State of Georgia
Department of Community Health

2025 External Quality Review Annual Report

February 2026

Contents

1. **Executive Summary 1-1**
   Overview of CY 2025 External Quality Review 1-1
   Scope of External Quality Review Activities 1-1
   Methodology for Aggregating and Analyzing EQR Activity Results 1-2
   Georgia Managed Care Program Findings and Conclusions 1-4
   Quality Strategy Recommendations for the Georgia Managed Care Program 1-11
2. **Overview of Georgia's Managed Care Program 2-1**
   Medicaid Managed Care in the State of Georgia 2-1
   The Georgia Department of Community Health 2-1
   Georgia Families CMO Model 2-4
   Medicaid Enterprise System 2-4
   Translating Data Into Action 2-6
   Georgia Quality Strategy 2-7
   The DCH Pillars 2-7
   Quality Strategy Mission, Vision, and Values 2-7
   Georgia 2024–2026 Quality Strategy Goals and Objectives 2-8
   Quality Initiatives 2-10
   DCH Quality Initiatives Driving Improvement 2-10
   DCH Follow-Up on 2024 Annual Technical Report EQRO Recommendations 2-13
   Best and Emerging Practices 2-16
   DCH Best and Emerging Practices 2-17
3. **CMO Comparative Information 3-1**
   Comparative Analysis of the CMOs by Activity 3-1
   Definitions 3-1
   How Conclusions Were Drawn From EQRO Activities 3-2
   CMO Comparative and Statewide Aggregate PIP Results 3-2
   Strengths, Weaknesses, and Recommendations 3-3
   CMO Comparative, Georgia Families, and PeachCare for Kids® Aggregate PM Results 3-3
   Strengths, Weaknesses, and Recommendations for GF 3-10
   Strengths, Weaknesses, and Recommendations for PeachCare for Kids® 3-14
   Amerigroup 360° PM Results 3-15
   Compliance With Standards 3-20
   Strengths, Weaknesses, and Recommendations 3-22
   Network Adequacy Validation 3-22
   Analysis and Conclusions 3-24
   Strengths, Weaknesses, and Recommendations 3-30
   CMO Comparative and Statewide Aggregate CAHPS Results 3-31
   Member Experience of Care Surveys—CAHPS 3-31
   Adult CMO Comparisons 3-31
   Summary of Adult Medicaid Plan Comparison Results 3-32
   Strengths, Weaknesses, and Recommendations 3-32
   Child CMO Comparisons 3-32
   Strengths, Weaknesses, and Recommendations 3-33
   CHIP CMO Comparisons 3-33
   Strengths, Weaknesses, and Recommendations 3-34
   Statewide Performance and Findings 3-34
   Strengths, Weaknesses, and Recommendations 3-36
4. **Validation of Performance Improvement Projects 4-1**
   Objectives 4-1
   Approach to PIP Validation 4-1

Training and Implementation....4-2
PIP Validation Status....4-2
Recommendations....4-2
Validation Findings....4-2
Amerigroup....4-2
CareSource....4-4
Peach State....4-6
Amerigroup 360°....4-8
5. Validation of Performance Measures....5-1
Overview....5-1
Objectives....5-1
CMO-Specific PM Results....5-1
Amerigroup....5-1
CareSource....5-5
Peach State....5-10
Amerigroup 360°....5-14
6. Review of Compliance With Medicaid and CHIP Managed Care Regulations....6-1
Overview....6-1
Objectives....6-1
Amerigroup....6-2
CareSource....6-4
Peach State....6-6
Amerigroup 360°....6-7
DCH Intermediate Sanctions Applied....6-9
7. Member Experience of Care Survey....7-1
Overview....7-1
Objectives....7-1
CMO-Specific Results....7-1
Amerigroup....7-1
CareSource....7-4
Peach State....7-7
Amerigroup 360°....7-10
8. Network Adequacy Validation....8-1
Overview....8-1
Description of Validation Activities....8-1
Network Adequacy Standards and Indicators Validated....8-2
Results for NAV....8-2
Amerigroup....8-2
Amerigroup 360°....8-3
CareSource....8-4
Peach State Health Plan....8-4
9. CMO-Specific Strengths and Weaknesses Summary....9-1
Amerigroup....9-1
CareSource....9-7
Peach State....9-14
Amerigroup 360°....9-20
Appendix A. Technical Report and Regulatory Crosswalk....A-1
Appendix B. Technical Methods of Data Collection and Analysis....B-1
Appendix C. CMO Best and Emerging Practices....C-1
Appendix D. CMO Quality Strategy Quality Initiatives....D-1
Appendix E. CMO-Specific Progress in Meeting EQRO Recommendations....E-1
Appendix F. 2024–2026 Quality Strategy Scorecard and Evaluation....F-1
Appendix G. NAV Indicator Validation Ratings....G-1

Glossary of Acronyms

AAP ..... Adults Access to Preventive and Ambulatory Care
ACOG ..... American College of Obstetricians and Gynecologists
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
CAP ..... Corrective Action Plan
CBP ..... Controlling High Blood Pressure
CCBHC ..... Certified Community Behavioral Health Clinic
CCC ..... Children with Chronic Conditions
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
CPI ..... Centering Pregnancy Incentive
CPT ..... Current Procedural Terminology
CSV ..... Comma-Separated Values
CY ..... Contract Year
DCH ..... Department of Community Health
DEV ..... Developmental Screening in the First Three Years of Life
DME ..... Durable Medical Equipment
DNR ..... Do Not Report
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

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

FQHC .... Federally Qualified Health Center
FUH .... Follow-Up After Hospitalization for Mental Illness
FY .... Fiscal Year
GA .... Georgia
GF .... Georgia Families
GF 360° .... Georgia Families 360°
HbA1c .... Hemoglobin A1c
HBP .... High Blood Pressure
HEDIS®,[2] .... Healthcare Effectiveness Data and Information Set
HHS .... U.S. Department of Health & Human Services
HIPAA .... Health Insurance Portability and Accountability Act of 1996
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
NAV .... Network Adequacy Validation
NCQA .... National Committee for Quality Assurance
NICU .... Neonatal Intensive Care Unit
NOWS .... Neonatal Opioid Withdrawal Syndrome
NR .... Not Reported
O/E .... Observed to Expected

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

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
PCR .... Plan All-Cause Readmissions
PDF .... Portable Document Format
PDM .... Post-Discharge Management
PDSA .... Plan-Do-Study-Act
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
RHC .... Rural Health Clinