or calendar year.</i> 	3-4 – 3-10 3-17 – 3-20
23.	<p>Performance measure validation:</p> <ul style="list-style-type: none"> • Objectives <p>TIP: <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></p>	Appendix B
24.	<p>Performance measure validation:</p> <ul style="list-style-type: none"> • Technical methods of data collection and analysis <p>TIP:</p>	3-3 Appendix B

Item #	Required Elements	Page Number
	<p><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></p>	
25.	<p>Performance measure validation:</p> <ul style="list-style-type: none"> • Description of data obtained <p>TIP: <i>Based upon the collection efforts identified in the Technical methods of data collection and analysis section, 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></p>	Appendix B
26.	<p>Performance measure validation:</p> <ul style="list-style-type: none"> • Conclusions drawn from the data including: <ul style="list-style-type: none"> - The validation status of each performance measure (including the results of the medical record review) - Actual results of the performance measures (not just the results of the validation) <p>TIP: <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></p>	3-4 – 3-10 3-17 – 3-20 Section 9
27.	<p>The timeline for conducting the EQR activity:</p> <ul style="list-style-type: none"> • The date(s) data for the activity was requested and collected. • Date(s) when the validation or activity was conducted. • Date(s) when the activity report was written. • Date(s) when the activity report was finalized. 	3-4 Appendix B
Compliance Review		
28.	<p>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 compliance with the standards set forth in Subpart D and the QAPI requirements described in 42 CFR §438.330. The technical report must provide MCE results for the following 11 Subpart D and QAPI standards:</p> <ol style="list-style-type: none"> 1. 42 CFR 438.206, 457.1230(a), Availability of services 2. 42 CFR 438.207, 457.1230(b), Assurances of adequate capacity and services 3. 42 CFR 438.208, 457.1230(c) Coordination and continuity of care 4. 42 CFR 438.210, 457.1230(d), Coverage and authorization of services 5. 42 CFR 438.214, 457.1233(a), Provider selection 6. 42 CFR 438.224, 457.1230(c), Confidentiality 7. 42 CFR 438.228, 457.1260, Grievance and appeals system 8. 42 CFR 230, 457.1233(b), Subcontractual relationships and delegation 9. 42 CFR 438.236, 457.1233(c), Practice guidelines 10. 42 CFR 438.242, 457.1233(d), Health information system 11. 42 CFR 438.330, 457.1240(b), QAPI. <p>TIP:</p> <ul style="list-style-type: none"> • <i>For each of the 11 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</i> 	3-22 – 3-23 6-3 – 3-6

Item #	Required Elements	Page Number
	<p>for each standard for each plan. A best practice is to list a compliance score of a numerical or semi-quantitative nature.</p> <ul style="list-style-type: none"> 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 MCEs across the three-year review period. 	
29.	<p>Review for compliance:</p> <ul style="list-style-type: none"> Objectives <p>TIP: 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>	6-1
30.	<p>Review for compliance:</p> <ul style="list-style-type: none"> Technical methods of data collection and analysis <p>TIP: 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
31.	<p>Review for compliance:</p> <ul style="list-style-type: none"> Conclusions drawn from the data <p>TIP: 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>	6-3 – 6-7 Section 9
32.	<p>The timeline for conducting the EQR activity:</p> <ul style="list-style-type: none"> The date(s) data for the activity was requested and collected. Date(s) when the validation or activity was conducted. Date(s) when the activity report was written. Date(s) when the activity report was finalized. 	6-1
Validation of Network Adequacy		
33.	<p>EQRO should compile the results for each MCE into the annual EQR Technical Report. In the report, the EQRO will provide its assessment of each MCE’s ability to:</p> <ol style="list-style-type: none"> collect reliable and valid network adequacy monitoring data, use sound methods to assess the adequacy of its managed care networks, and produce accurate results to support MCP and state network adequacy monitoring efforts. <p>The EQRO’s technical report to the state should follow the state’s required format, and include the following elements, along with worksheets, tools, and other supporting documentation.</p>	Section 8
34.	<p>Validation of MCO, PIHP, or PAHP network adequacy during the preceding 12 months to comply with requirements set forth in § 438.68 and, if the State enrolls Indians in the MCO, PIHP, or PAHP, § 438.14(b)(1).</p>	Section 8
35.	<p>A description of the state’s network adequacy standards for provider types covered by the state’s MCEs, including minimum quantitative network adequacy standards, and</p>	8-2 – 8-7

Item #	Required Elements	Page Number
	the network adequacy indicators that were validated for each MCE (Worksheet 4.1 and Worksheet 4.2) ⁵²	
36.	A list of the data and documentation validated by the EQRO (Worksheet 4.3)	8-1 – 8-2 Appendix B
37.	<p>A description of the EQRO’s validation activities including:</p> <ul style="list-style-type: none"> • The EQRO team members involved in the validation and other participants (MCE staff, vendors) • A summary of the validation strategy • Methods for collecting primary data • Data analysis methodology • Other considerations relevant to the network adequacy validation process 	8-1 – 8-2 Appendix B
38.	Findings on the MCE’s information systems capabilities and data integration, including documentation of the timing of the state’s most recent ISCA and a description of what documentation was reviewed by the EQRO to support the validation of network adequacy (Worksheet 4.6)	3-26 – 3-28 8-2 – 8-7
39.	Analyses and conclusions for each network adequacy validation activity for each MCE. The EQRO should compile data across MCEs to create data tables with summary statistics for each MCE that include actual results and validation ratings (and analysis of patterns across MCEs), using the criteria established by the state in Activity 1	3-26 – 3-28 8-2 – 8-7 Section 9
40.	Recommendations for improving the reliability and validity of each MCE’s process for monitoring network adequacy, including implications for the MCE’s data systems, methods, and staffing (e.g., programming and analytic capacity) (Worksheet 4.8)	3-26 – 3-28 Section 9
41.	When possible, the validation report should identify recommendations from the previous year’s report submitted to the state , and discuss progress made on these recommendations over the past year based on information gathered during the validation process (Worksheet 4.8).	NA. This is a first-year activity
42.	<p>Review for NAV:</p> <ul style="list-style-type: none"> • Objectives <p>TIP: <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.</i></p>	3-24 Appendix B
43.	<p>Review for NAV:</p> <ul style="list-style-type: none"> • Technical methods of data collection and analysis <p>TIP: <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></p>	3-25 – 3-26 Appendix B
44.	<p>Review for NAV:</p> <ul style="list-style-type: none"> • Description of data obtained <p>TIP:</p>	3-25 – 3-26 Appendix B

⁵² 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, 2024.

Item #	Required Elements	Page Number
	<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>	
45.	Review for NAV: <ul style="list-style-type: none"> • Conclusions drawn from the data <p>TIP: <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></p>	3-26 – 3-27 Section 9
46.	The timeline for conducting the EQR activity: <ul style="list-style-type: none"> • The date(s) data for the activity was requested and collected. • Date(s) when the validation or activity was conducted. • Date(s) when the activity report was written. • Date(s) when the activity report was finalized. 	Appendix B
All Other Optional Activities		
<p>Each remaining optional activity included in the technical report must include a description of the activity and the following information:</p> <ul style="list-style-type: none"> • Objectives • Technical methods of data collection and analysis • Description of data obtained • Conclusions drawn from the data. 		
Member Experience of Care Survey		
29.	Member Experience of Care Survey: <ul style="list-style-type: none"> • Objectives <p>TIP: <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></p>	Appendix B
30.	Member Experience of Care Survey: <ul style="list-style-type: none"> • Technical methods of data collection and analysis <p>TIP: <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></p>	Appendix B
31.	Member Experience of Care Survey: <ul style="list-style-type: none"> • Description of data obtained <p>TIP: <i>Based upon the collection efforts identified in the technical methods of data collection and analysis section, 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></p>	Appendix B
32.	Member Experience of Care Survey:	3-28 – 3-31

Item #	Required Elements	Page Number
	<ul style="list-style-type: none"> • Conclusions drawn from the data <p><i>TIP: 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></p>	7-1 – 7-8
33.	<p>The timeline for conducting the EQR activity:</p> <ul style="list-style-type: none"> • The date(s) data for the activity was requested and collected. • Date(s) when the validation or activity was conducted. • Date(s) when the activity report was written. • Date(s) when the activity report was finalized. 	Appendix B

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
- Network Adequacy Validation Methodology

PIP Validation Approach and Methodology

Objectives

For SFY 2024–2025, 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*, February 2023.⁵³ 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 how well the CMO improves its rates through implementation of effective processes (i.e., barrier analyses, interventions, and evaluation of results).

⁵³ 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, 2024.

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 2024-2025 submissions, the CMOs reported baseline data and were validated for steps 1 through 7 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*.

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

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

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

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

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

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 2024-2025 validation, the CMOs submitted baseline 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	CY 2023 (January 1–December 31, 2023)
Administrative	Remeasurement 1	CY 2024 (January 1–December 31, 2024)
Administrative	Remeasurement 2	CY 2025 (January 1–December 31, 2025)

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 *High Confidence*, *Moderate Confidence*, *Low Confidence* or *No Confidence*. HSAG will further analyze 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, or PAHPs to have a qualified EQRO perform an annual EQR that includes validation of contracted entity PMs (42 CFR §438.358[b][1][ii]). HSAG conducted PMV for the State of Georgia, Department of Community Health, validating the data collection and reporting processes used to calculate the PM rates by the MCOs (referred by the State as CMOs) in accordance with the CMS publication, *Protocol 2: Validation of Performance Measures: A Mandatory EQR-Related Activity*, February 2023.⁵⁴ 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.

⁵⁴ 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, 2024.

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.

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 2023 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 2023. 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 Methodology

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 16 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		Standard	Federal Requirements	
	Medicaid	CHIP		Medicaid	CHIP
Standard I—Enrollment and Disenrollment	438.56	§457.1212	Standard IX—Confidentiality	438.224	§457.1233(e)
Standard II—Member Rights and Member Information	438.10 438.100	§457.1207 §457.1220	Standard X—Grievance and Appeal Systems	438.428	§457.1260
Standard III—Emergency and Poststabilization Services	438.114	§457.1228	Standard XI—Subcontractual Relationships and Delegation	438.230	§457.1233(b)
Standard IV—Availability of Services	438.206	§457.1230(a)	Standard XII—Practice Guidelines	438.236	§457.1233(c)
Standard V—Assurances of Adequate Capacity and Services	438.207	§457.1230(b) §457.1218	Standard XIII—Health Information Systems	438.242	§457.1233(d)
Standard VI—Coordination and Continuity of Care	438.208	§457.1230(c)	Standard XIV—Quality Assessment and Performance Improvement Program	438.330	§457.1240
Standard VII—Coverage and Authorization of Services	438.210	§457.1230(d)	Standard XV—Program Integrity	438.608	§457.1285
Standard VIII—Provider Selection	438.214	§457.1233(a)	Standard XVI—Early and Periodic Screening, Diagnostic, and Treatment	§441.50; Social Security Act, Section 1902	Social Security Act, Section 1905

*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 2023–2024 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*, February 2023.⁵⁵ 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> <ul style="list-style-type: none"> a. HSAG and DCH participated in virtual meetings to determine the timing and scope of the reviews, as well as scoring strategies. b. HSAG collaborated with DCH to develop monitoring tools, record review tools, report templates, agendas, and set review dates. c. HSAG submitted all materials to DCH for review and approval. d. 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.

⁵⁵ 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*, February 2023. Available at: <https://www.medicaid.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf>. Accessed on: Dec 11, 2024.

For this protocol activity,	HSAG completed the following activities:
	<ul style="list-style-type: none"> 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.
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 2023–2024 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—Disenrollment: Requirements and Limitations	✓		✓
Standard II—Member Rights and Member Information			✓
Standard III—Emergency and Poststabilization Services	✓		✓
Standard IV—Availability of 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—Confidentiality	✓	✓	
Standard X—Grievance and Appeal System	✓	✓	✓
Standard XI—Subcontractual Relationships and Delegation	✓	✓	✓
Standard XII—Practice Guidelines	✓		
Standard XIII—Health Information Systems	✓	✓	✓
Standard XIV—Quality Assessment and Performance Improvement	✓		✓
Standard XV—Program Integrity	✓		✓
Standard XVI—Early and Periodic Screening, Diagnostic, and Treatment	✓	✓	✓

Member Experience of Care Surveys Methodology

Objectives

The surveys administered by each CMO’s vendor included a set of standardized items (39 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 population only*).

For each CMO and the overall statewide averages, the 2024 adult and child CAHPS scores were compared to 2023 NCQA national adult and child Medicaid averages, respectively.⁵⁶ 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 2024 scores were compared to their corresponding 2023 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 2024 CAHPS surveys for Amerigroup and Amerigroup 360°. SPH Analytics administered the 2024 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. All CMOs 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, 2023; and child members included as eligible for the survey were 17 years of age or younger as of December 31, 2023.

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.⁵⁷ 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 2023 Volume 3: Specifications for Survey Measures*.⁵⁸

⁵⁶ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.

⁵⁷ Medical assistance with smoking and tobacco use cessation items related to smoking cessation were only included for the adult surveys.

⁵⁸ National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2023.

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.

How Data Were Aggregated and Analyzed

For each CMO and the overall statewide averages, the 2024 adult and child CAHPS scores were compared to their corresponding 2023 CAHPS scores.⁵⁹ A *t* test was performed to determine whether results in 2024 were statistically significantly different from results in 2023. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than 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 2024 than in 2023 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2024 than in 2023 are noted with downward triangles (▼). Scores in 2024 that were not statistically significantly different from scores in 2023 are not noted with triangles.

Additionally, each CMO's and the overall statewide averages' 2024 adult and child CAHPS scores were compared to the 2023 NCQA adult and child Medicaid national averages, respectively.⁶⁰ Statistically significant differences are noted with colors. A cell was shaded 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 shaded red.

To identify performance differences in member experience between the three CMOs, the 2024 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.⁶¹ Statistically significant differences are noted in the tables by arrows. A measure score that is statistically significantly higher than the State Average is denoted with a green upward arrow (↑). Conversely, a measure score that is statistically significantly lower than the State Average is denoted with a red downward arrow (↓). A measure score that is not statistically significantly different than the State Average is denoted with a black horizontal arrow (↔).

⁵⁹ Please exercise caution when reviewing the trend analysis results for the medical assistance with smoking and tobacco use cessation items, as the 2023 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2022 and 2023.

⁶⁰ Caution should be exercised when evaluating national comparisons, given that population and plan differences may impact CAHPS results.

⁶¹ Caution should be exercised when evaluating CMO comparisons, given that population and CMO differences may impact CAHPS results.

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.

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>	✓		

Network Adequacy Validation Methodology

Validation Overview

The DCH contracted with HSAG to conduct NAV for the three CMOs, one contracted entity GF 360° and DCH. Title 42 of CFR §438.350(a) requires states to have a qualified EQRO perform an annual EQR that includes validation of network adequacy to ensure provider networks are sufficient to provide timely and accessible care to Medicaid and CHIP beneficiaries across the continuum of services.

The objectives of NAV are to:

- Assess the accuracy of the DCH-defined network adequacy indicators reported by the CMOs and GF 360°.
- Evaluate the collection of provider data, reliability and validity of network adequacy data, methods used to assess network adequacy, and systems and processes used.

Determine an indicator-level validation rating, which refers to the overall confidence that an acceptable methodology was used for all phases of design, data collection, analysis, and interpretation of the network adequacy indicators, as set forth by DCH.

Technical Methods of Data Collection

HSAG collected network adequacy data from the CMOs and GF 360° via a SFTP site and via virtual NAV audits. HSAG used the collected data to conduct the validation of network adequacy in accordance with the CMS EQR Protocol 4. *Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023 (CMS EQR Protocol 4).⁶²

HSAG conducted a virtual review with the three CMOs and one contracted entity for GF 360°. HSAG collected information using several methods, including interviews, system demonstrations, review of source data output files, PSV, observation of data processing, and review of final network adequacy indicator-level reports. The virtual review activities performed for each CMO and GF 360° included the following:

- Opening meeting
- Review of the ISCAT and supporting documentation
- Evaluation of underlying systems and processes
- Overview of data collection, integration, methods, and control procedures
- Network adequacy source data PSV and results
- Closing conference

HSAG conducted interviews with key CMO staff members who were involved with the calculation and reporting of network adequacy indicators.

Description of Data Obtained

HSAG prepared a document request packet that was submitted to each CMO and GF 360° outlining the activities conducted during the validation process. The document request packet included a request for documentation to support HSAG's ability to assess each CMO and GF 360°'s information systems and processes, network adequacy indicator methodology, and accuracy of network adequacy reporting at the indicator level. Documents requested included an ISCAT, a timetable for completion, and instructions for submission. HSAG worked with the CMO to identify all data sources informing calculation and reporting at the network adequacy indicator level. HSAG obtained the following data and documentation from the three CMOs and GF 360° to conduct the NAV audits:

- Information systems data from the ISCAT
- Network adequacy logic for calculation of network adequacy indicators
- Network adequacy data files
- Network adequacy monitoring data
- Supporting documentation, including policies and procedures, data dictionaries, system flow diagrams, system log files, and data collection process descriptions

⁶² 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/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: July 2, 2024.

How Data Were Aggregated and Analyzed

HSAG evaluated each CMO’s and GF 360’s ability to collect reliable and valid network adequacy monitoring data, use sound methods to assess the adequacy of its managed care networks, and produce accurate results to support the CMO, GF 360°, and State’s network adequacy monitoring efforts.

HSAG used the CMS EQR Protocol 4 indicator-specific worksheets to generate a validation rating that reflects HSAG’s overall confidence that the CMOs and GF 360° used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicators.

Based on the results of the ISCA combined with the detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the CMO’s and GF 360’s interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator.

How Conclusions Were Drawn

To draw conclusions about the quality, timeliness, and accessibility of care provided by the Medicaid CMO and GF 360°, HSAG assigned each of the standards reviewed for NAV activities to one or more of three domains of care. This assignment to domains of care is depicted in Table B-7.

Table B-7—Assignment of NAV Audit Activities to the Quality, Timeliness, and Access Domains

NAV Standard	Quality	Timeliness	Access
Time and Distance	✓	✓	✓

HSAG calculated each network adequacy indicator’s validation score by identifying the number of *Met* and *Not Met* elements recorded in the HSAG CMS EQR Protocol 4 Worksheet 4.6, noted in Table B-8.

Table B-8—Validation Score Calculation

Worksheet 4.6 Summary
A. Total number of <i>Met</i> elements
B. Total number of <i>Not Met</i> elements
Score = $A / (A + B) \times 100$
Number of <i>Not Met</i> elements determined to have significant bias on the results.

The overall validation rating refers to HSAG’s overall confidence that acceptable methodology was used for all phases of data collection, analysis, and interpretation of the network adequacy indicators. CMS EQR Protocol 4 defines validation rating designations at the indicator level, which are defined in Table B-9 and assigned by HSAG once HSAG has calculated the validation score for each indicator.

Table B-9—Indicator-Level Validation Rating Categories

Validation Score	Validation Rating
90.0% or greater	High confidence
50.0% to 89.9%	Moderate confidence

Validation Score	Validation Rating
10.0% to 49.9%	Low confidence
Less than 10% and/or any <i>Not Met</i> element has significant bias on the results	No confidence

Significant bias was determined based on the magnitude of errors detected and not solely based on the number of elements *Met* or *Not Met*. HSAG determined that a *Not Met* element had significant bias on the results by:

- Requesting that the CMO and GF 360° provide a root cause analysis of the finding.
- Working with the CMO and GF 360° to quantify the estimated impact of an error, omission, or other finding on the indicator calculation.
- Reviewing the root cause, proposed corrective action, timeline for corrections, and estimated impact, within HSAG’s NAV Oversight Review Committee, to determine the degree of bias.
- Finalizing a bias determination within HSAG’s NAV Oversight Review Committee based on the following threshold:
 - The impact biased the reported network adequacy indicator result by more than 5 percentage points, the impact resulted in a change in network adequacy compliance (i.e., the indicator result changed from compliant to noncompliant or changed from noncompliant to compliant), or the impact was unable to be quantified and therefore was determined to have the potential for significant bias.

By assessing each CMO and GF 360° performance and NAV reporting process, HSAG identified areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement. Table B-10 provides a list of network adequacy standards and indicators HSAG validated.

Table B-10—Network Adequacy Indicators Validated

Network Category Description	Required Within Standard	Urban Time/Distance Standard	Rural Time/Distance Standard
PCPs	Two	Within eight (8) Miles	Within fifteen (15) miles
Pediatricians	Two	Within eight (8) Miles	Within fifteen (15) miles
Obstetric Providers	Two	Within thirty (30) minutes or thirty (30) miles	Within forty-five (45) minutes or forty-five (45) miles
Specialist	One	Within thirty (30) minutes or thirty (30) miles	Within forty-five (45) minutes or forty-five (45) miles
General Dental Providers	One	Within thirty (30) minutes or thirty (30) miles	Within forty-five (45) minutes or forty-five (45) miles
Dental Subspecialty Providers	One	Within thirty (30) minutes or thirty (30) miles	Within forty-five (45) minutes or forty-five (45) miles

Network Category Description	Required Within Standard	Urban Time/Distance Standard	Rural Time/Distance Standard
Hospitals	One	Within thirty (30) minutes or thirty (30) miles	Within forty-five (45) minutes or forty-five (45) miles
Mental Health Providers	One	Within thirty (30) minutes or thirty (30) miles	Within forty-five (45) minutes or forty-five (45) miles
Pharmacies	One	Within twenty-four (24) hours a day, seven (7) days a week within fifteen (15) minutes or fifteen (15) miles	Within twenty-four (24) hours a day (or has an afterhours emergency phone number and pharmacist on call), seven (7) days a week within thirty (30) minutes or thirty (30) miles
Therapy Physical Therapists, Occupational Therapists and Speech Therapists	One	Within thirty (30) minutes or thirty (30) miles	Within forty-five (45) minutes or forty-five (45) miles
Vision Providers	One	Within thirty (30) minutes or thirty (30) miles	Within forty-five (45) minutes or forty-five (45) miles

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: Amerigroup Community Service Center (CSC)</p> <p>Description: The Amerigroup Community Service Center is a one-stop shop for a wide range of information and resources, including access to healthcare, social and financial support, innovative technology, and more. The Center serves as a comfortable, welcoming neighborhood health care information and education space that is open to the public and staffed by Amerigroup Georgia associates who help provide support and assistance to the community.</p> <p>The Center plays a critical role to combat inequality and ensure residents in the local community have access to experts who can share health care information in a culturally sensitive manner and help them to make better-informed healthcare decisions for themselves and their families.</p> <p>Monthly events are hosted at the Community Service Center, open to Amerigroup members and the community. Events include baby shower, baby food pantry, food pantry. The CSC is also available for community partners to use for meetings and events.</p>
	<p>Topic/Title: SMI Program</p> <p>Description: Comprehensive Care for Persons with Serious Mental Illness (CCPSMI) is a case management program that specializes in addressing the needs of high cost and complex members with a severe mental illness. The program is for adults 18+ with a serious mental illness diagnosis in the last 2 years.</p>
	<p>Topic/Title: Health Equity Council</p> <p>Description: The Health Equity Council offers the opportunity for our providers and community leaders to provide advice and council to Amerigroup leadership on organizational strategy, policies, procedures, and community relations to improve children's health outcomes, support provider effectiveness, and ensure overall Medicaid program success. The members of the Health Equity Council provide objective, independent input and information to the Amerigroup team.</p>
	<p>Topic/Title: Intelligent Clinical Assist (ICA)</p> <p>Description: ICA utilizes generative AI to enhance the efficiency of prior authorization reviews for both inpatient and outpatient services. By leveraging advanced technology, ICA helps summarize large volumes of clinical information and expedite the review of authorization requests, ensuring that members receive the necessary services promptly.</p>
	<p>Topic/Title: Electronic Medical Record (EMR) Access</p> <p>Description: Amerigroup's Utilization Management Nurses and Case Managers can access electronic medical records from 26 hospitals statewide. This access boosts the</p>

CMO	Best and Emerging Practices
	<p>efficiency of inpatient stay reviews, enhances case management support for members, and minimizes denials due to lack of information to medical necessity determination.</p> <p>Topic/Title: Remote Patient Monitoring for Diabetics</p> <p>Description: Amerigroup’s remote patient monitoring provides numerous benefits to our members, including continuous and real-time health data tracking, early detection of potential issues, and timely intervention. This approach enhances patient engagement, supports personalized care plans, and improves overall health outcomes by allowing healthcare providers to monitor and manage chronic conditions such as diabetes more effectively and conveniently.</p> <p>Topic/Title: Doula Expansion Program</p> <p>Description: The Doula Expansion Program continues the work of the Doula Pilot in South Georgia with expansion of services to the Atlanta region ultimately pairing 225 members with Doulas. Doulas provides services to support the goal of reducing health disparities and inequities, improve birth outcomes, increase access to doula services, and improve maternal and infant health outcomes.</p> <p>Topic/Title: Pharmacy Commitments</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 <p>Providing prescriber outreach and customized clinical messaging for targeted members. Clinical messages and/or next steps are focused on recommendation</p>
CareSource	<p>Topic/Title: Signature Community Events</p> <p>Description: CareSource implemented community events where data indicates there are disparities to promote positive health outcomes and provide SDOH resources.</p> <ul style="list-style-type: none"> • Provided access to care via mobile units • Met SDOH needs with food boxes • Provided wellness screenings and connected members to community resources <p>Topic/Title: Oral Health Education Programs</p> <p>Description: CareSource provided education within the community with a focus on oral health and nutrition.</p> <ul style="list-style-type: none"> • Provided lunch boxes in conjunction with member education on nutrition • Provided toothbrushes in conjunction with member education on oral health • Partnered with providers to create dental medical homes to engage members <p>Topic/Title: Maternal Health Awareness Initiatives</p>

CMO	Best and Emerging Practices
	<p>Description: Leveraging community events and maternal focused initiatives to provide resources to pregnant persons and bring awareness to maternal mortality</p> <ul style="list-style-type: none"> • Partnership with State for attendance at Maternal Health Events • Annual fundraiser for Healthy Moms and Healthy Babies • Leveraged telehealth providers for maternal mental health • Provided dental education to pregnant persons • Provided education and access to blood pressure cuffs • Access to remote patient monitoring for hypertensive pregnancies <p>Topic/Title: Integrating Telehealth to bring access to care to members (Medical and Behavioral Health)</p> <p>Description: Integrating telehealth as a support service to bridge access to care</p> <ul style="list-style-type: none"> • Availability of a teen-centric mobile app, supporting the mental health of all teens • Availability of telehealth services to address general health and behavioral health concerns • Additional telehealth provider that offers virtual behavioral health services to complex populations with a short lead time • Availability of a virtual behavioral health support service for prenatal and postpartum members
<p><i>Peach State</i></p>	<p>Topic/Title: Improving Network Disparities – Addressing Physician Shortages</p> <p>Description: The Centene Foundation and Peach State Health Plan announced a new partnership with Georgia Southern University and will provide \$2.2 million in funding to assist in the launch, education, training, and healthcare workforce development pipeline with Georgia Southern University and The Medical College of Georgia.</p> <p>This ambitious initiative underscores Peach State Health Plan’s commitment to strengthening the healthcare workforce in rural and underserved Georgia. The proposed partnership will fund programs aimed at addressing the current shortfalls in nursing, behavioral health, addiction counseling, and social work.</p> <p>Topic/Title: Community Partnerships</p> <p>Description: Peach State Health Plan and the Centene Charitable Foundation provided a \$1.1 million dollar donation to Georgia Primary Care Association (GPCA) to expand operations of Georgia school-based health centers over the next three years. Initial funding began in 2023, with continued payouts in 2024 and 2025. The program was developed alongside Georgia Governor Brian Kemp’s \$125 million allocation of state funding for SBHCs that serve rural communities and Title I schools in underserved areas in 2021.</p> <p>Funding from these grants will be used on a variety of projects ranging from structural improvements to SBHC facilities to the purchase of new and specialized medical equipment. The projects from each SBHC in Year 1 grants totaled \$300,000. The Georgia Primary Care Association will use remaining funding to distribute additional grants to FQHCs for their SBHCs in subsequent years.</p>

CMO	Best and Emerging Practices
	<p>Topic/Title: Convenient Eye Exams for Members with Diabetes</p> <p>Description: To help ensure diabetic members have sufficient access to diabetic retinal exams (DREs), Peach State collaborated with a vendor. This vendor provides mobile DREs in the member’s homes, or in another location of the member’s choosing. This accommodating service allows members to receive the needed DRE in a place and time that works for the member’s schedule, allowing for improved convenience and compliance.</p> <p>The vendor also offers services to close care gaps for A1c, and colorectal cancer screenings.</p>
	<p>Topic/Title: Mobile Units Partnership</p> <p>Description: Peach State developed a relationship with physician groups to meet our members where they are using mobile units. The Plan recognized the need to intervene with non-compliant members in the Southwest who had barriers to care including transportation and appointment convenience due to work/school. To accommodate, Peach State partnered with a provider of Mobile Clinics and coordinated events where children were seen on the group’s mobile units. The program targeted children with open care gaps for well child visits and immunizations.</p> <p>These clinics have now been expanded to take mobile clinics to the adult members in the Southwest region including immunizations and diabetic services.</p>
	<p>Topic/Title: Athena Bi-directional Feed</p> <p>Description: Peach State partnered with an EMR system (Athena) to push care gaps to providers. This allows providers to know what services a member needs when being seen without having to go to another portal.</p>
	<p>Topic/Title: Provider Outreach Initiative</p> <p>Description: The Provider Outreach Initiative is designed to close members’ care gaps by embedding a Peach State Health Plan associate into provider offices. The Plan identified high-volume providers to help in scheduling appointments to close care gaps.</p> <p>The coordinator is tasked with outreach to Peach State Health Plan members with care gaps (assigned to the provider) to identify and eliminate barriers to accessing needed care. Member outreach to schedule and remind members of scheduled appointments is conducted to assist the provider office and educate and assist members.</p>
<p><i>Amerigroup 360°</i></p>	<p>Topic/Title: Commitment to improving community resources: Amerigroup Community Service Center (CSC)</p> <p>Description: The Amerigroup Community Service Center is a one-stop shop for a wide range of information and resources, including access to healthcare, social and financial support, innovative technology, and more. The Center serves as a comfortable, welcoming neighborhood health care information and education space that is open to the public and staffed by Amerigroup Georgia associates who help provide support and assistance to the community.</p>

CMO	Best and Emerging Practices
	<p>The Center plays a critical role to combat inequality and ensure residents in the local community have access to experts who can share health care information in a culturally sensitive manner and help them to make better-informed healthcare decisions for themselves and their families.</p> <p>Monthly events are hosted at the Community Service Center, open to Amerigroup members and the community. Events include baby shower, baby food pantry, food pantry. The CSC is also available for community partners to use for meetings and events.</p> <p>Topic/Title: Solicitation of feedback from providers and community partners: Health Equity Council</p> <p>Description: The Health Equity Council offers the opportunity for our providers and community leaders to provide advice and council to Amerigroup leadership on organizational strategy, policies, procedures, and community relations to improve children’s health outcomes, support provider effectiveness, and ensure overall Medicaid program success. The members of the Health Equity Council provide objective, independent input and information to the Amerigroup team.</p> <p>Topic/Title: Leveraging technology to improve health outcomes: Intelligent Clinical Assist (ICA)</p> <p>Description: ICA utilizes generative AI to enhance the efficiency of prior authorization reviews for both inpatient and outpatient services. By leveraging advanced technology, ICA helps summarize large volumes of clinical information and expedite the review of authorization requests, ensuring that members receive the necessary services promptly.</p> <p>Topic/Title: Leveraging technology to improve health outcomes: Electronic Medical Record (EMR) access.</p> <p>Description: Amerigroup’s Utilization Management Nurses and Case Managers can access electronic medical records from 26 hospitals statewide. This access boosts the efficiency of inpatient stay reviews, enhances case management support for members, and minimizes denials due to lack of information to medical necessity determination.</p> <p>Topic/Title: Improving member outcomes: 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 recommendations to address gaps in care such as medication nonadherence, appropriate use of medications, and importance of follow up visits.

CMO	Best and Emerging Practices
	<p>Topic/Title: UBHS (United Behavioral Health Services) SOCAP (Second opinion child and adolescent psychiatrist (SOCAP) psychotropic medication consultation program for primary care prescribers)</p> <p>Description: Amerigroup Community Care has implemented a program with UBHS to support primary care prescribers who manage psychotropic medications for any Amerigroup member between 0-18 years of age. This program give primary care clinicians (pediatricians, family practitioners, general practitioners, mid-level prescribers, Federally Qualified Health Centers/Rural Health Clinics) access to child and adolescent psychiatrists who can assist with managing Amerigroup members with complex psychotropic medication management needs. This program is a part of our continuing effort to improve the management and oversight of psychotropic medications prescribed to youth and adolescents.</p>
	<p>Topic/Title: Improving Access: Rural Health Strategy</p> <p>Description: 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: Innovation: Commitment to expanding services and accessibility to meet the unique challenges of the GF 360° population.</p> <p>Description: Amerigroup is deeply committed to expanding services and accessibility within to our specialized population. Recognizing the vital importance of providing comprehensive support to children and families, Amerigroup dedicates extensive resources to ensure foster care services are readily available and highly effective. By collaborating with local and state agencies, leveraging innovative programs, and championing inclusive policies, Amerigroup works tirelessly to remove barriers and enhance the well-being and stability of GF 360° members. Enhancements included but are not limited to:</p> <ul style="list-style-type: none"> • Members of the GF 360° Adoption Assistance team were certified in TAC through The Center for Adoption Support and Education (C.A.S.E.)’s Training for Adoption Competency Program. This program was designed to increase families’ and individuals’ access to adoption competent mental health professionals and to improve the well-being of adopted children and youth and their families. • In 2024 Amerigroup launched a free Trauma Focused Cognitive Behavioral Therapy certification course with the goal to train 200 eligible clinicians across the state of Georgia.

CMO	Best and Emerging Practices
	<ul style="list-style-type: none"> <li data-bbox="396 338 1453 520">• We are proud of our partnership with nationally known vendor GOMO in the launch of several programs targeted towards caregivers of children with autism, transition age youth, and families in need of family preservation support. This application leverages an individualized texting engagement to link users to appropriate resources, provide personalized education and ensures connection to the whole health needs of members and their families. <li data-bbox="396 527 1453 703">• After identifying the need to have transitional housing and services in the community for youth discharging from a PRTF, Amerigroup partnered with Murphy-Harpst in introducing stepdown homes. The campus-based model utilizes a house parent approach to aid in the successful transition of a young adult back to the community. In 2023, 2 stepdown homes opened in Conyers and Augusta and this program will be expanding to 4 new homes across Georgia.

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>Goal 1: Improve Access to Care</p> <p>Objective 1.1: Increase the number of children receiving well-child and preventive visits</p> <p>Pillar One: Quality</p> <p>Pillar Three: Access</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at increasing the number of children/adolescents who receive well-child and preventive visits include:</p> <ul style="list-style-type: none"> Continuous member communication, involvement, and education through live calls and/or text messages. 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. 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 18 providers. Continue with value-added benefits to incentivize children completing well-child visits. Increase promotion of value-added benefits via events and social media. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Well-Child Visits in the First 30 Months of Life (W30 and W30-CH) Child and Adolescent Well-Care Visits (WCV and WCV-CH)
<p>Goal 1: Improve Access to Care</p> <p>Objective 1.2: Increase the number</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at increasing the number of adults preventive visits include:</p> <ul style="list-style-type: none"> Continuous member communication, involvement, and education through live calls and/or text messages. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Adults Access to Preventive and Ambulatory Care (AAP)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>of adults receiving well and preventive visits</p> <p>Pillar One: Quality</p> <p>Pillar Three: Access</p>	<ul style="list-style-type: none"> Offering member incentives for completing well-visits. Provider support, education, and engagement Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. 	
<p>Goal 1: Improve Access to Care</p> <p>Objective 1.3: Increase the percentage of members Getting Needed Care</p> <p>Pillar One: Quality</p> <p>Pillar Four: Experience</p>	<p>Description of Quality Initiatives:</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 members getting the care they need. Initiatives aimed at increasing the percentage of members getting needed care 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 Promoting and engaging Providers in "What Matters Most: Improving the Patient Experience" online CME course Promoting Health Equity online courses for providers and their practices to better engage with diverse patient populations 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, member experience, and current marketing campaigns Promoting the 24/7 Nurse Line 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> CAHPS (CPC and CPC-CH)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup's Quality Initiative	Performance Metric
	<ul style="list-style-type: none"> Utilizing CHWs to assist with SDOH gap closures, connect members with PCPs, and aid in appointment scheduling 	
<p>Goal 2: Improve Wellness and Preventive Care</p> <p>Objective 2.1: Increase the percentage of children that receive preventive oral health services</p> <p>Pillar One: Quality</p> <p>Pillar Three: Access</p>	<p>Description of Quality Initiatives:</p> <p>Amerigroup ensures that eligible members have dental homes to ensure comprehensive and continuous oral healthcare. Amerigroup's delegated dental vendor, DentaQuest, completes most dental initiatives. Dental initiatives include but may not be limited to:</p> <ul style="list-style-type: none"> Continuous member communication, involvement, and education through live calls and/or text messages. Offering member incentives to complete dental visits. Continuing partnership with Kare Mobile for Mobile Screening and Cleaning Units in dental deserts. Continue with value-added benefits to incentivize children completing oral health services, such as Oral Care Essentials. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Oral Evaluation, Dental Services (OEV-CH) Topical Fluoride for Children (TFL-CH) Sealant Receipt on Permanent Molars (SFM-CH)
<p>Goal 2: Improve Wellness and Preventive Care</p> <p>Objective 2.2: Increase the overall rate of immunizations and vaccinations across all ages and populations</p> <p>Pillar One: Quality</p> <p>Pillar Three: Access</p>	<p>Description of Quality Initiatives:</p> <p>Despite dedicated efforts to encourage parents/guardians to immunize their children, there continues to be challenges in improving vaccination rates, especially in those specific antigens that are not required to attend daycare/school. Initiatives aimed at increasing immunizations for all ages/populations include:</p> <ul style="list-style-type: none"> Continuous member communication, involvement, and education through live calls and/or text messages. Offering member incentives for immunizations. Social media campaigns promoting importance of vaccinations 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. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Childhood Immunization Status (CIS and CIS-CH) Immunizations for Adolescents (IMA and IMA-CH)
<p>Goal 2: Improve Wellness and Preventive Care</p> <p>Objective 2.3: Increase the</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at increasing the percentage of children/adolescents who receive weight</p>	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC and WCC-CH)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>percentage of children/adolescents that receive weight assessment and counseling for nutrition and physical activity</p> <p>Pillar One: Quality</p>	<p>assessment and counseling for nutrition and physical activity include</p> <ul style="list-style-type: none"> • Continuous member communication, involvement, and education through live calls and text messages. • Offering member incentives for completing well-visits. • Provider support, education, and engagement, including provider incentives via the PQIP and/or shared savings programs for closing care gaps and meeting identified targets for well-visits. • Continue with value-added benefits to incentivize children completing well-child visits. 	
<p>Goal 2: Improve Wellness and Preventive Care</p> <p>Objective 2.4: Increase the percentage of children who receive developmental screening in the first three years of life</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at increasing the percentage of children who receive developmental screening in the first three years of life include:</p> <ul style="list-style-type: none"> • Continuous member communication, involvement, and education through live calls and text messages. • Offering member incentives to complete well-visits. • Provider support, education, and engagement, including provider incentives via the PQIP and/or shared savings programs for closing care gaps and meeting identified targets for well-visits. • Continue with value-added benefits to incentivize children completing well-child visits. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Developmental Screening in the First Three Years of Life (DEV and DEV-CH)
<p>Goal 3: Improve Outcomes for Chronic Diseases</p> <p>Objective 3.1: Decrease the annual hospital admission rate for members with heart failure</p> <p>Pillar One: Quality Pillar Two: Stewardship</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at decreasing the hospital admission rate for members with heart failure include:</p> <ul style="list-style-type: none"> • Concierge Care for Heart Failure is a digital, innovative platform to assist members with Heart Failure to receive education, support with the management of their condition, and clinical care coordination assistance in a convenient, user-friendly platform. • Condition Care Case Management programs for members with Chronic Heart Failure aims to support members with the management of their condition, care coordination support, and member centric care plan interventions with nurse case managers. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • PQI-08: Heart Failure Admission Rate (PQI08-AD)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup's Quality Initiative	Performance Metric
<p>Goal 3: Improve Outcomes for Chronic Diseases</p> <p>Objective 3.2: Increase the number of members participating in a remote monitoring program for management of chronic conditions</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at increasing the number of members participating in a remote monitoring program for management of chronic conditions include:</p> <ul style="list-style-type: none"> Remote patient monitoring for members with Diabetes. Participants receive a touchscreen glucometer, testing supplies, and one-on-one coaching support from diabetic educators. The program was initiated with one vendor in 2022 and the program ended on July 31st, 2024. There are plans to relaunch the program by the end of 2024 with a new vendor. <p>Amerigroup's condition care program addresses 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. 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>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Hemoglobin A1c Control for Patients with Diabetes (HBD and HBD-AD) Controlling High Blood Pressure (CBP and CBP-AD)
<p>Goal 3: Improve Outcomes for Chronic Diseases</p> <p>Objective 3.3: Increase the percentage of members achieving appropriate asthma medication ratios</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at increasing the percentage of members with appropriate asthma medication ratios include:</p> <ul style="list-style-type: none"> The Asthma Condition Care Disease Management program aims to support members with chronic asthma. Members are paired with a registered nurse to provide education related to their condition, support with care coordination efforts, and collaboration with providers to support member centric care plan goals. Pest control service is a value-added benefit available to all members diagnosed with Asthma (supported with a claim) and enrolled in Condition Care Asthma Case Management 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Asthma Medication Ratio (AMR) Ages 5 to 18: AMR-CH Ages 19 to 64: AMR-AD

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
	<p>programs. Members receive one annual pest control service to support asthmatic triggers and reduce exacerbations.</p> <ul style="list-style-type: none"> • Hypoallergic bedding sets are available to Amerigroup members diagnosed with Asthma. • Asthma Medication Ratio telephonic outreach to non-compliant members to help overcome barriers to compliance with a goal of improving compliance to controller medications and decrease need for rescue medications. • Daily Late Refill reminder messages via IVR calls or texts for members that are 2-14 days late to fill their medication. • Provider support, education, and engagement 	
<p>Goal 3: Improve Outcomes for Chronic Diseases</p> <p>Objective 3.4: Increase the number of members with a diagnosis of diabetes mellitus receiving nutritional counseling</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at increasing the number of members with diabetes who receive nutritional counseling include:</p> <ul style="list-style-type: none"> • Members enrolled in Condition Care Disease Management programs for Diabetics are offered nutritional counseling from internal Amerigroup Certified Diabetic Educators. Members who accept the referral are paired with the nutritional counselors to create member centric education and nutritional goals to support decreased glycemic index ratios to reduce A1C levels. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Hemoglobin A1c Control for Patients with Diabetes (HBD and HBD-AD)
<p>Goal 3: Improve Outcomes for Chronic Diseases</p> <p>Objective 3.5: Increase the number of members with HTN who are provided blood pressure device to monitor blood pressure</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at increasing the number of members with hypertension who receive blood pressure devices include:</p> <ul style="list-style-type: none"> • A remote patient monitoring program that provides cellularly connected blood pressure devices to track blood pressure trends. • Offering a condition care program that addresses a variety of needs for members with chronic conditions including complex health challenges, preventative 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: <ul style="list-style-type: none"> – Promote effective prevention and treatment of chronic diseases. – Promote effective communication and coordination of care (provider/ member). 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Controlling High Blood Pressure (CBP and CBP-AD)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
	<ul style="list-style-type: none"> - Encourage family engagement as partners in members’ care. - Work with communities to promote best practices of healthy living (member experience and advocacy). - Encourage members diagnosed with hypertension have a blood pressure cuff. 	
<p>Goal 4: Improve Maternal and Newborn Care</p> <p>Objective 4.1: Increase the annual number of postpartum care visits</p> <p>Pillar One: Quality</p> <p>Pillar Three: Access</p>	<p>Description of Quality Initiatives:</p> <p>Dedicated efforts towards increasing the number of annual postpartum care visits include:</p> <ul style="list-style-type: none"> • Providing an OB case management program designed to support high-risk pregnant mothers throughout prenatal care and the postpartum period. OB case managers facilitate advocacy, education and care coordination during and after the pregnancy journey. • OB Members have access to 24/7 virtual clinical services and support from multidisciplinary clinicians covering women’s health related to prenatal and postpartum care. • OB Members have access to virtual and in person doulas to provide ongoing support to moms and families during pregnancy and the postpartum period. • Implementation of a pilot voucher program to improve access to food via the Uber Eats marketplace. Participants received Nutritional counseling and two Uber Eats vouchers, one for completing a Prenatal visit and a second for completing a Postpartum visit • Offering member incentives for completing timely postpartum visits. • Text message campaigns that remind members of postpartum appointments. • Provider support, education, and engagement, including offering an OB Quality Incentive Program (OBQIP) that rewards OB providers for meeting identified targets and ensuring members receive timely postpartum visits. • 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, 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Prenatal and Postpartum Care (PPC) • Under Age 21: PPC2- CH • Age 21 and Older: PPC2-AD

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
	<p>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</p> <ul style="list-style-type: none"> • Hosting community baby showers and diaper day events with resources available, baby items giveaways and maternal health information. • Spa Package is offered as a value-added benefit for members completing post-partum checkup. 	
<p>Goal 4: Improve Maternal and Newborn Care</p> <p>Objective 4.2: Decrease the number of live births weighing less than 2,500 grams</p> <p>Pillar One: Quality</p> <p>Pillar Two: Stewardship</p> <p>Pillar Three: Access</p>	<p>Description of Quality Initiatives:</p> <p>Efforts aimed at decreasing the number of live births weighing less than 2,500 grams include:</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 prenatal visits. • OB Members and Newborns have access to 24/7 virtual clinical services and support related to prenatal and postpartum care, including newborn care for the first year of life • 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. • Access to virtual and in person doulas to provide ongoing support to moms and families during pregnancy and the postpartum period. • Utilization of medically tailored home delivered meals for pregnant women with hypertension (HTN) and diabetes (DM). • Implementation of a pilot voucher program to improve access to food via the Uber Eats marketplace. Participants received Nutritional counseling and two Uber Eats vouchers, one for completing a Prenatal visit and a second for completing a Postpartum visit • Implementation of HTN/DM remote patient monitoring program for pregnant and post-partum members with these conditions. 	<p>Quality Strategy Metric(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"> • 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 patients. 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. • Provider support, education, and engagement, including offering an OB Quality Incentive Program (OBQIP) that rewards OB providers for meeting identified targets, including low birth weight rate for their practice. 	
<p>Goal 4: Improve Maternal and Newborn Care</p> <p>Objective 4.3: Increase the number of hospitals implementing the severe HBP pregnancy safety bundle</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at increasing the number of hospitals implementing the severe HBP pregnancy safety bundle include:</p> <ul style="list-style-type: none"> • Offering QHIP (Quality-In-Sights: Hospital Improvement Program), a performance-based reimbursement program that financially rewards Facilities for practicing evidence-based medicine and implementing industry recognized best practices in patient safety, health outcomes, and member satisfaction. • Providing an OB Facility Consultant who works closely with hospital maternal-child unit leadership (antepartum, L&D, mother-baby or NICU) on internal processes and specific measures to reduce severe maternal mortality and morbidity, infant mortality, primary C-section and improve patient outcomes. As part of this collaboration, the OB FC also discusses topics including but not limited to: <ul style="list-style-type: none"> – Amerigroup maternity program details, including member benefits and enhanced services available to support a healthy pregnancy period. – The AIM safety bundles (with hospital that are participating in QHIP and non-participating as well). 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Prenatal and Postpartum Care (PPC) • Under Age 21: PPC2- CH • Age 21 and Older: PPC2-AD

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
	<ul style="list-style-type: none"> - Resources for ordering BP cuffs for patients that might need that equipment at home after discharge from ED, triage, antepartum or postpartum units. - The SB106 department of health program that provides home visits for members with hypertension and/or gestational diabetes in the currently covered counties. - The availability of the Pomelo Care program, which provides virtual maternity care to members that may be in need post discharge as well as any upcoming resources through Pomelo Care, such as Home Fetal Monitoring, for members with hypertension and/or gestational diabetes which may be impactful for antepartum patients that are leaving the hospital to await the arrival of their baby. 	
<p>Goal 4: Improve Maternal and Newborn Care</p> <p>Objective 4.4: Increase the number of pregnant persons receiving prenatal services within 30 days of enrollment</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at ensuring that members receive timely prenatal services include but may not be limited to:</p> <ul style="list-style-type: none"> • Leverage the NOP (notification of pregnancy) report to engage moms into OB health benefits and OB case management as early as possible. • Offer member incentives for completing timely prenatal visits. • OB Members have access to 24/7 virtual clinical services and support related to prenatal and postpartum care, including newborn care for the first year of life • Access to virtual and in person doulas to provide ongoing support to moms and families during pregnancy and the postpartum period. • Implementation of a pilot voucher program to improve access to food via the Uber Eats marketplace. Participants received Nutritional counseling and two Uber Eats vouchers, one for completing a Prenatal visit and a second for completing a Postpartum visit. • Several value-added benefits are offered to members completing prenatal care checkup, including a Mom-to-be Catalog. • Close SDOH gaps that create barriers for pregnant members to engage with their healthcare provider and the health plan 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Prenatal and Postpartum Care (PPC)—Prenatal Care • Under Age 21: PPC2- CH • Age 21 and Older: PPC2- AD

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
	<ul style="list-style-type: none"> • 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. • Provider support, education, and engagement, including offering an OB Quality Incentive Program (OBQIP) that rewards OB providers for meeting identified targets and ensuring members receive timely prenatal care visits. 	
<p>Goal 4: Improve Maternal and Newborn Care</p> <p>Objective 4.5: Increase the number of postpartum persons with a diagnosis of SUD or cardiovascular condition who had provider contact within 10 days post discharge</p> <p>Pillar One: Quality</p> <p>Pillar Two: Stewardship</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at ensuring postpartum persons with a diagnosis of SUD or cardiovascular condition had contact with a provider within 10 days post discharge include but may not be limited to:</p> <ul style="list-style-type: none"> • Prior to discharge initiate inpatient advocacy to establish discharge plan and ensure member has the appropriate care team for post-acute care. • Refer members to 24/7 virtual clinical services and support to receive care from multidisciplinary clinicians covering women’s health related to postpartum and mental health care. • Discuss member in high-risk rounds with representation from various areas including the OB medical director, CM, disease management, behavioral health medical director, nutritionist as well as the pharmacy department. • OB Practice Consultant provides education and resources to OB providers regarding severe maternal morbidity and mortality, with a focus on Cardiovascular and Perinatal Mood Disorders. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Prenatal and Postpartum Care (PPC)—Postpartum Care • Under Age 21: PPC2- CH • Age 21 and Older: PPC2- AD

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.1: Decrease the annual behavioral health 30-day readmission rate</p> <p>Pillar One: Quality</p> <p>Pillar Two: Stewardship</p>	<p>Description of Quality Initiatives:</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. As part of this mission, initiatives aimed at decreasing the behavioral health 30-day readmissions include:</p> <ul style="list-style-type: none"> • 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. • 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. • Continuous member outreach, family and/or caregiver inclusion and engagement. • Provider support, education, and engagement 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Follow-Up After Hospitalization for Mental Illness (FUH) • Ages 6 to 17: FUH-CH • Age 18 and Older: FUH-AD
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.2: Increase the number of adolescents and adults screened for follow-up for depression</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <ul style="list-style-type: none"> • Dedicated efforts towards increasing the number of adolescents and adults screened for follow-up for depression include: • Continuous member communication, involvement, and education through live calls and/or 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 • Added a reimbursement amount to applicable G-codes to encourage providers to submit claims that capture services for depression screenings. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Screening for Depression and Follow-up Plan <ul style="list-style-type: none"> - Ages 12 to 17 Years: CDF-CH - Age 18 and Older: CDF-AD
<p>Goal 5: Improve Behavioral Health Care Outcomes</p>	<p>Description of Quality Initiatives:</p>	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Follow-Up Care for Children Prescribed Attention

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>Objective 5.3: Increase follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication</p> <p>Pillar One: Quality</p> <p>Pillar Three: Access</p>	<p>Efforts aimed at increasing follow-up care for children who are prescribed ADHD medication include:</p> <ul style="list-style-type: none"> • Continuous member communication, involvement, and education through live calls and/or text messages. • Provider support, education, and engagement • Letter sent to Members/Guardians regarding the importance of ongoing follow-up when on ADHD medications. • Behavioral Health Quality Incentive Program: This program offers education and incentives to the physicians to provide quality and efficient care while focusing on members’ healthcare needs 	<p>Deficit/Hyperactivity Disorder (ADHD) Medication (ADD and ADD-CH)</p>
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.4: Increase the number of children and adolescents on antipsychotics receiving metabolic monitoring</p> <p>Pillar One: Quality</p> <p>Pillar Three: Access</p>	<p>Description of Quality Initiatives:</p> <p>Efforts aimed at ensuring that children and adolescents on antipsychotics receive metabolic monitoring include:</p> <ul style="list-style-type: none"> • Continuous member engagement and family and/or caregiver inclusion • Continuous member education to ensure they have an understanding of potential side effects of antipsychotic medications that may impact overall health. • Collaborative action to improve coordination of care between behavioral health and physical health providers and targeted outreach to members on antipsychotics. • Behavioral Health provider reimbursement for G9001 Code quarterly for care coordination with PCP 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM and APM-CH)
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.5: Increase the percentage of children, adolescents, and adults receiving follow-up after an emergency department visit for substance use</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</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. Efforts aimed at ensuring that our members receive timely follow-up care after an emergency department visit for substance use includes:</p> <ul style="list-style-type: none"> • Case Management team receives ER surveillance report for timely follow-up with members 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Follow-Up After Emergency Department Visit for Substance Use (FUA) • Ages 13 to 17: FUA-CH • Ages 18 and Older: FUA-AD

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>Pillar Two: Stewardship</p>	<ul style="list-style-type: none"> Added telehealth as an option for members to receive timely follow-up care Ongoing member outreach, family and/or caregiver inclusion and engagement. Provider support, education, and engagement 	
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.6: Increase the percentage of children, adolescents, and adults receiving follow-up care after an emergency department visit for mental illness</p> <p>Pillar One: Quality Pillar Two: Stewardship</p>	<p>Description of Quality Initiatives:</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. Efforts aimed at ensuring that our members receive timely follow-up care after an emergency department visit for mental illness include:</p> <ul style="list-style-type: none"> Added telehealth as an option for members to receive timely follow-up care Continuous member engagement and family and/or caregiver inclusion Provider support, education, and engagement 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Follow-Up After Emergency Department Visit for Mental Illness (FUM) Ages 13 to 17: FUM-CH Ages 18 and Older: FUM-AD
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.7: Increase the use of first-line psychosocial care for children and adolescents on antipsychotics</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Efforts aimed at increasing the use of first-line psychosocial care for children and adolescents on antipsychotics include:</p> <ul style="list-style-type: none"> Provider support, education and engagement Provider outreach based on pharmacy claims analysis to address gaps in care 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP and APP-CH)
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.8: Increase the percentage of members that initiate and engage in substance use disorder treatment</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Efforts aimed at increasing the percentage of members that initiate and engage in treatment for substance use disorders include:</p> <ul style="list-style-type: none"> Women’s Neonatal Abstinence Syndrome (NAS) / Neonatal Opioid Withdrawal Syndrome (NOWS) Prevention Program aims to reduce the incidence of NAS and NOWS by supporting and empowering individuals of reproductive age with or at risk for substance use disorders through non-clinical and digital support, to promote wellness, recovery, and access to 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Initiation and Engagement of Substance Use Disorder Treatment (IET and IET-AD)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>Pillar Three: Access</p>	<p>family life planning. Outreach is performed by peers who have lived experience</p> <ul style="list-style-type: none"> • BH RISE Program utilizes predictive analytics to intervene and provide support to members who at risk of opioid and/or alcohol related negative health outcomes or abuse • Utilization of peers to assist members have a history of or current substance abuse needs • Provider support, education, and engagement 	
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.9: Increase the percentage of individuals receiving appropriate antidepressant medication management</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Efforts aimed at ensuring that members receive appropriate antidepressant medication management include:</p> <ul style="list-style-type: none"> • Education provided by case managers to members on antidepressant medication regarding appropriate use and storage of medication • Pharmacist outreach via calls and mailings to members recently started on an antidepressant medication to provide education and address barriers to adherence. • Provider support, education, and engagement 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Antidepressant Medication Management (AMM and AMM-AD)
<p>Goal 6: Improve Utilization of Care and Services</p> <p>Objective 6.1: Decrease the rate of emergency department utilization among children 19 years of age and younger</p> <p>Pillar One: Quality Pillar Two: Stewardship</p>	<p>Description of Quality Initiatives:</p> <p>Amerigroup monitors ER utilization, Inpatient Admissions, and Readmissions. There are several key interventions and initiatives dedicated to decreasing 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 Avoidance 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 that target members with chronic conditions to have 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Ambulatory Care: Emergency Department (ED) Visits among Children 19 Years and Under (AMB-CH)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
	<p>awareness of their status and reduce the risk of an urgent or emergent medical situation.</p> <ul style="list-style-type: none"> • Provider, facility, and member collaboration supports post discharge care coordination and reduces 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 	
<p>Goal 6: Improve Utilization of Care and Services</p> <p>Objective 6.2:</p> <p>Pillar One: Quality Pillar Two: Stewardship</p>	<p>Description of Quality Initiatives:</p> <p>Amerigroup monitors ER utilization, Inpatient Admissions, and Readmissions. Efforts aimed at decreasing readmission rates include:</p> <ul style="list-style-type: none"> • ER Avoidance Case Management programs to proactively outreach and engage members with 3 or more ER visits in 6 months and no PCP visits. Nurses and Social workers identify SDOH needs and assess clinical condition to reduce readmissions. • PDM (Post-Discharge Management)/CTI (Care Transitions Interventions) Case Management programs to support members with transitions from inpatient hospitalization to outpatient services. • Utilization Review Daily Rounds includes robust interdisciplinary collaboration with medical directors and nurses to identify potential risk factors that increase the propensity of complications for members post discharge. Members are referred to case 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Plan All-Cause Readmissions (PCR-AD)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
	management teams to support transitional care needs to reduce complications later reducing readmissions.	
<p>Goal 7: Improve Member Experience</p> <p>Objective 7.1: Increase annual CAHPS overall Rating of Health Plan</p> <p>Pillars Four: Experience</p>	<p>Description of Quality Initiatives:</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. • 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 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • CAHPS (CPC and CPC-CH)

CareSource

Table D-2—CareSource’s QS Quality Initiatives

DCH QS Aim, Goal, Objective and Pillar	CareSource’s Quality Initiative	Performance Metric
<p>Goal 1: Improve Access to Care</p> <p>Objective 1.2: Increase the number</p>	<p>Description of Quality Initiative:</p> <p>Dedicated efforts towards ensuring timely well child visits and preventive screenings including:</p>	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Child and Adolescent Well-Care Visits (WCV)

DCH QS Aim, Goal, Objective and Pillar	CareSource's Quality Initiative	Performance Metric
<p>of children receiving well-child and preventive visits</p> <p>Pillar One: Quality Pillar Three: Access</p>	<ul style="list-style-type: none"> Conducted ongoing member outreach, engagement and/or education including live calls Wellness on Wheels mobile units meeting members in the community to provide well visits Developed relationships with School Based Health Centers to increase adolescent well visit 	
<p>Goal 2: Improve Wellness and Preventive Care</p> <p>Objective 2.2: Increase the overall rate of immunizations and vaccinations across all ages and populations</p> <p>Pillar One: Quality Pillar Three: Access</p>	<p>Description of Quality Initiative: Targeted approach working with key providers to get members in for care:</p> <ul style="list-style-type: none"> Providing gaps in care lists to providers Member rewards for receiving Care 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Immunizations for Adolescents (IMA) Childhood Immunization Status (CIS)
<p>Goal 4: Improve Maternal and Newborn Care</p> <p>Objective 4.1: Increase the annual number of postpartum care visits</p> <p>Pillar One: Quality Pillar Three: Access</p>	<p>Description of Quality Initiative: Empowering providers and encouraging members to receive care</p> <ul style="list-style-type: none"> Offering an OB Value Based Reimbursement (VBR) Provider Education and training Member rewards for receiving Care 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Prenatal and Postpartum Care (PPC): Timeliness Postpartum Care
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.2: Increase the number of adolescents and adults screened for follow-up for depression</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative: Increasing provider knowledge regarding necessity and importance of screenings</p> <ul style="list-style-type: none"> Provider Education and Training Quality Meetings 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> CDF-CH: Screening for Depression and Follow-Up Plan: Ages 12 to 17

DCH QS Aim, Goal, Objective and Pillar	CareSource's Quality Initiative	Performance Metric
<p>Goal 7: Improve Member Experience</p> <p>Objective 7.1: Increase annual CAHPS overall Rating of Health Plan</p> <p>Pillar Four: Experience</p>	<p>Description of Quality Initiative: Increasing provider knowledge around member experience</p> <ul style="list-style-type: none"> • CAHPS Provider Education and Training 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • AHRQ CAHPS

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>Goal 1: Improve Access to Care</p> <p>Objective 1.1: Increase the number of children receiving well-child and preventive visits</p> <p>Objective 1.2: Increase the number of adults receiving well and preventive visits</p> <p>Objective 1.3: Increase the percentage of members Getting Needed Care</p> <p>Pillar One: Quality Pillar Four: Experience</p>	<p>Description of Quality Initiative:</p> <p>Child and Adult Well Visits</p> <ul style="list-style-type: none"> • Peach State Days - Collaboration with various provider offices across the state of Georgia to close WCV gaps. Associates complete targeted outreach to members and schedule appointments. Incentives are offered for completed visits. • Community Health Worker (CHW) Healthy Lifestyle Events - Partnership with community-based organizations to provide personalized education to members on how to access health care, develop healthy lifestyles and provide relevant preventative services resources for children and adults. • Care Gap reports are shared with providers via the provider portal, face to face meetings, and emails for all members with open gaps. <p>Child Well Visits</p> <ul style="list-style-type: none"> • Provider Outreach Initiative - The Initiative is designed to close members' care gaps by embedding a Peach State Health Plan associate into provider offices. The Plan identified high-volume, low compliant providers to help in scheduling appointments to close care gaps, • Mobile Events (ME)- Peach State coordinates mobile clinic events where children are seen on the providers mobile units. The program targets 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Well-Child Visits in the First 30 Months of Life (W30 and W30-CH) • Child and Adolescent WellCare Visits (WCV and WCV-CH) • Adults Access to Preventive and Ambulatory Care (AAP) • CAHPS (CPC and CPCCH)

DCH QS Aim, Goal, Objective and Pillar	Peach State’s Quality Initiative	Performance Metric
	<p>children and adults with open care gaps for wellness, immunizations, and/or diabetes.</p> <ul style="list-style-type: none"> Partnership with providers to send out a letter to their members. The Plan develops and mails the letter under the physician's signature and letterhead asking the member to contact the provider's office to schedule an appointment for due/overdue well visits and immunizations. Text messaging - Interactive SMS messages for both well child and dental visits. Educational and reminder messages are sent to each non-compliant member monthly. Care Gap re Care Gap reports are shared with providers via the provider portal, face to face meetings, and emails for all members with open gaps. <p>Getting Needed Care</p> <ul style="list-style-type: none"> To address member perception about provider flexibility and availability and to impact 'getting needed care' survey responses, Peach State enhanced member educational materials to reflect provider availability for appointment scheduling during extended hours and after-hours. Utilization of three updated tools created to drive improvements in member experience with their PCP and specialists. These tools encourage members to sign a release of information and in forms providers of different contacts to use to assist members in need of additional care management. Financial incentives for specific gap closures (well child, immunization)/ 	
<p>Goal 2: Improve Wellness and Preventive Care</p> <p>Objective 2.1: Increase the percentage of children who receive preventive oral health services</p> <p>Objective 2.2: Increase the overall rate of immunizations and vaccinations</p>	<p>Description of Quality Initiative:</p> <p>Dental/Oral Health</p> <ul style="list-style-type: none"> Reminder text messages are sent to members about dental care and encouraging them to schedule a dental appointment. Value added Benefits (VABs) – members who complete a visit with a dental provider and have their well-child exams completed are eligible for a Boys & Girls Club membership. Dental requirements are included in the HEDIS Quick Reference Guide for Providers. Members can earn gift cards for having at least one Oral Evaluation with a dentist annually. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Oral Evaluation, Dental Services (OEV-CH) Topical Fluoride for Children (TFL-CH) Sealant Receipt on Permanent Molars (SFMCH) Childhood Immunization Status (CIS and CIS-CH) Immunizations for Adolescents (IMA and IMACH) Weight Assessment and Counseling for Nutrition

DCH QS Aim, Goal, Objective and Pillar	Peach State’s Quality Initiative	Performance Metric
<p>across all ages and populations</p> <p>Objective 2.3: Increase the percentage of children/adolescents who receive weight assessment and counseling for nutrition and physical activity</p> <p>Objective 2.4: Increase the percentage of children who receive developmental screening in the first three years of life</p> <p>Pillar One: Quality Pillar Three: Access</p>	<p>Immunizations</p> <ul style="list-style-type: none"> Developed targeted reports that identify members with immunization gaps based on the type and number of overdue immunizations. These reports are used for more targeted member outreach. Members who receive all their immunizations can receive incentives including a choice of shoes through Peach States Shots for Shoes program, as well as a membership to the Boys & Girls Club. <p>All measures</p> <ul style="list-style-type: none"> Provider education on HEDIS measures and guidelines, as well as tip sheets distributed during in-person and virtual meetings with offices. Care Gap reports are shared with providers via the provider portal, face to face meetings, and emails for all members with open gaps. Providers using Athena as their EMR, receive a direct care gap feed to the EMR. Providers earn incentive dollars for closing care gaps for Immunizations, Weight Assessment and Counseling for Nutrition and Physical Activity. The Plan conducts medical record audits to determine provider compliance with following the well visit and immunization guidelines. This includes ensuring age-appropriate developmental screenings using an approved screening tool, documentation of BMI percentile, and oral assessment with a referral to a dentist. Care Gap reports are shared with providers via the provider portal, face to face meetings, and emails for all members with open gaps. 	<p>and Physical Activity for Children/Adolescents (WCC and WCC-CH)</p> <ul style="list-style-type: none"> Developmental Screening in the First Three Years of Life (DEV and DEV-CH)
<p>Goal 3: Improve Outcomes for Chronic Conditions</p> <p>Objective 3.1: Decrease the annual hospital admission rate for members with heart failure.</p> <p>Objective 3.2: Increase the number</p>	<p>Description of Quality Initiative:</p> <p>Asthma</p> <ul style="list-style-type: none"> Asthma Disease Management - This disease management program provides telephonic outreach, education, and support services to identified members. The program focuses on promoting adherence to treatment guidelines, preventing acute exacerbations, reducing healthcare utilizations, and promoting therapeutic regimens. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> PQI-08: Heart Failure Admission Rate (PQI08-AD) Hemoglobin A1c Control for Patients with Diabetes (HBD and HBD-AD) Controlling High Blood Pressure (CBP and CBPAD) Asthma Medication Ratio (AMR)

DCH QS Aim, Goal, Objective and Pillar	Peach State’s Quality Initiative	Performance Metric
<p>of members participating in a remote monitoring program for management of chronic conditions.</p> <p>Objective 3.3: Increase the percentage of members achieving appropriate asthma medication ratios.</p> <p>Objective 3.4: Increase the number of members with a diagnosis of diabetes mellitus receiving nutritional counseling.</p> <p>Objective 3.5: Increase the number of members with HTN who are provided blood pressure device to monitor blood pressure.</p> <p>Pillar One: Quality Pillar Two: Stewardship</p>	<p>Hypertension</p> <ul style="list-style-type: none"> Hypertension Disease Management - The Hypertension program provides telephonic outreach, education, and support services to promote adherence to cardiac guidelines, prevent subsequent cardiac events, and optimize functional status. <p>Diabetes</p> <ul style="list-style-type: none"> Diabetes Disease Management - The program provides telephonic outreach, education, and support services to promote adherence to diabetes guidelines, and optimize functional status. Digital Care Management Program - Peach State utilizes a digital care management strategy to engage members by interacting through technology. The program allows members to self-report and identify barriers to care for member with chronic conditions, maternal health, behavioral health, wellness and post hospital care needs. Peach State is conducting a pilot with a provider in the Southwest region of the state. This provider supplies home monitoring devices for members with diabetes. As the readings are transmitted, if a member has increased levels, a physician assistant contacts the member and conducts a call to assist the member with barriers/issue the member may be having at the time. Peach State mails A1c kits to members for completion at home. By doing so, the Plan can capture members with elevated A1c levels and intervene to help the member manage their diabetes. Members will also be aware of their results. Peach State conducted a focus study in Q1 2023/Q1 2024. Members represented included diabetic members. This focus study provided an opportunity to gain information to help improve the member’s experience, which could directly improve member compliance and their health status. <p>Heart Failure Admission</p> <ul style="list-style-type: none"> Hospital Discharge Planning Program- Aims to reduce hospital readmission rates and improve 	<ul style="list-style-type: none"> Ages 5 to 18: AMR-CH Ages 19 to 64: AMR-AD

DCH QS Aim, Goal, Objective and Pillar	Peach State’s Quality Initiative	Performance Metric
	<p>quality of care, coordination of care and patient health outcomes. Peach State Discharge Planning Program is designed to assist the members by implementing timely, appropriate, safe, and cost-effective discharge plans.</p> <p>All measures</p> <ul style="list-style-type: none"> • Complex Case Management - To improve the health and overall well-being of all members with complex health needs. Members are placed at the center of an Integrated Care Team (ICT). ICT, which is comprised of the PCP/medical home, BH Provider (or BH Home when appropriate), other treating Providers as well as our Complex Care Management staff, Social Workers, Community Health Workers, a Health Coach, a pharmacist, caregivers and informal supports, and community providers as appropriate. • Peach State’s pharmacy department conducts both member and provider calls to ensure members are receiving the appropriate medications and are getting them refilled as necessary. • Peach State’s pharmacy department has multiple programs in place to ensure members are receiving the appropriate medications and are adherent. The programs include: <ul style="list-style-type: none"> – Drug utilization reviews – Member & Provider calls – Text messaging members – Reaching out to pharmacies • Care Gap reports are shared with providers via the provider portal, face to face meetings, and emails for all members with open gaps. 	
<p>Goal 4: Improve Maternal and Newborn Care</p> <p>Objective 4.1: Increase the annual number of postpartum care visits.</p> <p>Objective 4.2: Decrease the number of live births weighing less than 2,500 grams.</p>	<p>Description of Quality Initiative:</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. • Statewide baby showers and parenting education classes to provide pregnant women education about importance of attending prenatal care appointment. • Quality Practice Advisor assigned to OBGYN offices to conduct ongoing education related to all services for pregnant members. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Prenatal and Postpartum Care (PPC) <ul style="list-style-type: none"> – Under Age 21: PPC2-CH – Age 21 and Older: PPC2- AD • Live Births Weighing Less than 2,500 grams (LBWCH)

DCH QS Aim, Goal, Objective and Pillar	Peach State’s Quality Initiative	Performance Metric
<p>Objective 4.3: Increase the number of hospitals implementing the severe high blood pressure pregnancy safety bundle.</p> <p>Objective 4.4: Increase the number of pregnant persons receiving prenatal services within 30 days of enrollment.</p> <p>Objective 4.5: Increase the number of postpartum persons with a diagnosis of SUD or cardiovascular condition who had a provider contact within 10 days post discharge</p> <p>Pillar One: Quality Pillar Two: Stewardship Pillar Three: Access</p>	<ul style="list-style-type: none"> • CPT II incentive program for providers to submit Prenatal Visits via CPT II codes. • Member outreach calls to postpartum (PP) members to remind them of their follow up PP care appointment and assess high-risk members’ additional needs. • Member outreach to postpartum women who delivered via c-section to remind them of their follow up visit need. • Provider education on CPT II coding for postpartum care visits after completion of visit for incision checks. • The MOM (Making Outcomes Memorable) program offers support to qualified pregnant members. The program consists of the following: <ul style="list-style-type: none"> – New Mommy Store which provides new mothers with baby items, such as diapers, wipes, and baby clothing (for completed visits to include prenatal, postpartum visits). – Electric Breast Pump for new mothers at no cost to make breastfeeding easier and provide the best nutrition for babies – Mom’s Meals which is a meal delivery service that delivers nutritious and delicious meals directly to members’ homes, helping new moms and families with nutritional needs after a baby is born. • High Risk OB (HROB) Case Management - The HROB Program is intended to improve birth outcomes by increasing the number of recommended prenatal care visits received through ensuring access to other needed medical, nutritional, social, educational and other services. 	
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.1: Decrease the annual behavioral health 30-day readmission rate</p> <p>Objective 5.2: Increase the number of adolescents and adults screened for</p>	<p>Description of Quality Initiative:</p> <p>Follow-Up After Hospitalization for Mental Illness (FUH)</p> <ul style="list-style-type: none"> • Behavioral Health Case Management (BHCM) Program – The program targets all members with a BH diagnosis. Members accessing inpatient services are automatically outreached to for care management enrollment and assistance. • Peach State implemented a performance improvement project (PIP) to improve the FUH-7 rate. The PIP intervention selected to test follows the required Plan, Do, Study, Act 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Follow-Up After Hospitalization for Mental Illness (FUH) <ul style="list-style-type: none"> – Ages 6 to 17: FUH-CH – Age 18 and Older: FUH-AD • Screening for Depression and Follow-Up Plan <ul style="list-style-type: none"> – Ages 12 to 17 Years: CDFCH – Age 18 and Older: CDF-AD

DCH QS Aim, Goal, Objective and Pillar	Peach State’s Quality Initiative	Performance Metric
<p>follow-up for depression</p> <p>Objective 5.3: Increase follow-up care for children prescribed attention deficit/hyperactivity disorder (ADHD) medication</p> <p>Objective 5.4: Increase the number of children and adolescents on antipsychotics receiving metabolic monitoring</p> <p>Objective 5.5: Increase the percentage of children, adolescents, and adults receiving follow-up after an emergency department visit for substance use</p> <p>Objective 5.6: Increase the percentage of children, adolescents, and adults receiving follow-up care after an emergency department visit for mental illness</p> <p>Objective 5.7: Increase the use of first-line psychosocial care for children and adolescents on antipsychotics</p> <p>Objective 5.8: Increase the percentage of members that initiate</p>	<p>methodology outlined by the Institute for Healthcare Improvement. Once effectiveness of the initiative implemented is determined, the Plan will adopt, adapt or abandon.</p> <ul style="list-style-type: none"> Telephonic outreach to members who have been discharged from a mental health hospital or emergency room visit for specific mental health reasons. Outreach is conducted by a licensed clinician. This associate completes a designated assessment which targets medication and post discharge follow up appointments. <p>Screening for Depression and Follow-Up Plan</p> <ul style="list-style-type: none"> Provider education during the monthly provider relations hosted provider webinar hour, newsletters, and individual provider meetings. The goal to help providers understand all components of the measure to close care gaps and support the member. <p>Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication (ADD and ADDCH)</p> <ul style="list-style-type: none"> Medication Adherence text messages are sent to members monthly. The messages remind the member to fill their prescriptions and take them as prescribed. Peach State’s pharmacy team has multiple programs in place to ensure members are receiving the appropriate medications and are adherent. The programs include: <ul style="list-style-type: none"> Drug utilization reviews Member calls Provider calls Text messaging members Reaching out to pharmacies Provider educational through tools on the PSHP.com website as well as microlearning activities. The education is provided to both BH providers and PCPs. <p>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM and APM-CH)</p> <ul style="list-style-type: none"> Quality Practice Advisors (QPAs) provide a list of members on antipsychotics who need routine lab monitoring to their assigned PCPs for member outreach. 	<ul style="list-style-type: none"> Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication (ADD and ADDCH) Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM and APM-CH) Follow-Up After Emergency Department Visit for Substance Use (FUA) <ul style="list-style-type: none"> Ages 13 to 17: FUA-CH Ages 18 and Older: FUA Follow-Up After Emergency Department Visit for Mental Illness (FUM) <ul style="list-style-type: none"> Ages 13 to 17 FUM-CH Ages 18 and Older: FUMAD Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP and APP-CH) Antidepressant Medication Management (AMM and AMM-AD)

DCH QS Aim, Goal, Objective and Pillar	Peach State’s Quality Initiative	Performance Metric
<p>and engage in substance use disorder treatment</p> <p>Objective 5.9: Increase the percentage of individuals receiving appropriate antidepressant medication management</p> <p>Pillar One: Quality Pillar Two: Stewardship Pillar Three: Access</p>	<ul style="list-style-type: none"> • Members can earn gift cards by completing metabolic screening. • The Plan partnered with a vendor to provide 1-way text messages to members reminding them of the importance of getting their bloodwork completed. Members are informed that yearly blood tests help their doctors track their health and medications and catch a problem before it happens. The members PCP information is included along with a link to find a doctor. <p>Follow-Up After Emergency Department Visit for Substance Use (FUA) and Follow-Up After Emergency Department Visit for Mental Illness (FUM)</p> <ul style="list-style-type: none"> • Substance Abuse Disease Management Program - The Substance Abuse Program is designed to identify members who are at risk of or currently using substances excessively and/or inappropriately. The Plan interact with these members to create optimal health opportunities to treat or avoid inception of or worsening substance use disorder (SUD). • The Health Assistance, Linkage, and outreach (HALO) program involves CM outreach to members using the SBIRT model. The focus is on members at risk for developing a SUD or currently have a SUD diagnosis. • Pilot Program - Behavioral Health care management partnered with Wellstar via their ED CM department to assist Plan members who present to any of their emergency departments with BH related concerns. in connecting with an outpatient provider. <p>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP and APP-CH)</p> <ul style="list-style-type: none"> • Provider education that includes email blasts, newsletters, and individual provider relations meetings. QPAs and Practice Quality Liaisons (PQLs) distribute educational material to and have discussion around APP. . • Provide Peer-to-Peer education with providers who are prescribing Antipsychotics without psychosocial care. <p>Antidepressant Medication Management</p>	

DCH QS Aim, Goal, Objective and Pillar	Peach State’s Quality Initiative	Performance Metric
	<ul style="list-style-type: none"> Depression Disease Management Program - Peach State provides individuals diagnosed with depression with a customized program that provides education and connections to community services through the depression disease management program. Partnered with a vendor to provide 1-way texts to members encouraging them to take charge of their health by getting regular check-ins with their mental health provider, the importance of discussing their health, and reviewing any medications they may have. Members are informed that virtual care might be an option and their PCPs information is included along with a link to find a doctor. Outreach program that includes a letter and flyer sent to members with a newly filled prescription. The education is intended to help members understand what the medication is, what they should know about their medication, and who to contact if they have questions or concerns. The letter offers case management and health coaching to help the member manage their condition. <p>All measures</p> <ul style="list-style-type: none"> Care Gap reports are shared with providers via the provider portal, face to face meetings, and emails for all members with open gaps 	
<p>Goal 6: Improve Utilization of Care and Services</p> <p>Objective 6.1: Decrease the rate of emergency department utilization among children 19 years of age and younger</p> <p>Objective 6.2: Decrease 30-day readmission rates among members 18 years of age and older</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative:</p> <p>Ambulatory Care: Emergency Department (ED) Visits among Children 19 Years and Under</p> <ul style="list-style-type: none"> ER Case Management Program - Care Managers target members with high ER utilization for enrollment in the ER program. Care Managers conduct outreach to the members to ensure the delivery of care/services is at the right time and the right setting, link members to PCP/medical home, assist members with removal of any barriers to primary care (i.e., assist with setting up transportation), and educate members on the use of health benefits. <p>Plan All-Cause Readmissions</p> <ul style="list-style-type: none"> Post-Hospital Discharge Outreach- Aims to reduce readmission rates with the collaboration between care managers and hospital staff for member anticipated discharge dates, review of 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Ambulatory Care: Emergency Department (ED) Visits among Children 19 Years and Under (AMBCH) Plan All-Cause Readmissions (PCR-AD)

DCH QS Aim, Goal, Objective and Pillar	Peach State’s Quality Initiative	Performance Metric
<p>Pillar Two: Stewardship</p>	<p>the post-acute plan of care and updating of the member’s contact information, as needed. Care Managers assess the member’s understanding of the reason for their hospital admission, then provide health education about the condition and medication adherence while addressing care gaps and assuring appropriate follow-up appointments.</p> <ul style="list-style-type: none"> Hospital Discharge Planning Program- Aims to reduce hospital readmission rates and improve quality of care, coordination of care and patient health outcomes. Peach State Discharge Planning Program is designed to assist the members by implementing timely, appropriate, safe, and cost-effective discharge plans. <p>All Measures</p> <ul style="list-style-type: none"> Complex Case Management - To improve the health and overall well-being of all members with complex health needs. Members are placed at the center of an Integrated Care Team (ICT). ICT, which is comprised of the PCP/medical home, BH Provider (or BH Home when appropriate), other treating Providers as well as our Complex Care Management staff, Social Workers, Community Health Workers, a Health Coach, a pharmacist, caregivers and informal supports, and community providers as appropriate. 	
<p>Goal 7: Improve Member Experience</p> <p>Objective 7.1: Increase annual CAHPS overall Rating of Health Plan</p> <p>Pillar Four: Experience</p>	<p>Description of Quality Initiative:</p> <ul style="list-style-type: none"> Peach State conducts Post Visit Surveys with members who have recently visited a provider. The surveys are targeted at confirming if the members' appointment met their needs, if they have any concerns or need any assistance. Peach State conducted a focus study in Q1 2023/Q1 2024. Members represented the following populations: well-child visits, maternity services, and diabetes management. This focus study provided Peach State with the opportunity to gain information to help improve the member’s experience, which could directly improve member compliance and their health status. Peach State developed an intervention to outreach to chronic and high-risk members identified with using multiple PCPs, ED visits, with the intent to ensure members have a 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> CAHPS (CPC and CPCCH)

DCH QS Aim, Goal, Objective and Pillar	Peach State’s Quality Initiative	Performance Metric
	primary medical home and encourage the use of Primary PCP’s	

Amerigroup 360°

Table D-4—Amerigroup 360°’s QS Quality Initiatives

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°’s Quality Initiative	Performance Metric
<p>Goal 1: Improve Access to Care</p> <p>Objective 1.1: Increase the number of children receiving well-child and preventive visits</p> <p>Pillar One: Quality Pillar Three: Access</p>	<p>Description of Quality Initiatives:</p> <p>GF 360° continues to dedicate 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 through care coordination activities. • Offering incentives for members to complete well-visits • 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. • Continue with value-added benefits to incentivize children receiving well-child visits. • Increase promotion of value-added benefits via events and social media. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Well-Child Visits in the First 30 Months of Life (W30 and W30-CH) • Child and Adolescent Well-Care Visits (WCV and WCV-CH)
<p>Goal 1: Improve Access to Care</p> <p>Objective 1.2: Increase number of adults receiving well- and preventive visits</p> <p>Pillar One: Quality Pillar Three: Access</p>	<p>Description of Quality Initiative:</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. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Adults’ Access to Preventive/Ambulatory Health Services (AAP)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
	<ul style="list-style-type: none"> Specialized Care Coordination for members over the age of 18 educating them on their benefits (Transition Age Youth) 	
<p>Goal 1: Improve Access to Care</p> <p>Objective 1.3: Increase percentage of members <i>Getting Needed Care</i></p> <p>Pillar One: Quality Pillar Three: Access Pillar Four: Experience</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"> Maintaining an up-to-date list of in-network providers in the plan's website 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 monthly Newly enrolled members will receive outreach within 24 hours to address immediate needs. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Getting Needed Care
<p>Goal 2: Increase Wellness and Preventive Care</p> <p>Objective 2.1: Increase the percentage of children who receive preventive oral</p> <p>Pillar One: Quality Pillar Three: Access</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 Value-Added benefits to incentivize children to complete oral care services such as Oral Care Essentials. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Annual Dental Visit— Total (ADV)
<p>Goal 2: Increase Wellness and Preventive Care</p> <p>Objective 2.1: Increase overall rate of immunizations and vaccinations across all ages and populations</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 rates. Initiatives employed included, but were not limited to:</p>	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Childhood Immunization Status (CIS) Immunizations for Adolescents (IMA) Flu Vaccinations for Adults 18-65 (FVA)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
<p>Pillar One: Quality Pillar Three: Access</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. 	
<p>Goal 2: Improve Wellness and Preventive Care</p> <p>Objective 2.3: Increase the percentage of children/adolescents that receive weight assessment and counseling for nutrition and physical activity</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at increasing the percentage of children/adolescents who receive weight assessment and counseling for nutrition and physical activity for include: Ongoing member outreach, engagement and/or education including live calls and text messages.</p> <ul style="list-style-type: none"> Ongoing communications to providers with members past due for EPSDT services. Offering member incentives for completing well-visits Provider support, education, and engagement, including provider incentives via the PQIP program for closing care gaps and meeting identified targets for well-visits. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC and WCC-CH)
<p>Goal 2: Improve Wellness and Preventive Care</p> <p>Objective 2.4: Increase the percentage of children who receive developmental screening in the first three years of life</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at increasing the percentage of children who receive developmental screening in the first three years of life include:</p> <ul style="list-style-type: none"> Ongoing communications to providers with members past due for EPSDT services. Offering member incentives for completing well-visits Provider support, education, and engagement, including provider incentives via the PQIP program for closing care gaps and meeting identified targets for well-visits. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Developmental Screening in the First Three Years of Life (DEV and DEV-CH)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
<p>Goal 3: Improve Outcomes for Chronic Diseases</p> <p>Objective 3.1: Decrease the annual hospital admission rate for members with heart failure</p> <p>Pillar One: Quality Pillar Two: Stewardship</p>	<p>Description of Quality Initiatives:</p> <ul style="list-style-type: none"> N/A for GF 360° membership 	
<p>Goal 3: Improve Outcomes for Chronic Diseases</p> <p>Objective 3.2: Increase the number of members participating in a remote monitoring program for management of chronic conditions</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at increasing the number of members with HTN who receive blood pressure devices include:</p> <ul style="list-style-type: none"> Amerigroup has a contracted vendor for remote monitoring for members with Diabetes. Participants receive a touchscreen glucometer, testing supplies and one-on-one coaching support from diabetic educators <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 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 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Hemoglobin A1c Control for Patients with Diabetes (HBD and HBD-AD)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
	program for closing care gaps and meeting identified targets.	
<p>Goal 3: Improve Outcomes for Chronic Diseases</p> <p>Objective 3.3: Increase the percentage of members achieving appropriate asthma medication ratios</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at increasing the percentage of members with appropriate asthma medication ratios include:</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. Other initiatives aimed at increasing the percentage of member achieving appropriate asthma medication ration include:</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 • Nurse Case Managers (NCM) assist with developing asthma action plans and care plans to manage the condition. • NCM's work with members/guardians to resolve barriers to compliance, e.g. SDOH • Prepare member/guardian in effectively communicating needs with care team. • Value added benefits for pest control services and hypoallergenic bedding to support asthmatic triggers and reduce exacerbations. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Asthma Medication Ratio (AMR)
<p>Goal 3: Improve Outcomes for Chronic Diseases</p> <p>Objective 3.4: Increase the number of members with a diagnosis of diabetes mellitus receiving nutritional counseling</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at increasing the number of members with diabetes who receive nutritional counseling include:</p> <ul style="list-style-type: none"> • Members enrolled in Condition Care Disease Management programs for diabetes ae offered nutritional counseling from internal Amerigroup Certified Diabetes Educators. Members who accept the referral are paired with the nutritional counselors to crease member centric education and nutritional goals. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Hemoglobin A1c Control for Patients with Diabetes (HBD and HBD-AD)
<p>Goal 3: Improve outcomes for Chronic Disease</p>	<p>Description of Quality Initiatives:</p> <p>N/A for GF 360° membership.</p>	

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
<p>Objective 3.5: Increase the number of members with HTN who are provided blood pressure device to monitor blood pressure</p>		
<p>Goal 4: Improve Maternal and Newborn care.</p> <p>Objective 4.1: Increase annual number of postpartum care visits</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 GF 360° OB Nurse Case Manager provides outreach based on risk. • Offering member incentives for completing timely prenatal/postpartum visits. • 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. • 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. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Prenatal and Postpartum Care: Postpartum Care (PPC)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
	<ul style="list-style-type: none"> • Baby Bump and Beyond offers virtual parenting classes to all GF 360° 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>Goal 4: Improve Maternal and Newborn Care</p> <p>Objective 4.2: Decrease the number of live births weighing less than 2,500 grams</p> <p>Pillar One: Quality Pillar Two: Stewardship Pillar Three: Access</p>	<p>Description of Quality Initiatives:</p> <p>Efforts aimed at decreasing the number of live births weighing less than 2,500 grams include:</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. • 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. • Launch a doula pilot program to provide ongoing support to moms and families during pregnancy and postpartum period. • Developed partnership with local agency to provide “navigation” services within the community to support mom and baby. • Partnership with “Philips” for the SB106 Maternal Health Program to implement remote maternal monitoring for eligible members pregnant and post-partum that are diagnosed with diabetes or high blood pressure. • 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 	<p>Quality Strategy Metric(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 360°'s Quality Initiative	Performance Metric
	<p>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>	
<p>Goal 4: Improve Maternal and Newborn Care</p> <p>Objective 4.3: Increase the number of hospitals implementing the severe HBP pregnancy safety bundle</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at increasing the number of hospitals implementing the severe HBP pregnancy safety bundle include:</p> <ul style="list-style-type: none"> • Offering QHIP (Quality-In-Sights: Hospital Improvement Program), a performance-based reimbursement program that financially rewards Facilities for practicing evidence-based medicine and implementing industry recognized best practices in patient safety, health outcomes, and member satisfaction. • Providing an OB Facility Consultant who works closely with hospital maternal-child unit leadership (antepartum, L&D, mother-baby or NICU) on internal processes and specific measures to reduce severe maternal mortality and morbidity, infant mortality, primary C-section and improve patient outcomes. As part of this collaboration, the OB FC also discusses topics including but not limited to: <ul style="list-style-type: none"> - Amerigroup maternity program details, including member benefits and enhanced services available to support a healthy pregnancy period. - The AIM safety bundles (with hospital that are participating in QHIP and non-participating as well). - Resources for ordering BP cuffs for patients that might need that equipment at home after discharge from ED, triage, antepartum or postpartum units. - The SB106 department of health program that provides home visits for members with hypertension and/or gestational diabetes in the currently covered counties. - The availability of the Pomelo Care program, which provides virtual maternity care to members that may be in need post discharge as well as any upcoming resources through Pomelo Care, such as Home Fetal Monitoring, for members with hypertension and/or gestational diabetes which may be impactful for antepartum patients that are leaving the hospital to await the arrival of their baby. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Prenatal and Postpartum Care (PPC) • Under Age 21: PPC2- CH • Age 21 and Older: PPC2-AD

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
<p>Goal 4: Improve Maternal and Newborn Care</p> <p>Objective 4.4: Increase the number of pregnant persons receiving prenatal services within 30 days of enrollment</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at ensuring that members receive timely prenatal services include but may not be limited to:</p> <ul style="list-style-type: none"> • 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. • Nurse Case Manager monthly outreach to assist with any needs, barriers, concerns. Weekly outreach if member is high risk. • Taking Care of Baby and Me (TCOBAM) program identifies pregnant women as early as possible, which allows Amerigroup to act quickly to assess OB risk, ensure appropriate levels of care and CM services are in place to mitigate risk. • Offering member incentives for completing timely prenatal visits. • Text message campaigns that remind members of prenatal appointments. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Prenatal and Postpartum Care (PPC)—Prenatal Care • Under Age 21: PPC2- CH • Age 21 and Older: PPC2-AD
<p>Goal 4: Improve Maternal and Newborn Care</p> <p>Objective 4.5: Increase the number of postpartum persons with a diagnosis of SUD or cardiovascular condition who had provider contact within 10 days post discharge</p> <p>Pillar One: Quality Pillar Two: Stewardship</p>	<p>Description of Quality Initiatives:</p> <p>Initiatives aimed at ensuring postpartum persons with a diagnosis of SUD or cardiovascular condition had contact with a provider within 10 days post discharge include but may not be limited to:</p> <ul style="list-style-type: none"> • Prior to discharge initiate inpatient advocacy to establish discharge plan and ensure member has the appropriate care team for post-acute care. • Refer members to 24/7 virtual clinical services and support to receive care from multidisciplinary clinicians covering women's health related to postpartum and mental health care. • Discuss member in high-risk rounds with representation from various areas including the OB medical director, CM, disease management, behavioral health medical director, nutritionist as well as the pharmacy department. • Women's NAS/NOWS Prevention Program aims to reduce the incidence of NAS and NOWS by supporting and empowering 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Prenatal and Postpartum Care (PPC)—Postpartum Care • Under Age 21: PPC2- CH • Age 21 and Older: PPC2-AD

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
	<p>individuals of reproductive age with or at risk for substance use disorders through non-clinical and digital support, to promote wellness, recovery, and access to family life planning. Outreach is performed by peers who have lived experience</p>	
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.1: Decrease the annual behavioral health 30-day readmission rate</p> <p>Pillar One: Quality Pillar Two: Stewardship</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(s):</p> <ul style="list-style-type: none"> • Follow-Up After Hospitalization for Mental Illness (FUH) • Ages 6 to 17: FUH-CH • Age 18 and Older: FUH-AD • Percentage of youth readmitted to a behavioral health facility or an acute care facility with a behavioral health primary diagnosis (CSU, PRTF or Inpatient Acute Care Facility) within 30 days of discharge (RAD)
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.2: Increase the number of adolescents and adults screened for follow-up for depression</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</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 • In 2024, Amerigroup also added a reimbursement amount to applicable G-codes to encourage providers to submit claims that capture services for depression screenings 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Screening for Depression and Follow-up Plan • Ages 12 to 17 Years: CDF-CH • Age 18 and Older: CDF-AD

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.3: Increase follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication</p> <p>Pillar One: Quality Pillar Three: Access</p>	<p>Description of Quality Initiatives:</p> <p>Dedicated efforts towards ensuring follow-up are for children prescribed ADHD include, but are not limited to:</p> <ul style="list-style-type: none"> Behavioral Health Quality Incentive Program: This program offers education and incentives to the physicians to provide quality and efficient care while focusing on members' healthcare needs Daily outreach to members with ADHD first fills encouraging follow up visits. Letter sent to Members/Guardians regarding the importance of ongoing follow-up when on ADHD medications. Provider support via scorecards, education and collaterals. Text messaging outreach for members in Continuation Maintenance Phase of treatment 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication (ADD and ADD-CH)
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.4: Increase the number of children and adolescents on antipsychotics receiving metabolic monitoring</p> <p>Pillar One: Quality Pillar Three: Access</p>	<p>Description of Quality Initiatives:</p> <p>Efforts aimed at ensuring that children and adolescents on antipsychotics receive metabolic monitoring include:</p> <ul style="list-style-type: none"> Continuous member engagement and family and/or caregiver inclusion Continuous member education on adherence potential side effects of antipsychotic medications that may impact overall health. Collaborative action to improve coordination of care between behavioral health and physical health providers and targeted outreach to members on antipsychotics. Behavioral Health provider reimbursement for G9001 Code quarterly for care coordination with PCP 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM and APM-CH)
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.5: Increase the percentage of children, adolescents, and adults receiving follow-up after an emergency</p>	<p>Description of Quality Initiatives:</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. Efforts aimed at ensuring that our members receive timely</p>	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Follow-Up After Emergency Department Visit for Substance Use (FUA) Ages 13 to 17: FUA-CH Ages 18 and Older: FUA-AD

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
<p>department visit for substance use</p> <p>Pillar One: Quality Pillar Two: Stewardship</p>	<p>follow-up care after an emergency department visit for substance use includes:</p> <ul style="list-style-type: none"> • Care Coordination team receives ER surveillance report for timely follow-up with members • Brave Health was added as a telehealth option for members to receive timely follow-up care • Ongoing member outreach, family and/or caregiver inclusion and engagement. • Provider support, education, and engagement 	
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.6: Increase the percentage of children, adolescents, and adults receiving follow-up care after an emergency department visit for mental illness</p> <p>Pillar One: Quality Pillar Two: Stewardship</p>	<p>Description of Quality Initiatives:</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. Efforts aimed at ensuring that our members receive timely follow-up care after an emergency department visit for mental health includes:</p> <ul style="list-style-type: none"> • Care Coordination team receives ER surveillance report for timely follow-up with members • Brave Health was added as a telehealth option for members to receive timely follow-up care • Ongoing member outreach, family and/or caregiver inclusion and engagement. • Provider support, education, and engagement 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Follow-Up After Emergency Department Visit for Mental Illness (FUM) • Ages 13 to 17: FUM-CH • Ages 18 and Older: FUM-AD
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.7: Increase the use of first-line psychosocial care for children and adolescents on antipsychotics</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Efforts aimed at increasing the use of first-line psychosocial care for children and adolescents on antipsychotics include:</p> <ul style="list-style-type: none"> • Provider outreach based on pharmacy claims to address gaps in care • Ongoing provider support, education, and engagement • Provider outreach based on pharmacy claims to address gaps in care 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP and APP-CH)
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.8: Increase the percentage of</p>	<p>Description of Quality Initiatives:</p> <p>Efforts aimed at increasing the percentage of members that initiate and engage in treatment for substance use disorders include:</p> <ul style="list-style-type: none"> • Women's NAS/NOWS Prevention Program aims to reduce the incidence of NAS and 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Initiation and Engagement of Substance Use Disorder Treatment (IET and IET-AD)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
<p>members that initiate and engage in substance use disorder treatment</p> <p>Pillar One: Quality Pillar Three: Access</p>	<p>NOWS by supporting and empowering individuals of reproductive age with or at risk for substance use disorders through non-clinical and digital support, to promote wellness, recovery, and access to family life planning. Outreach is performed by peers who have lived experience</p> <ul style="list-style-type: none"> BH RISE Program utilizes predictive analytics to intervene and provide support to members who at risk of opioid and/or alcohol related negative health outcomes or abuse <p>Utilization of peers to assist members have a history of or current substance abuse needs</p>	
<p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Objective 5.9: Increase the percentage of individuals receiving appropriate antidepressant medication management</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Efforts aimed at ensuring that members receive appropriate antidepressant medication management include:</p> <ul style="list-style-type: none"> Education provided by case managers to members on antidepressant medication regarding appropriate use and storage of medication 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 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Antidepressant Medication Management (AMM and AMM-AD)
<p>Goal 6: Improve Utilization of Care and Services</p> <p>Objective 6.1: Decrease the rate of emergency department utilization among children 19 years of age and younger</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiatives:</p> <p>Amerigroup monitors ER utilization, Inpatient Admissions, and Readmissions. There are several key interventions and initiatives dedicated to decreasing 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. 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> Ambulatory Care: Emergency Department (ED) Visits among Children 19 Years and Under (AMB-CH)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
<p>Pillar Two: Stewardship</p>	<ul style="list-style-type: none"> • Development of a UM Referral process to support members with care coordination activities post discharge. • ER Avoidance case management programs target members who are frequent utilizers and overutilizers of ER and inpatient services. Care Coordinators 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. • Provider, facility, and member collaboration supports post discharge care coordination and reduces 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 • ED alerts from CHOA to provide member outreach. 	
<p>Goal 6: Improve Utilization of Care and Services</p> <p>Objective 6.2: Decrease 30-day readmission rates among members 18</p>	<p>Description of Quality Initiatives:</p> <p>Amerigroup monitors ER utilization, Inpatient Admissions, and Readmissions. Efforts aimed at decreasing readmission rates include:</p> <ul style="list-style-type: none"> • PDM (Post-Discharge Management)/CTI (Care Transitions Interventions) Case Management programs to support members with transitions 	<p>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> • Plan All-Cause Readmissions (PCR-AD)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
<p>years of age and older</p> <p>Pillar One: Quality Pillar Two: Stewardship</p>	<p>from inpatient hospitalization to outpatient services.</p> <ul style="list-style-type: none"> Utilization Review Daily Rounds includes robust interdisciplinary collaboration with medical directors and nurses to identify potential risk factors that increase the propensity of complications for members post discharge. Members are referred to case management teams to support transitional care needs to reduce complications later reducing readmissions. 	
<p>Goal 7: Improve Member Experience</p> <p>Objective 7.1: Increase annual CAHPS overall Rating of Health Plan</p> <p>Pillar Four: Experience</p>	<p>Description of Quality Initiatives:</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. 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>Quality Strategy Metric(s):</p> <ul style="list-style-type: none"> CAHPS (CPC and CPC-CH)

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:

3. The CMO implemented new initiatives or revised current initiatives that were applicable to the recommendation.
4. 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.
5. 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 Measure Validation		
<p>Goal 1: Improve Access to Care</p> <p>Goal 2: Improve Wellness and Preventive Care</p> <p>Goal 4: Improve Maternal and Newborn Care</p> <p>Pillars One: Quality</p> <p>Pillar Three: Access</p>	<p>Objective 1.1: Increase the number of children receiving well-child and preventive visits</p> <p>Objective 2.2: Increase the overall rate of immunizations and vaccinations across all ages and populations</p> <p>Objective 4.1: Increase the annual number of postpartum care visits</p> <p>Objective 4.4: Increase the number of pregnant persons receiving prenatal services within 30 days of enrollment</p>	<p>Metric(s):</p> <ul style="list-style-type: none"> • Childhood Immunization Status—Combination 7 (CIS) • Immunizations for Adolescents—Combination 2 (IMA) • Child and Adolescent Well-Care Visits—3–11 Years and 18–21 Years (WCV) • Breast Cancer Screening (BCS) • Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care (PPC)
<p>Opportunity for Improvement: 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>Recommendation: HSAG recommends that Amerigroup continue its improvement efforts on 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>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:****Prenatal and Postpartum Care Challenges**

Amerigroup continues to provide focused care on ensuring pregnant members receive the appropriate care throughout their pregnancy; however, there are a multitude of barriers that can impede access to appropriate pregnancy care. Several of these challenges, include but may not be limited to:

- Lack of members' knowledge regarding the importance of prenatal and post pregnancy care and/or services available to them (e.g., members who are not first-time moms may feel that timely prenatal/postpartum visit are necessary),
- Lack of available prenatal/postpartum appointments in rural counties
- Difficulty reaching members via telephonic outreach to assist with appointment scheduling
- Lack of access to care, especially for members in rural or remote areas who may have limited access to healthcare facilities and specialists.
- Lack of OB providers in rural counties. Shortages of obstetricians, midwives, and other specialists can limit access to essential care.
- Lack of transportation or long distances to healthcare facilities can prevent timely access to care.
- Depression, anxiety, and other mental health disorders can impede an individual's ability to seek and maintain appropriate care for members to seek and/or adhere to pregnancy care
- Fear of judgment or stigma, especially in cases of teenage pregnancy or substance abuse, can deter women from seeking care.

Well Visits and Immunizations

Despite targeted initiatives to encourage parents/guardians to schedule their child/adolescent's annual well-visit and immunize their children, there continues to be challenges in improving these rates. These barriers can be logistical, systemic, or related to patient-provider interactions. Some of these challenges include but are not limited to:

- Lack of access to care, especially members living in rural or underserved areas
- Busy schedules and conflicting obligations can make it difficult for parents to find time to schedule/attend regular healthcare appointments.
- Parents might not realize the purpose of annual well visits and consider annual visits redundant if their child is not sick or experiencing any symptoms or has already had other medical appointments during the year. They may believe that annual visits are unnecessary if their child appears healthy.
- Due to limited time and other factors, providers may not take advantage of turning sick visits into well-visits.
- Lack of transportation can make it difficult for some families to visit healthcare providers regularly.
- Parents and/or their children may experience fear or anxiety about doctor visits, particularly if past experiences were uncomfortable or stressful. Distrust in the medical system or healthcare providers can lead some parents to avoid regular check-ups.
- Cultural beliefs, language barriers, literacy issues, and cultural differences can create misunderstandings or discomfort in the healthcare setting which can affect the quality and accessibility of care. These things can hinder effective communication about the importance of well-visits and preventive care. These parents may face difficulties in scheduling appointments, effectively communicating with healthcare providers, and/or understanding medical advice.
- At times, the demand for acute care can overshadow the focus on well-visits.
- Parent/guardian refusal and hesitancy of receiving immunizations and/or concerns about appropriateness of giving multiple shots to their child at such a young age/not wanting to overload their immune system (religious beliefs and/or personal conviction, social media influence, etc.)
- Parent/guardian concerns about the safety, about potential side effects and/or adverse reactions from vaccines.
- Some believe that acquiring immunity through natural infection is better than vaccination.

Recommendation—Performance Measure Validation

- Some parents distrust pharmaceutical companies, government bodies, or the healthcare system, leading to skepticism about vaccine recommendations.
- Providers may be unaware of the required/specific timelines for HEDIS compliance of vaccinations
- Providers may not strongly recommend the vaccine or effectively communicate its importance and thus parents may be less compelled to vaccinate their child.

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):

- Offering a Provider Quality Incentive Program (PQIP) that rewards primary care providers for meeting identified targets and improving quality outcomes for members within their panel. The program includes one-on-one consultative support with our quality practice consultants, who work directly with provider groups focusing on gaps in care and identifying opportunities for better member outcomes. 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 clinical quality outcomes.
- Expanding PQIP to include provider groups with smaller panel sizes (PQIP-E)
- Offering an OB Quality Incentive Program (OBQIP) that rewards OB providers for meeting identified targets and ensuring members receive needed maternal care.
- Employing Obstetric nurse practice consultants to work directly with OB provider groups focusing on women’s health and pregnancy gaps in care, identifying opportunities for better outcomes for pregnant members. 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.
- Exploring EPSDT specific Provider Scorecards to demonstrate provider progress towards meeting the EPSDT screening ratio (80%) with corresponding gap-in-care reporting with a path to meet goals for their patient panel
- Ongoing utilization of Community Health Workers to complete home visits/face-to-face member engagement. The CHW assists members supports members in a variety of ways including but not limited to providing information on the member’s benefits, community resources, completion of OB screeners, etc.
- Continued targeted member outreach and engagement including live agent calls and/or text message campaigns
- Community Resource Link connects Amerigroup members with community partners to support various needs including financial assistance, food insecurities, legal aid, and transportation concerns.
- Identification of four OBQIP provider groups to participate in CAT II Code billing incentive. This helps concentrate efforts on a manageable number of service providers. The OB Practice Consultants (PC) provide targeted education to these groups as part of this initiative.
- Vendor prenatal project—Collaboration with a vendor to assist in scheduling prenatal & to remove SDOH barriers related to prenatal visits

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

PMV results showed:

Metric	2022	2023
Childhood Immunization Status—Combination 7 (CIS)	51.17%	57.91%
Immunizations for Adolescents—Combination 2 (IMA)	33.33%	30.41%
Child and Adolescent Well-Care Visits—3–11 Years (WCV)	55.12%	58.36%

Recommendation—Performance Measure Validation		
Child and Adolescent Well-Care Visits—18–21 Years (WCV)	23.09%	27.44%
Breast Cancer Screening (BCS)*	44.38%	47.88%
Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC)	82.00%	81.27%
Prenatal and Postpartum Care—Postpartum Care (PPC)	75.43%	69.83%

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

- For IMA, Amerigroup continues to evaluate the strategies for targeted member outreach, engagement, and incentives related to HPV vaccines, as these interventions have not significantly moved the needle for this measure year over year. Vaccine hesitancy by parents/caregivers related to the HPV vaccine series proves to be a significant barrier. Although the plan is committed to providing needed education and access to members and their families about the medical benefits of the HPV vaccine, it is ultimately the right of the parent/caregiver to make that decision for their child.
- Global billing continues to pose as a barrier to capturing accurate data from our obstetric providers for completed visits for the PPC measures. Although Amerigroup continues to promote and incentivize providers to utilize category II codes to capture data more accurately and timely for these measures, the majority of providers across the state continue to bundle bill. Many providers report that building in additional codes is timely, costly, and a strain on resources. To mitigate this, Amerigroup is continuing to focus on establishing data connectivity with providers and systems in order to obtain this necessary data in a way that does not overburden the provider network.

Identify any barriers to implementing initiatives:

- For IMA, although vaccine hesitancy, especially for HPV, is prevalent across the state there are no specific barriers to implementing the above initiatives.
- For both PPC measures, Amerigroup recognizes that lack of additional provider resources (time, staff, funding) may make it difficult for providers to engage with Quality Improvement activities. However, Amerigroup continues to provide additional resources and support to overburdened providers in order to move the needle for these measures.

HSAG Assessment:



Recommendation—Performance Measure Validation

<p>Goal 3: Improve Outcomes for Chronic Diseases</p>	<p>Objective 3.2: Increase the number of members participating in a remote monitoring program for management of chronic conditions</p>	<p>Metric(s):</p> <ul style="list-style-type: none"> Controlling High Blood Pressure measure Hemoglobin A1c Control for Patients with Diabetes—HbA1c Poor Control (>9.0%) Hemoglobin A1c Control for Patients with Diabetes—HbA1c Control (<8.0%) Asthma Medication Ratio—19–50 Years Asthma Medication Ratio—51–64 Years
<p>Pillar One: Quality</p>	<p>Objective 3.3: Increase the percentage of members achieving appropriate asthma medication ratios</p> <p>Objective 3.4: Increase the number of members with a diagnosis of diabetes mellitus receiving nutritional counseling</p> <p>Objective 3.5: Increase the number of members with HTN who are provided blood pressure device to monitor blood pressure</p>	

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 *Hemoglobin A1c Control for Patients With Diabetes—HbA1c Poor Control (>9.0%)* measure indicator continued to fall below the HEDIS MY 2022 25th percentile. *Hemoglobin A1c Control for Patients with Diabetes—HbA1c Control (<8.0%)* and *Asthma Medication Ratio—19–50 Years* fell below the HEDIS MY 2022 50th percentile, while *Asthma Medication Ratio—51–64 Years* fell below the HEDIS MY 2022 25th percentile.

Recommendation: 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:

- 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.

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 may face a multitude of barriers that prevent them from receiving the care they need. These obstacles can be multifaceted, often involving systemic, personal, and socio-economic factors. Several challenges that impact members receiving care and/or contribute to the lack of improvement for the rate include but are not limited to:

- Lack of access to care, especially members living in rural or underserved areas
- Lack of transportation can hinder individuals from attending medical appointments or accessing healthcare facilities.
- Lack of understanding about their condition and the importance of ongoing care can result in individuals not seeking the necessary treatment or making informed health decisions.
- Low health literacy can affect an individual’s ability to understand medical instructions, navigate the healthcare system, and advocate for their own health needs.
- Depression, anxiety, and other mental health disorders can impede an individual’s ability to seek and maintain appropriate care for their chronic conditions.
- Navigating the healthcare system can be confusing and overwhelming, particularly for individuals managing multiple conditions. Issues with scheduling, referrals, and lack of coordination between providers can complicate care.
- Balancing work, family, financial and personal responsibilities can make it difficult for individuals to consistently attend medical appointments or adhere to treatment regimens.
- Cultural beliefs and/or language differences can create misunderstandings or discomfort in the healthcare setting, affecting the quality and accessibility of care
- Low provider utilization of CAT II codes to capture BP and A1c results

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):

- Offered a Provider Quality Incentive Program (PQIP) that included chronic conditions performance measures

Recommendation—Performance Measure Validation

- 60-day supply of maintenance medications for treating asthma, depression, and diabetes at the retail pharmacy and the use of mail order for all maintenance medications to improve adherence and access to care
- Remote patient monitoring programs for members with chronic conditions such as diabetes and hypertension to support better health outcomes to improve their quality of life.
- Co-management activities with social workers for effective identification of resources to remove barriers to continuation of care
- Case Managers will continue to educate members about the availability of the 24/7 Nurseline services.
- Urgent Care services provided to members in the comfort of their homes to support reduced ER utilization and readmissions.
- Virtual Medical Services provided to members. using an innovative platform allows members to receive virtual care with physicians under multiple specialties including psychology, pediatric health, and adult health medicine with short wait times.
- Social Impact Program to identify members with gaps in care and other SDOH needs to support improvements in overall health outcomes.
- Community Resource Link connects Amerigroup members with community partners to support various needs including financial assistance, food insecurities, legal aid, and transportation concerns.
- Provider Empowerment and Improvement initiatives connects Amerigroup network providers to clinical teams to support monthly or quarterly rounds, referrals to case management teams, and support improvements in members health with supportive care team management.
- Proprietary predictive model algorithms are used to identify Amerigroup members who have substantial needs which analyzes multiple variables for clinical intervention to support health and social needs.


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

PMV results showed:

Metric	2022	2023
Controlling High Blood Pressure (CBP)	52.31%	58.39%
Hemoglobin A1c Control for Patients with Diabetes—HbA1c Poor Control (>9.0%)	45.99%	44.53%
Hemoglobin A1c Control for Patients with Diabetes—HbA1c Control (<8.0%)	46.96%	47.93%
Asthma Medication Ratio—19–50 Years	59.49%	55.67%
Asthma Medication Ratio—51–64 Years	54.55%	59.46%

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

- The Provider Quality Incentive Program (PQIP) - Most providers enrolled in this program are primarily pediatric and have low denominators for these measures that do not quality for an incentive return or generate minimal return. The ability to improve measure performance is limited when provider engagement is limited so the willingness to focus on these measures is limited to nonexistent. These measures were removed from the PQIP program due to the low denominators and the lack of provider engagement described above.
- Our remote patient monitoring program for diabetics is currently in the process of being restructured to address challenges related to scalability and clinical outcomes. We have encountered difficulties in expanding the program to efficiently accommodate a growing number of patients and have not observed the anticipated improvements in A1C results. This initiative aims to enhance overall effectiveness by

Recommendation—Performance Measure Validation		
<p>optimizing technology, improving patient engagement, and ensuring seamless integration with healthcare services, ultimately providing the best possible care for our diabetic patients.</p>		
<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> No specific barriers identified with implementing the initiatives above. Although these chronic conditions measures were removed from PQIP, the plan is exploring alternative incentive opportunities that will engage providers, even with smaller denominators. 		
<p>HSAG Assessment:</p> 		
Recommendation—Performance Measure Validation		
<p>Goal 2: Improve Wellness and Preventive Care</p> <p>Pillar One: Quality Pillar Three: Access</p>	<p>Objective 2.2: Increase the overall rate of immunizations and vaccinations across all ages and populations</p>	<p>Metric(s):</p> <ul style="list-style-type: none"> Immunizations for Adolescents—Combination 2 (IMA)
<p>Opportunity for Improvement: 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 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>		
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> <p>Despite dedicated efforts to encourage parents/guardians to immunize their children, there continues to be challenges in improving vaccination rates, especially in those specific antigens that are not required to attend school, especially the HPV Vaccine for the IMA - Combo 2 rate. Parents continue to refuse immunizations and/or are extremely hesitant in allowing their adolescents to receive immunizations. This challenge exists for several reasons including but not limited to:</p> <ul style="list-style-type: none"> Parent/guardian refusal and hesitancy of receiving unnecessary immunizations (religious beliefs and/or personal conviction; not wanting to give multiple shots at the same time, social media influence, etc.) Lack of knowledge on the importance of immunizations (i.e., <i>parents may not fully understand what HPV is, how common it is, and the types of cancers it can cause</i>) 		

Recommendation—Performance Measure Validation

- Parent/guardian concerns about the safety, about potential side effects and/or adverse reactions from vaccines.
- Parent/guardian concerns about appropriateness for their adolescent’s age (*i.e., may feel it's too early to vaccinate their child against a sexually transmitted infection (HPV).*)
- Some parents believe that discussing or vaccinating against a sexually transmitted infection might encourage sexual activity (HPV)
- Many vaccine-preventable diseases have become rare, leading parents to perceive them as low-risk or insignificant.
- Some believe that acquiring immunity through natural infection is better than vaccination.
- Some parents distrust pharmaceutical companies, government bodies, or the healthcare system, leading to skepticism about vaccine recommendations.
- Providers may be unaware of the required/specific HEDIS timelines for compliance of vaccinations
- Providers may not strongly recommend the vaccine or effectively communicate its importance and thus parents may be less compelled to vaccinate their adolescent.

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):

- Offering a Provider Quality Incentive Program (PQIP) that rewards primary care providers for meeting identified targets and improving quality outcomes for members within their panel. The program includes one-on-one consultative support with our quality practice consultants, who work directly with provider groups focusing on gaps in care and identifying opportunities for better member outcomes. 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 clinical quality outcomes.
- Exploring EPSDT specific Provider Scorecards to demonstrate provider progress towards meeting the EPSDT screening ratio (80%) with corresponding gap-in-care reporting with a path to meet goals for their patient panel
- Ongoing utilization of Community Health Workers to complete home visits/face-to-face member engagement. The CHW assists members supports members in a variety of ways including but not limited to providing information on the member’s benefits, community resources, completion of OB screeners, etc.
- Continued targeted member outreach and engagement including live agent calls and/or text message campaigns
- Modified the member incentive for adolescent immunizations to target improvement of the HPV vaccinations


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

PMV results showed:

Metric	2022	2023
Immunizations for Adolescents—Combination 2 (IMA)	30.66%	30.66%

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

- Amerigroup continues to evaluate the strategies for targeted member outreach, engagement, and incentives related to HPV vaccines, as these interventions have not significantly moved the needle for this measure year over year. Vaccine hesitancy by parents/caregivers related to the HPV vaccine series proves to be a significant barrier. Although the plan is committed to providing needed education and access to members and their families about the medical benefits of the HPV vaccine, it is ultimately the right of the parent/caregiver to make that decision for their child. The plan is currently noticing a slight increase in the

Recommendation—Performance Measure Validation		
<p>administrative rate for the PeachCare for Kids® population’s HPV vaccination when compared to the year prior, which is encouraging to see. However, the plan will continue to seek additional opportunities for improvement.</p>		
<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> Although vaccine hesitancy, especially for HPV, is prevalent across the state there are no specific barriers to implementing the above initiatives. 		
<p>HSAG Assessment:</p> 		
Recommendation—CAHPS—Adult		
<p>Goal 1: Improve Access to Care</p> <p>Pillar Three: Access Pillar Four: Experience</p>	<p>Objective NA</p>	<p>Metric(s): CAHPS - Adult</p> <ul style="list-style-type: none"> Discussing Cessation Medications Discussing Cessation Strategies
<p>Opportunity for Improvement: Two of the three Medical Assistance With Smoking and Tobacco Use Cessation item scores, Discussing Cessation Medications and Discussing Cessation Strategies, were statistically significantly lower than the 2022 NCQA adult Medicaid national averages.</p>		
<p>Recommendation: 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>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>Several challenges can arise when discussing smoking cessation medications and strategies, both from the perspectives of healthcare providers and patients. Here are some of the key challenges:</p> <ul style="list-style-type: none"> Patient Readiness and Motivation: Not all patients are ready to quit smoking, and even those who express a desire may have varying levels of motivation and readiness. This can make it difficult for healthcare providers to engage in productive discussions and tailor their advice appropriately. Stigma and Judgment: Patients may feel judged or stigmatized when discussing their smoking habits, which can lead to discomfort and a lack of openness. Providers need to approach the topic sensitively to avoid alienating patients. Complexity of Information: Smoking cessation involves a range of options, including prescription medications, over-the-counter products, behavioral therapies, and support groups. The complexity of these choices can overwhelm patients, making it challenging for providers to convey information effectively. Side Effects and Misconceptions: Some patients may have concerns about the side effects of smoking cessation medications or hold misconceptions about their safety and efficacy. Addressing these concerns requires time and clear communication, which can be difficult in a busy clinical setting. Time Constraints: Healthcare providers often face time constraints during consultations, limiting the amount of time they can spend discussing smoking cessation in detail. This can result in less comprehensive conversations about available options and strategies. 		

Recommendation—CAHPS—Adult

- **Access and Cost:** The cost of smoking cessation medications and programs can be a barrier for some patients. Additionally, access to certain treatments may be limited based on insurance coverage or availability in the local area.
- **Follow-Up and Support:** Successful smoking cessation often requires ongoing support and follow-up, which can be challenging to coordinate. Healthcare systems may lack the resources or infrastructure to provide continuous support, and patients may have difficulty accessing follow-up care.
- **Cultural and Socioeconomic Factors:** Cultural beliefs and socioeconomic status can influence patients' attitudes toward smoking and cessation. Providers need to be culturally sensitive and consider these factors when discussing cessation options.
- **Provider Training and Confidence:** Not all healthcare providers feel confident in their ability to discuss smoking cessation effectively. Additional training and resources may be needed to equip providers with the skills and knowledge to have these conversations.
- **Behavioral Change Difficulty:** Smoking is a highly addictive behavior, and quitting requires significant behavioral change, which can be very challenging. Patients might struggle with withdrawal symptoms, stress, and other barriers that make cessation difficult.

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	2022	2023
Discussing Cessation Medications	21.95%	29.27%
Discussing Cessation Strategies	20.00%	29.27%

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

- Amerigroup observed a slight upward trend from 2022 to 2023; however, measuring the improvement of the smoking cessation initiatives through CAHPS is challenging due to the limited number of survey respondents who represent only a small subset of the population.


Identify any barriers to implementing initiatives:

- No obstacles were detected regarding the aforementioned initiatives.

HSAG Assessment:



Recommendation—CAHPS—Child		
<p>Goal 7: Improve Member Experience</p> <p>Pillar Four: Experience</p>	<p>Objective 7.1: Increase annual CAHPS overall <i>Rating of Health Plan</i></p>	<p>Metric(s): CAHPS - Child</p> <ul style="list-style-type: none"> • <i>Rating of All Health Care</i> • <i>Rating of Personal Doctor</i>
<p>Opportunity for Improvement: 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>Recommendation: 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>		
<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>Several challenges can contribute to parents rating all healthcare and their child's personal doctor poorly on the Child CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey. These challenges can stem from various factors affecting their overall experience and satisfaction. Here are some key challenges:</p> <ul style="list-style-type: none"> • Communication Issues: Poor communication between healthcare providers and parents can lead to misunderstandings, frustration, and dissatisfaction. This includes not adequately explaining medical conditions, treatment options, or follow-up care. • Accessibility and Availability: Difficulties in accessing healthcare services, such as long wait times for appointments, difficulty scheduling visits, or limited office hours, can negatively impact parents' perceptions of care. • Perceived Quality of Care: Parents may feel that the care their child receives is inadequate or substandard. This can result from perceived or actual issues with diagnostics, treatment effectiveness, or overall health outcomes. • Provider Interpersonal Skills: The demeanor and interpersonal behaviors of healthcare providers can significantly influence satisfaction levels. Providers who seem rushed, unempathetic, or dismissive can leave parents feeling undervalued and disrespected. • Coordination of Care: Fragmented care and poor coordination among healthcare providers can cause confusion and frustration for parents. This is particularly challenging for children with chronic conditions or complex medical needs. • Cultural Competency: If healthcare providers lack cultural competence or fail to respect and understand the cultural backgrounds of their patients, it can lead to discomfort and dissatisfaction among parents. • Environmental Factors: The physical environment of healthcare facilities, including cleanliness, comfort, and child-friendliness, can impact parents' satisfaction. Unpleasant waiting areas or poorly maintained facilities can lead to lower ratings. • Systemic Factors: Broader systemic issues, such as healthcare policy changes, restrictions on services, or perceived bureaucratic inefficiencies, can negatively influence parents' views of the entire healthcare system, affecting individual provider ratings by association. • Parental Expectations: Unrealistic expectations about the healthcare experience can lead to dissatisfaction. If parents have high expectations that are not met, even good care may be rated poorly. • Previous Negative Experiences: Past negative experiences with healthcare providers or systems can color parents' perceptions of current care, leading to lower ratings even if the current care is adequate. 		


Recommendation—CAHPS—Child											
<ul style="list-style-type: none"> Health Outcomes: If a child's health issues are not resolved to the parents' satisfaction, they may attribute this to poor medical care, regardless of the actual quality of the care provided. 											
<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"> Offer Provider training on the importance of patient experience during Provider Townhalls. Presentation to educate providers on enhancing the patient experience during encounters. Educate and survey providers on appointment access and availability Provide tools and techniques for communication and managing challenging situations. Revamp of Provider Education material Elevance online learning course for Providers: "My Diverse Patients" education material address communication gaps and offers innovative ways to communicate with patients. Primary Care survey responses by members are used to create a provider scorecard to share patient experience 											
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): PMV results showed:</p> <table border="1"> <thead> <tr> <th>Metric</th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td>Rating of All Health Care</td> <td>74.90%</td> <td>68.75%</td> </tr> <tr> <td>Rating of Personal Doctor</td> <td>78.14%</td> <td>74.15%</td> </tr> </tbody> </table>			Metric	2022	2023	Rating of All Health Care	74.90%	68.75%	Rating of Personal Doctor	78.14%	74.15%
Metric	2022	2023									
Rating of All Health Care	74.90%	68.75%									
Rating of Personal Doctor	78.14%	74.15%									
<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"> We have observed a slight downward trend from 2022 to 2023. However, measuring the improvement of the rating of all health care and rating of personal doctor initiatives through CAHPS is challenging due to the limited number of survey respondents, representing only a small subset of our population. 											
<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> No obstacles were detected regarding the aforementioned initiatives. 											
<p>HSAG Assessment:</p> 											

CareSource

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

Recommendation—Performance Measure Validation		
<p>Goal 1: Improve Access to Care</p> <p>Pillar One: Quality</p>	<p>Objective 1.2: Increase Wellness and Preventive Care</p> <p>Objective 1.4: Improve Maternal and Newborn Care</p>	<p>Metric(s):</p> <ul style="list-style-type: none"> Immunizations for Adolescents—Combination 2 (IMA2) Prenatal and Postpartum Care (PPC):

Recommendation—Performance Measure Validation		
		Timeliness of Prenatal and Postpartum Care
<p>Opportunity for Improvement: 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, Prenatal and Postpartum Care—Timeliness of Prenatal Care, and Postpartum Care.</i></p>		
<p>Recommendation: 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. • Offering member incentives, such as gift cards, for accessing timely prenatal and postpartum care. • Offering transportation services. 		
<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><i>Immunizations for Adolescents—Combination 2</i></p> <ul style="list-style-type: none"> • Guardian hesitancy allowing the immunization • Adolescent vaccine hesitancy <p><i>Prenatal and Postpartum Care</i></p> <ul style="list-style-type: none"> • Reaching members before timeframe expires 		
<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><i>Immunizations for Adolescents—Combination 2</i></p> <ul style="list-style-type: none"> • CareSource hosted a Purple Table Talk Adolescent Member Advisory Council Meeting to provide education • Partnered with providers to educate members on necessity of vaccines <p><i>Prenatal and Postpartum Care</i></p> <ul style="list-style-type: none"> • Partnered with providers to perform outreach to members • CareSource offered member reminders and rewards for receiving services 		

Recommendation—Performance Measure Validation														
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): PMV results showed:</p> <table border="1"> <thead> <tr> <th>Metric</th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td>Immunizations for Adolescents—Combination 2</td> <td>27.97%</td> <td>27.98%</td> </tr> <tr> <td>Prenatal Care</td> <td>77.37%</td> <td>82.0%</td> </tr> <tr> <td>Postpartum Care</td> <td>65.21%</td> <td>73.97%</td> </tr> </tbody> </table>			Metric	2022	2023	Immunizations for Adolescents—Combination 2	27.97%	27.98%	Prenatal Care	77.37%	82.0%	Postpartum Care	65.21%	73.97%
Metric	2022	2023												
Immunizations for Adolescents—Combination 2	27.97%	27.98%												
Prenatal Care	77.37%	82.0%												
Postpartum Care	65.21%	73.97%												
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: CareSource did not identify any initiatives that did not result in improvement or resources that improved performance was not achieved.</p>														
<p>Identify any barriers to implementing initiatives: Barriers to implementing outreach interventions include members non-responsiveness to phone calls, as well as the frequency of members moving and not updating demographic information.</p>														
<p>HSAG Assessment:</p> 														
Recommendation—Performance Measure Validation														
<p>Goal 1: Improve Health, Services & Experience</p> <p>Pillar One: Quality</p>	<p>Objectives 1.3: Improve Outcomes for Chronic Diseases</p>	<p>Metric(s):</p> <ul style="list-style-type: none"> Controlling High Blood Pressure Hemoglobin A1c Control for Patients with Diabetes-HbA1c Control (<8.0%) HbA1c Poor Control (>9.0%) 												
<p>Opportunity for Improvement: 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>Recommendation: 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. 														

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:

- Some providers do not submit CPT II codes
- Members cannot be reached for telephonic outreach
- Even with education and information provided, there may still be member reluctance to change behaviors

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):

- Provider education on CPT II code submission
- Member well visit rewards are available

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

PMV results showed:

Metric	2022	2023
Controlling High Blood Pressure	55.72%	59.37%
Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)	34.79%	42.58%
Postpartum Care	65.21%	73.97%

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

Identify any barriers to implementing initiatives:
 CareSource did not identify any barriers to implementing initiatives.

HSAG Assessment:



Recommendation—Performance Measure Validation

<p>Goal 1: Improve Access to Care</p> <p>Pillar One: Quality</p>	<p>Objective 1.2: Increase Wellness and Preventive Care</p> <p>Objective 1.4: Improve Maternal and Newborn Care</p>	<p>Metric(s):</p> <ul style="list-style-type: none"> • Immunizations for Adolescents—Combination 2 (IMA2) • Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More
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Recommendation—Performance Measure Validation

Opportunity for Improvement: In the Access to Care domain for CareSource’s PeachCare for Kids® population, *Immunizations for Adolescents—Combination 2* and *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* 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.

Recommendation: 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:

- 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.

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:

Immunizations for Adolescents—Combination 2

- Guardian hesitancy allowing the immunization
- Adolescent vaccine hesitancy

Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits

- Inability to contact members
- Health literacy on prevention

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):

Immunizations for Adolescents—Combination 2


- CareSource hosted a Purple Table Talk Adolescent Member Advisory Council Meeting to provide education
- Partnering with providers to educate members on necessity of vaccines


Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits

- Member Rewards
- Member Reminders
- Provider Care Gap Reports

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

PMV results showed:

Recommendation—Performance Measure Validation		
Metric	2022	2023
Immunizations for Adolescents—Combination 2	27.97%	27.98%
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child	58.40%	58.69%
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: CareSource did not identify any initiatives that did not result in improvement or resources that improved performance was not achieved.</p>		
<p>Identify any barriers to implementing initiatives: Barriers to implementing outreach interventions include members non-responsiveness to phone calls, as well as the frequency of members moving and not updating demographic information.</p>		
<p>HSAG Assessment:</p> 		
Recommendation—CAHPS—Adult		
<p>Goal 1: Improve Health, Services & Experience</p> <p>Pillar One: Quality</p>	<p>Objective 1.6: Enhance Member Experience</p>	<p>Metric(s):</p> <ul style="list-style-type: none"> AHRQ CAHPS
<p>Opportunity for Improvement: 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>Recommendation: HSAG recommends that CareSource work with providers to adopt strategies to improve member awareness of smoking and tobacco cessation medications and strategies.</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 resources, confidence, knowledge, or skill, to provide smoking cessation care to members Lack of providers screening for tobacco usage Lack of effective tools for tobacco usage assessment 		
<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"> Partnered with Georgia Healthy Family Alliance to fund programming for 4th and 5th graders around dangers of tobacco use to stop tobacco usage before adulthood Created a website for smoking cessation Information regarding smoking cessation placed in Member newsletter Topic within Health Partner Quality Meetings 		

Recommendation—CAHPS—Adult											
<ul style="list-style-type: none"> MyHealth member reward for ‘<i>Stop Tobacco Use with MyHealth Modules</i>’ available for 18+ 											
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): PMV results showed:</p> <table border="1"> <thead> <tr> <th>Metric</th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td><i>Discussing Cessation Medications</i></td> <td>34.8%</td> <td>31.1%</td> </tr> <tr> <td><i>Discussing Cessation Strategies</i></td> <td>27.3%</td> <td>24.7%</td> </tr> </tbody> </table>			Metric	2022	2023	<i>Discussing Cessation Medications</i>	34.8%	31.1%	<i>Discussing Cessation Strategies</i>	27.3%	24.7%
Metric	2022	2023									
<i>Discussing Cessation Medications</i>	34.8%	31.1%									
<i>Discussing Cessation Strategies</i>	27.3%	24.7%									
<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"> Website information effectiveness is dependent on member usage overall, and there may be a low utilization of the resource Low utilization of member rewards, need to promote further use 											
<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> CareSource is reliant on providers to initiate dialogue with members around smoking cessation Many members were not willing to stop smoking even after being educated by the provider 											
<p>HSAG Assessment:</p> 											
Recommendation—CAHPS—Child											
<p>Goal 1: Improve Health, Services & Experience</p> <p>Pillar Four: Experience</p>	<p>Objective 1.6: Enhance Member Experience</p>	<p>Metric(s):</p> <ul style="list-style-type: none"> AHRQ CAHPS 									
<p>Opportunity for Improvement: 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>Recommendation: 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>											
<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"> Specialty providers’ availability of appointments and expectations of members do not align Challenges in select areas with finding specialty providers who accept Medicaid (e.g. Dental rates being prohibitively low for Providers to accept Medicaid patients) 											

Recommendation—CAHPS—Child

- Depending upon specialty, there may be a low volume of these specialty providers in-network, leading to longer wait times for appointments
- Specialist workforce shortage nationally, and in rural areas
- Members expressed they felt some of the specialists seen were not knowledgeable, did not take time to answer their questions, and that some providers did not know enough about the services and benefits that CareSource provides

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):

- CareSource has been working with providers to obtain specific time-blocks to be available for members
- For dental needs, CareSource sponsored Teledentistry efforts to increase overall access to care
- Educate members on availability of Telehealth specialty providers that are partnered with CareSource to increase access to care
- Perform outreach to members whose satisfaction survey response is negative
- Formed the Provider Training, Education, and Resource team to provide additional education
- Provided funding to build 2 complex care clinics in effort to increase healthcare workforce and training for physicians caring for patients with complex diseases.

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

PMV results showed:

Metric	2022	2023
<i>Getting Needed Care (Composite)</i> Q9/10 In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed? Q23/41 In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?	82.08%	78.78%
<i>Rating of Specialist Seen Most Often</i>	84.93%	76.24%

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

Program for which funding was given for complex care clinics has not been initiated yet

Identify any barriers to implementing initiatives:

Contracting is not in place yet for complex care clinics programming

HSAG Assessment:



Peach State

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

Recommendation—Performance Measure Validation		
<p>Goal 4: Improve Maternal and Newborn Care</p> <p>Pillar One: Quality Pillar Two: Stewardship Pillar Three: Access</p>	<p>Objective 4.1: Increase the annual number of postpartum care visits</p> <p>Objective 4.2: Decrease the number of live births weighing less than 2,500 grams.</p> <p>Objective 4.3: Increase the number of hospitals implementing the severe HBP pregnancy safety bundle</p> <p>Objective 4.4: Increase the number of pregnant persons receiving prenatal services within 30-days of enrollment</p> <p>Objective 4.5: Increase the number of postpartum persons with a diagnosis of SUD or cardiovascular condition who had provider contact within 10 days post discharge</p>	<p>Metric(s):</p> <ul style="list-style-type: none"> Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care. (PPC)
<p>Opportunity for Improvement: 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>Recommendation: 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>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: Peach State determined the challenge exists because:</p> <ul style="list-style-type: none"> Members coming onto the plan late into their pregnancy causing them to be non-compliant for Prenatal timeliness. After previous pregnancies, members do not place an importance on prenatal visits 		

Recommendation—Performance Measure Validation

- Inability to find childcare to attend their postpartum 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):

Peach State conducts analysis and stratification of the membership to determine where we need targeted interventions across key demographics such as race, ethnicity, age, and ZIP Code.

Expanding and/or considering new provider education and engagement opportunities

- Peach State implemented provider reimbursement for CPT II codes related to prenatal and postpartum visits.
- Peach State has a Quality Practice Advisor (an RN with OB experience) who communicates OBGYNs regularly. The purpose of the discussions is to educate the provider on in their practice, obtain feedback from the providers to identify potential key drivers contributing to low performance and ensure providers are completing all aspects of care necessary.

Sharing prenatal health education material with the population served

- The Plan’s Start Smart for Baby Care Management targets all pregnant members, promoting timely, appropriate prenatal care and follow-up with early identification and assessment of risk factors.
- Technologically savvy Digital Care Management engages members by interacting through technology and allowing members to self-report and identify barriers to care for members with chronic conditions, maternal health, behavioral health, wellness, and post hospital care needs.

Offering member incentives, such as gift cards, for accessing timely prenatal and postpartum care

- Peach State has multiple incentives available for members to promote healthy pregnancies and positive birth outcomes of their babies. The MOM (Making Outcomes Memorable) program offers support to qualified pregnant members. The program consists of the following:
 - New Mommy Store which provides new mothers with baby items, such as diapers, wipes, and baby clothing (for completed visits to include prenatal, postpartum visits).
 - Electric Breast Pump for new mothers at no cost to make breastfeeding easier and provide the best nutrition for babies
 - Mom’s Meals which is a meal delivery service that delivers nutritious and delicious meals directly to members’ homes, helping new moms and families with nutritional needs after a baby is born.

Offering transportation services

- Peach State provides transportation services through the state vendor. Peach State assists members in coordinating transportation services, as necessary.


Targeted interventions based on identified disparities

- Peach State has stratified membership and identified areas of focus based on race/ethnicity as well as geographical regions within Georgia. As such, Peach State conducts outreach to members for high-risk OB engagement and postpartum outreach to members with the highest non-compliance rates based on the analysis.

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

PMV results showed:

Metric	2022	2023
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Recommendation—Performance Measure Validation		
Timeliness of Prenatal Care	Admin: 54.97 Hybrid: 78.35	Admin: 59.37 Hybrid: 74.70
Postpartum Care:	Admin: 49.43 Hybrid: 67.15	Admin: 55.38 Hybrid: 74.70
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: Peach State deemed the initiatives to be effective. The decrease in the prenatal hybrid rate was related to insufficient records received during hybrid season.</p>		
<p>Identify any barriers to implementing initiatives: None.</p>		
<p>HSAG Assessment:</p> 		
Recommendation—Performance Measure Validation		
<p>Goal 3: Improve outcome for Chronic Diseases</p> <p>Pillar One: Quality Pillar Two: Stewardship Pillar Three: Access</p>	<p>Objective 3.1: Decrease the annual hospital admission rate for members with heart failure</p> <p>Objective 3.2: Increase the number of members participating in a remote monitoring program for management of chronic conditions</p> <p>Objective 3.3: Increase the percentage of members achieving appropriate asthma medication ratios</p> <p>Objective 3.4: Increase the number of members with a diagnosis of diabetes mellitus receiving nutritional counseling</p> <p>Objective 3.5: Increase the number of members with HTN who are provided blood pressure device to monitor blood pressure</p>	<p>Metric(s):</p> <ul style="list-style-type: none"> Hemoglobin A1c Control for Patients With Diabetes (HBD and HBD-AD) Controlling High Blood Pressure (CBP and CBP-AD) Asthma Medication Ratio (AMR) • Ages 5 to 18: AMR-CH • Ages 19 to 64: AMRAD PQI-08: Heart Failure Admission Rate (PQI08-AD)
<p>Opportunity for Improvement: 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>Recommendation: 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</p>		

Recommendation—Performance Measure Validation

also recommends assessing the feasibility and achievability of implementing PHM strategies that focus on disease and chronic condition management such as:

- 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.

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:

Peach State utilized a focus study to determine the challenge with members obtaining compliance. Challenges include:

- The medications the members need require a co-payment. For adult members with children and low income, this can present a challenge.
- In general, copayments for visits/services may lead to non-compliance.
- The members say they do not necessarily monitor their levels because they want the “up to date” monitors instead which replace the need to ‘poke their fingers’.
- Members reported that having many comorbid conditions makes it difficult to keep up with care.
- Multiple children and responsibilities lead to prioritizing themselves last, indicating their children come before their own health

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):

Considering the feasibility and cost of providing at-home devices.

- Peach State mails A1c kits to members for completion at home. By doing so, the Plan can capture members with elevated A1c levels and intervene to help the member manage their diabetes. Members will also be aware of their results.
- Peach State is conducting a pilot with a provider in the Southwest region of the state. This provider supplies home monitoring devices for members with diabetes. As the readings are transmitted, if a member has increased levels, a physician assistant contacts the member and conducts a call to assist the member with barriers/issue the member may be having at the time.
- During outreach calls, when a member presents as non-compliant for the hypertension measures, the Health Coach works with the member to determine and address reasons for non-compliance. Methods to address the member’s needs include setting up doctor’s appointments, discussion of a healthier lifestyle and walking the member through the process for obtaining an automated blood pressure cuff through Peach State’s DME vendor so that the member can manage their blood pressure at home. Team members when interacting with members during Clinic days with providers and Health fairs will go through the same process to ask members if they would like an automatic blood pressure machine to help monitor their health at home and if they receive a yes will walk the member through the process to help order the machine and then follow up with the member to make sure that they received it.

Evaluating and expanding current and/or new member outreach and engagement initiatives

- Peach State conducts outbound calls to members who have elevated labs and/or blood pressure readings to help the member better manage their given condition and offers them a health coach or case management services.

Recommendation—Performance Measure Validation

- Peach State evaluated and updated the text messaging program around diabetes based on member feedback. In the interest of eliminating member abrasion and keeping the text alerts relevant for members the text scripting was broken up. The 2024, diabetic members receive a comprehensive program text that asks about barriers to care, and separate reminder texts for the GSD, HBD, and EED measures depending on which care gaps are still open.
- Peach State expanded the utilization of a provider who contacts members across the state and offers home visits to complete Diabetic Eye exams. This intervention expansion allows Peach State to reach those underserved in the rural communities.

Offering provider education and engagement opportunities such as webinars and newsletters on chronic condition management best practices.

- Peach State utilizes Quality Practice Advisors to educate providers on updates related to chronic conditions to include practice guidelines and HEDIS requirements.
- Peach State conducts Clinical Practice Guideline audits on Diabetes. When providers are not meeting elements of the audit, they are educated on the deficiencies and reaudited.

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.

- Peach State started a Health & Fitness Boot camp in partnership with the American Diabetes association. The camp is 1x/week for six weeks and educates the members on their diabetes and how to care for themselves. Peach State associates are present to assist members with setting up appointments to close all gaps.
- Peach State is in the process of getting member materials approved, by DCH, which will direct members to
 - The American Diabetes Association’s website. Here members will be able to explore health education material around appropriate use of medications, diet and nutrition, physical activity, and other information to help them control their diabetes.
 - The National Heart, Lung and Blood Institute for educational materials on controlling high blood pressure, COPD and Asthma.
 - The American Heart Association to obtain educational materials specific to their race and ethnicity.
- Asthma Disease Management - This disease management program provides telephonic outreach, education, and support services to identified members. The program focuses on promoting adherence to treatment guidelines, preventing acute exacerbations, reducing healthcare utilizations, and promoting therapeutic regimens.
- Members with chronic conditions are offered education materials through Peach State case and disease management programs utilizing KRAMS on Demand.
- Asthma medication adherence program which focuses on ensuring members have the correct medications and are getting them filled appropriately.

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

PMV results showed:

Metric	2022	2023
Hemoglobin A1c Control for Patients with Diabetes (HBD and HBD-AD)	Admin: 23.53% Hybrid: 38.20%	Admin: 23.59% Hybrid:40.63%
Controlling High Blood Pressure (CBP and CBP-AD)	Admin: 22.87% Hybrid: 47.69%	Admin: 31.91% Hybrid: 55.72%
Asthma Medication Ratio (AMR)	Ages 5 to 11: 74.63 Ages 12 to 18: 70.67	Ages 5 to 11: 59.70

Recommendation—Performance Measure Validation		
	Ages 19 – 50: 53.72	Ages 12 to 18: 64.29 Ages 19 – 50: 49.74

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

In response to the AMR rate decrease, Peach State Health Plan determined that Members need more education on the benefit of using a controller medication instead of constant use of a rescue inhaler. The Plan is currently reviewing member focused material to identify modifications that can be made to emphasize proper medication usage.

Identify any barriers to implementing initiatives: None.

HSAG Assessment:



Recommendation—Performance Measure Validation		
<p>Goal 1: Improve Access to Care</p> <p>Pillar One: Quality Pillar Three: Access Pillar Four: Experience</p>	<p>Objective 1.1: Increase the number of children receiving well-child and preventive care.</p> <p>Objective 1.2: Increase the number of adults receiving well and preventive visits</p> <p>Objective 1.3: Increase the percentage of members Getting Needed Care</p>	<p>Metric(s):</p> <ul style="list-style-type: none"> Well-Child Visits in the First 30 Months of Life (W30 and W30-CH) Child and Adolescent WellCare Visits (WCV and WCV-CH) Adults Access to Preventive and Ambulatory Care (AAP) CAHPS (CPC and CPCCH)

Opportunity for Improvement: In the Access to Care domain for the PeachCare for Kids® population, Peach State fell below the 50th percentile for *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits*.

Recommendation: 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:

- 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.

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:

Recommendation—Performance Measure Validation

- Peach State has identified, through talking with members and providers, that members are not always offered appointments within the required time limit. For example, a member, when scheduling their next appointment may be a day or two late to complete the series.
- Multiple children are not allowed at all provider offices
- Parents are missing visits and not catching up on EPSDT required
- Parents unable to take off from work and prefer evening and weekend hours when providers are not open

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 educates providers in multiple ways regarding children’s well-care visit best practices including:

- The Provider Relations and Quality Practice Advisors (QPA) educate providers when on topics including best practices for improving compliance and asking them to ensure the scheduling staff understand the importance of having visits scheduled prior to or on their due date according to the preventive guideline.
- The Plan continues to conduct medical record audits, although no longer required by DCH, to assess provider compliance with guidelines. Education is given to providers on elements missing.

Sharing health education material with the population served

- Peach State Health Plan distributes educational materials to members identified as pregnant or recently delivered through its Start Smart Newborn packet mailings. The educational materials include a Depression Brochure and the Edinburgh Depression Scale which screens for prenatal or postnatal depression.
- Peach State associates plan and/or attend events to include community events, new mommy events, Peach State Days and baby showers to provide educational materials to members related to the immunization and periodicity schedule for well visits.
- Peach State provides member educational materials to providers to hand out to their patients in addition to information available on the website, brochures, targeted mailings, text messages and in the member handbook.

Offering member incentives


- Members who receive all of their immunizations can receive incentives including a choice of shoes through Peach States Shots for Shoes program,
- Members receive gift cards for timely completion of W30 visits

Evaluating and Expanding current or new member outreach

- Peach State utilizes the PDSA process to evaluate, expand, or stop current and/or new member outreach and engagement initiatives. Peach State currently utilizes multiple outreach methodologies as follows:
 - Live outbound calls: Peach State conducts live outbound calls through embedding associates in provider offices and calling using the providers phones. This was determined to be effective, and Peach State has added more offices during 2024.
 - Text messaging: Peach State uses text messages to reach members and remind them of their needed services. Peach State has found this methodology to have a positive engagement rate.
 - Mail: Peach State partnered with providers to outreach to members via mail. The Plan sends a letter to the member using the provider's letter head and signature. Outreach encouraging members to schedule and keep well child and immunization appointments with their provider. This was expanded in 2024 because of the positive ROI in 2023.

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

PMV results showed:

Recommendation—Performance Measure Validation		
Metric	2022	2023
W30 15 Months	58.46%	60.26%
W30 30 Months	65.71%	69.43%
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: None</p> <p>Identify any barriers to implementing initiatives: The primary barriers related to implementing initiatives focused on improving W30 measure are:</p> <ul style="list-style-type: none"> Inaccurate member contact information. Inaccurate information leads to members not receiving outreach that provides education and possible assistance with addressing barriers to care. Members scheduled for appointments after the member ‘turns’ the specific age. Although this may not be clinically significant, there is an impact to the HEDIS measure. Caregivers are not often willing to change an appointment set by the provider at the request of the health plan. 		
<p>HSAG Assessment:</p> 		
Recommendation—CAHPS—Adult		
<p>Goal 1: Improve Access to Care</p> <p>Pillar One: Quality Pillar Three: Access Pillar Four: Experience</p>	<p>Objective: 1.3: Increase the percentage of members receiving guidance for the measure – Discussing Cessation Medications</p>	<p>Metric(s):</p> <ul style="list-style-type: none"> Well-Child Visits in the First 30 Months of Life (W30 and W30-CH) Child and Adolescent WellCare Visits (WCV and WCV-CH) Adults Access to Preventive and Ambulatory Care (AAP) CAHPS (CPC and CPCCH)
<p>Opportunity for Improvement: 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, Discussing Cessation Medications, as the 2023 score was statistically significantly lower than the 2022 NCQA adult Medicaid national average.</p>		
<p>Recommendation: 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>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"> Providers may not always discuss tobacco use cessation medications during visits with members and providers may not follow up with members after initial conversations. Additionally, many members do not respond to this question, with fewer than 100 responses, members may not be interested in not using tobacco products. 		

Recommendation—CAHPS—Adult

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 increase member awareness of options to assist with tobacco cessation, Pharmacy Coordinators and support staff advise providers about available services and provide them with resources for reference. Staff also give providers information about free programs that support tobacco cessation for members.
- Peach State conducted a text messaging campaign to educate members on the options for tobacco cessation assistance,
- In 2024, Peach State updated its annual anniversary text message campaign distributed to members. The new messaging has been submitted for state approval. The new messaging features an option for members to select Smoking Cessation Support from a Benefits Menu managed by the Georgia Tobacco Quit Line (GTQL). It notifies them about free public health services available for assistance with quitting smoking, vaping, and using all forms of tobacco products.
- Peach States Care and Disease Management teams initiate member referrals to GA Tobacco Quit Line and provide educational materials on the quit line during our community and in-person engagement events.
- Peach State educates providers during their regular provider meetings on the importance of discussing smoking and vaping cessation programs.

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

PMV results showed:

Metric	2022	2023
Discussion of Smoking Cessation Medication (less than 100 respondents)	37.93%	60.26%

Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: None

Most initiatives were started during/after the 2023 CAHPS survey was vetted. This may have contributed to stagnant rates that did not show improvement. The Plan will review the next CAHPS survey to determine intervention effectiveness and need for redirection or additional initiatives.

Identify any barriers to implementing initiatives: None

HSAG Assessment:



Recommendation—CAHPS—Child

Goal 7: Improve Member Experience Pillar: Experience	Objective 7.1: Increase annual CAHPS overall <i>Rating of Health Plan</i>	Metric(s): • CAHPS (CPC and CPCCH)
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Opportunity for Improvement: Fewer parents/caretakers of child members reported positive experiences related to care their child received from specialists, as the 2023 *Rating of Specialist Seen Most Often* score was statistically significantly lower than the 2022 score.

Recommendation—CAHPS—Child

Recommendation: 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.

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:

Challenges that exist on the CAHPS Child survey that impact the members ratings for Rating of Health Plan and Rating of Specialist seen most often include members perception that they do not get the information that they need from their PCP or Specialist and members want more assistance from the doctor’s office and when they call the health plan.

Additional surveys identified that members are also challenged with being able to afford payments required for prescriptions, dental and mental health care that are not covered and locating a specialist less than an hour away is hard to find. During focus groups, members said they were satisfied with the services received from their providers and Peach State. Members indicated it was sometimes difficult to locate a specialist and once they do the wait times for an appointment may not be as soon as the member wants it.

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):

Root cause or focus groups


- Peach State conducted a focus study in Q1 2023/Q1 2024. Members represented the following populations: well-child visits, maternity services, and diabetes management. This focus study provided Peach State with the opportunity to gain information to help improve the member’s experience, which could directly improve member compliance and their health status. The focus study identified recommendations to include exploring opportunities to host or partner with community organizations to host condition specific support, educate providers on value added benefits, have calls labeled with Peach State ID, and create listings of community resources by audience type and geography.

Obtain feedback from caretakers on recent office visits

- Peach State implemented a post visit survey pilot starting in 2023 with our adult population. Once the pilot is completed, Peach State will evaluate its success and explore expansion to the under 21 members.

Additional Interventions

- To address member perception that provider availability is not flexible, Peach State enhanced member educational materials to reflect provider availability for appointment scheduling during extended hours and after-hours. This material was distributed in Q3 2023.
- The Plan developed an intervention to outreach to chronic and high-risk members identified with using multiple PCPs, ED visits, with the intent to ensure members have a primary medical home and encourage the use of Primary PCP’s.
- The Plan received approval to use 3 updated tools created to drive member experience with their PCP and specialists. These tools encourage members to sign a release of information and informs providers of different contacts to use to assist members in need of additional care management; the 3 tools are
 - Care Coordination – Member Empowerment
 - CAHPS Spotlight, a resource for member-facing teams
 - CAHPS Spotlight, a resource for provider-facing teams

Recommendation—CAHPS—Child											
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): PMV results showed:</p> <table border="1"> <thead> <tr> <th>Metric</th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td>Rating of Health Plan</td> <td>84.96%</td> <td>84.05%</td> </tr> <tr> <td>Rating of Specialist</td> <td>91.67%</td> <td>80.70%</td> </tr> </tbody> </table>			Metric	2022	2023	Rating of Health Plan	84.96%	84.05%	Rating of Specialist	91.67%	80.70%
Metric	2022	2023									
Rating of Health Plan	84.96%	84.05%									
Rating of Specialist	91.67%	80.70%									
<p>Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: Most initiatives were started during/after the 2023 CAHPS survey was fielded. This may have contributed to stagnated rates that did not show improvement. The Plan will review the next CAHPS survey to determine intervention effectiveness and need for redirection or additional initiatives.</p>											
<p>Identify any barriers to implementing initiatives: None.</p>											
<p>HSAG Assessment:</p> 											

Amerigroup 360°

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

Recommendation—Performance Measure Validation		
<p>Goal 4: Improve Maternal and Newborn Care</p> <p>Pillar One: Quality</p>	<p>Objective 4.4: Increase the number of pregnant persons receiving prenatal services within 30 days of enrollment</p>	<p>Metric(s):</p> <ul style="list-style-type: none"> Prenatal and Postpartum Care-PPC
<p>Opportunity for Improvement: 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. Timely access to prenatal care services may also have an impact on maternal and infant mortality.</p>		
<p>Recommendation: 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. 		

Recommendation—Performance Measure Validation

- 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.

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:

Prenatal and Postpartum Care Challenges

Amerigroup continues to provide focused care on ensuring pregnant members receive the appropriate care throughout their pregnancy; however, there are a multitude of barriers that can impede access to appropriate pregnancy care. Several of these challenges, include but may not be limited to:

- Lack of members’ knowledge regarding the importance of prenatal and post pregnancy care and/or services available to them (e.g., members who are not first-time moms may feel that timely prenatal/postpartum visit are necessary),
- Lack of access to care, especially for members in rural or remote areas who may have limited access to healthcare facilities and specialists.
- Lack of transportation or long distances to healthcare facilities can prevent timely access to care.
- Depression, anxiety, and other mental health disorders can impede an individual's ability to seek and maintain appropriate care for members to seek and/or adhere to pregnancy care
- Fear of judgment or stigma, especially in cases of teenage pregnancy or substance abuse, can deter women from seeking care.

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):

Data analysis through the Elevance “Informed Tool” is utilized to target interventions for member and providers based on: SDOH, race, ethnicity, age and zip code.

- 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.
- Member outreach via text messages, mailers and phone calls reminding members of the importance prenatal and postpartum appointments and assisting to eliminate barriers.
- Hosting community baby showers and diaper day events with resources available, baby items giveaways and maternal health information
- Provider feedback from OBGYN’s is solicited through our quarterly Medical Advisory Committee and GF360 Steering Committee.
- Employing Obstetric nurse practice consultants to work directly with OB provider groups focusing on women’s health and pregnancy gaps in care, identifying opportunities for better outcomes for pregnant members. 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

Recommendation—Performance Measure Validation

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

PMV results showed:

Metric	2022	2023
Prenatal and Postpartum Care—Timeliness of Prenatal Care	73.90%	68.54%

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

Global billing continues to pose as a barrier to capturing accurate data from our obstetric providers for completed visits for the PPC measures. Although Amerigroup continues to promote and incentivize providers to utilize category II codes to capture data more accurately and timely for these measures, the majority of providers across the state continue to bundle bill. Many providers report that building in additional codes is timely, costly, and a strain on resources. To mitigate this, Amerigroup is continuing to focus on establishing data connectivity with providers and systems in order to obtain this necessary data in a way that does not overburden the provider network.

Identify any barriers to implementing initiatives:

- Homelessness or frequent placement changes.
- Missing or incorrect addresses and phone number.
- Challenges with scheduling Medicaid Transportation.
- Member seeking care late in pregnancy
- SDOH

HSAG Assessment:



Recommendation—Performance Measure Validation

<p>Goal 3: Improve Outcomes for Chronic Diseases</p> <p>Goal 5: Improve Behavioral Health Care Outcomes</p> <p>Pillar One: Quality Pillar Three: Access</p>	<p>Objective 3.2: Increase the number of members participating in a remote monitoring program for management of chronic conditions</p> <p>Objective 3.4: Increase the number of members with a diagnosis of diabetes mellitus receiving nutritional counseling</p> <p>Objective 5.3: Increase follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication</p> <p>Objective 5.9: Increase the percentage of individuals receiving appropriate antidepressant medication management</p>	<p>Metric(s):</p> <ul style="list-style-type: none"> • Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication (ADD and ADD-CH) • Antidepressant Medication Management (AMM and AMM-AD) • Controlling High Blood Pressure measure • Hemoglobin A1c Control for Patients with Diabetes—HbA1c Poor Control (>9.0%) • Hemoglobin A1c Control for Patients with Diabetes—HbA1c Control (<8.0%)
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Opportunity for Improvement: 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: *Adherence to Antipsychotic Medications for Individuals*

Recommendation—Performance Measure Validation

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. Of note, four of these five (80.0 percent) measure indicator rates fell below the 25th percentile: 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%). These results continue to demonstrate opportunities to improve members’ quality of care related to managing medications and chronic conditions.

Recommendation: 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.

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: Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) & Antidepressant Medication Management (AMM)

Members over the age of 18 have significant barriers related to SDOH in addition to:

- Transient population
- Lack of understanding about their condition and the importance of ongoing care can result in individuals not seeking the necessary treatment or making informed health decisions.
- Low health literacy can affect an individual’s ability to understand medical instructions, navigate the healthcare system, and advocate for their own health needs.
- Depression, anxiety, and other mental health disorders can impede an individual’s ability to seek and maintain appropriate care for their chronic conditions.
- Cultural beliefs and stigma around mental health misunderstandings or discomfort in the healthcare setting, affecting the quality and accessibility of care.

Metric: Comprehensive Diabetes Care—HbA1c Control (<8.0%) (HBP) challenges include:

- Low provider utilization of CAT II codes to capture BP and A1c results
- Lack of follow-up visits with prescribers
- Members with chronic conditions may face a multitude of barriers that prevent them from receiving the care they need. These obstacles can be multifaceted, often involving systemic, personal, and socio-economic factors.
- Lack of understanding about their condition and the importance of ongoing care can result in individuals not seeking the necessary treatment or making informed health decisions.

Metric: Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase

- Members and providers unaware of the 4-month negative medication history, placing them back in the denominator requiring 30-day follow up causes missed appointment
- Provider filling medications without required follow up visits.
- Provider availability for 30 day follow up requirements.

Recommendation—Performance Measure Validation

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):

Data analysis through our “Informed Tool” is utilized to target interventions for member and providers based on: SDOH, race, ethnicity, age and zip code.

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

- Continued member education.
- Promote use of long-acting injectable antipsychotics (LAIA) via prescriber faxes for members age 18+ nonadherent to oral medication therapy
- Continue provider faxing program to notify providers of members who are not adherent to antipsychotic medication.

Metric: Antidepressant Medication Management (AMM)

- 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
- Promote 60-day supply of maintenance medications for depression at the retail pharmacy 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
- Promote 60-day supply of maintenance medications for diabetes at the retail pharmacy to improve medication adherence
- Offered a Provider Quality Incentive Program (PQIP) that included chronic conditions performance measures

Metric: Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase

- Daily outreach to members with ADHD first fills encouraging follow up visits.
- Letter sent to Members/Guardians regarding the importance of ongoing follow-up when on ADHD medications.
- Provider support via scorecards, education and collaterals.
- Text messaging outreach for members in Continuation Maintenance Phase of treatment
- Behavioral Health Quality Incentive Program: This program offers education and incentives to the physicians to provide quality and efficient care while focusing on members’ healthcare needs
- Offered a Provider Quality Incentive Program (PQIP) that included the ADHD performance measure

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

PMV results showed:

Metric	2022	2023
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	52.75%	45.92%
Antidepressant Medication Management—Effective Acute Phase Treatment (AMM)	43.32%	41.07%
Comprehensive Diabetes Care—HbA1c Control (<8.0%) (HBD)	30.08%	31.82%
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	49.59%	51.72%

Recommendation—Performance Measure Validation

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

- The Provider Quality Incentive Program (PQIP) - Most providers enrolled in this program are primarily pediatric and have low denominators for these measures that do not quality for an incentive return or generate minimal return. The ability to improve measure performance is limited when provider engagement is limited so the willingness to focus on these measures is limited to nonexistent. These measures were removed from the PQIP program due to the low denominators and the lack of provider engagement described above.
- Our remote patient monitoring program for diabetics is currently in the process of being restructured to address challenges related to scalability and clinical outcomes. We have encountered difficulties in expanding the program to efficiently accommodate a growing number of patients and have not observed the anticipated improvements in A1C results. This initiative aims to enhance overall effectiveness by optimizing technology, improving patient engagement, and ensuring seamless integration with healthcare services, ultimately providing the best possible care for our diabetic patients.

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.

Metric: Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase

HSAG Assessment:



Recommendation—CAHPS—Adult

<p>Goal 7: Improve Member Experience</p> <p>Pillar Four: Experience</p>	<p>Objective 7.1: Increase annual CAHPS overall rating of the health plan.</p>	<p>Metric(s): CAHPS- Child</p> <ul style="list-style-type: none"> • Rating of the Health Plan
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Opportunity for Improvement: 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, *Rating of Health Plan*.

Recommendation: 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

Recommendation—CAHPS—Adult

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.

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:

Several factors can lead to low ratings of a health plan in a CAHPS survey. These factors often reflect the overall patient or caregiver experience and satisfaction with the health plan. Here are some potential causes of low ratings:

- **Accessibility and Availability:** Long wait times for appointments, limited availability of specialists, or difficulty in finding in-network providers can frustrate enrollees.
- **Quality of Care:** Perceived or actual poor quality of care, including misdiagnoses, insufficient treatment, or negative interactions with healthcare providers, can lead to dissatisfaction.
- **Customer Service:** Poor customer service, such as unhelpful or unresponsive support from the health plan’s customer service representatives, can impact ratings negatively.
- **Communication Issues:** Lack of clear, timely, and effective communication from the health plan regarding coverage, benefits, and changes can cause confusion and dissatisfaction.
- **Ease of Navigation:** A health plan that is difficult to navigate, with complex rules, forms, and processes, can frustrate users and lead to lower ratings.
- **Continuity of Care:** Issues with maintaining continuity of care, such as frequent changes in available providers or interruptions in treatment, can negatively impact ratings.
- **Member Engagement:** Inadequate engagement with plan members, such as not involving them in decision-making processes or ignoring their feedback, can lower satisfaction levels.
- **Addressing these issues** often requires concerted efforts from health plans to improve service delivery, communication, transparency, and overall patient care. By focusing on these areas, health plans can work towards enhancing member satisfaction and improving their CAHPS ratings.

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):

- **Presentation to educate providers** on enhancing the patient experience during encounters. -Provide tools and techniques for communication and managing challenging situations.
- **Revamp of Provider Education material** - Elevance online learning course for Providers: “My Diverse Patients” education material address communication gaps and offers innovative ways to communicate with patients.
- **Primary Care survey responses** by members are used to create a provider scorecard to share patient experience
- **Data Analysis:** Conduct a thorough analysis of performance metrics across different demographic groups to identify patterns of disparities. This will involve segmenting data by race, ethnicity, age, ZIP Code, etc., and pinpointing areas with consistently lower performance.

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

PMV results showed:

Metric	2022	2023
Rating of the Health Plan - CAHPS	60.74%	64.20%

Recommendation—CAHPS—Adult

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

None identified.

Identify any barriers to implementing initiatives:

No barriers to implementing initiatives. However, CAHPS scores have been adversely affected due to a low denominator, given that our survey pool currently comprises only our Adoption Assistance population. This limited sample size does not provide a comprehensive view of our service quality and impacts the reliability of our scores.


HSAG Assessment:













Appendix F. 2024–2026 Quality Strategy Scorecard and Evaluation







Georgia Quality Strategy Scorecard




The Georgia 2024–2026 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 Percentile	MY 2022 Rate (Performance)	MY 2023 Rate (Performance)	MY 2023 Percentile Compared to Target
Goal 1.1: Improve Access to Care					
<ul style="list-style-type: none"> Prenatal and Postpartum Care: Postpartum Care 	70.62%	At or above the HEDIS 50th Percentile	69.28%	72.82%	
<ul style="list-style-type: none"> 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%	First 15 Months: 59.91%	
	15-30 Months: 73.26%		15-30 Months: 59.22%	15-30 Months: 69.47%	
<ul style="list-style-type: none"> Child and Adolescent Well-Care Visits 	Total: 50.96%	At or above the HEDIS 50th Percentile	Total: 47.94%	Total: 53.13%	

Performance Metric	MY 2020 Rate (Baseline Rate)	Target Percentile	MY 2022 Rate (Performance)	MY 2023 Rate (Performance)	MY 2023 Percentile Compared to Target
<ul style="list-style-type: none"> Adults' Access to Preventive/Ambulatory Health Services 	20-44 Years: 73.02%	At or above the HEDIS 50th Percentile	20-44 Years: 66.14%	Total: 68.83%	
	45-64 Years: 78.50%		45-64 Years: 74.11%		
<ul style="list-style-type: none"> CAHPS <i>Getting Needed Care</i> 	Adult CAHPS: 80.85%	At or above the CAHPS 67th percentile	Adult CAHPS: 76.39%	79.19%	
	Child CAHPS: 86.06%		Child CAHPS: 81.22%	83.62%	
<ul style="list-style-type: none"> Chlamydia Screening in Women Ages 16 to 20 	16-20 Years: 61.24%	At or above the HEDIS 50th Percentile	16-20 Years: 59.58%	16-20 Years: 62.39%	
	21-24 Years: 66.70%		21-24 Years: 63.54%	21-24 Years: 66.36%	
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>	<i>Retired measure</i>	NC
	<i>New Measure</i>		42.13%	45.29%	

Performance Metric	MY 2020 Rate (Baseline Rate)	Target Percentile	MY 2022 Rate (Performance)	MY 2023 Rate (Performance)	MY 2023 Percentile Compared to Target
<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	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%	53.13%	
<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 1: 81.39%	
	Combination 2: 35.09%		Combination 2: 30.80%	Combination 2: 29.79%	
<ul style="list-style-type: none"> Breast Cancer Screening 	53.26%	At or above the HEDIS 75th percentile	48.39%	49.57%	
<ul style="list-style-type: none"> Cervical Cancer Screening 	63.66%	At or above the HEDIS 75th percentile	60.16%	59.88%	
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%	43.38%	

Performance Metric	MY 2020 Rate (Baseline Rate)	Target Percentile	MY 2022 Rate (Performance)	MY 2023 Rate (Performance)	MY 2023 Percentile Compared to Target
<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	NR	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	57.36%	
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	5.49%	NC
<ul style="list-style-type: none"> Screening for Depression and Follow-Up Plan: Age 18 and Older 	3.29%	At or above the CMCS 50th percentile	2.36% NC	18-64 Years: 3.35% 65 Years and Older: 3.23%	NC
Goal 1.6: Enhance Member Experience					
<ul style="list-style-type: none"> CAHPS Overall Rating of Health Plan 	Adult: 75.27%	Increase by 5% by MY 2025	Adult: 74.25%	76.22%	
	Child: 86.79%		Child: 85.00%	86.65%	
Goal 2.1: Increase Appropriate Utilization of Services					
<ul style="list-style-type: none"> Acute Hospital Utilization 	Total Inpatient Discharges: 4.40		Total Inpatient Discharges: 48.84	Total Inpatient Discharges: 45.97	NC

Performance Metric	MY 2020 Rate (Baseline Rate)	Target Percentile	MY 2022 Rate (Performance)	MY 2023 Rate (Performance)	MY 2023 Percentile Compared to Target
	Total Inpatient ALOS: 3.48	At or above the HEDIS 50th percentile	Total Inpatient ALOS: 3.61	Total Inpatient ALOS: 3.67	NC
<ul style="list-style-type: none"> Emergency Department Utilization: Total 	34.91	At or above the HEDIS 50th percentile	513.71	518.90	
<ul style="list-style-type: none"> Plan All-Cause Readmissions 	Total Observed Readmissions: 7.96%	At or above the CMCS 50th percentile	Total Observed Readmissions: 7.11%	Total Observed Readmissions: 6.98%	NC
	PCR O/E Ratio Total: 0.99		PCR Ratio Total: 0.9008	PCR O/E Ratio Total: 0.8837	
Goal 3.1: Improve Health and Well-Being of Persons Receiving Community-Based Services					
<ul style="list-style-type: none"> Plan All-Cause Readmissions 	Total Observed Readmissions: 7.96%	At or above the HEDIS 50th percentile	Total Observed Readmissions: 7.11%	Total Observed Readmissions: 6.98%	NC
	PCR O/E Ratio Total: 0.99		PCR O/E Ratio Total: 0.9008	PCR O/E Ratio Total: 0.8837	

**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.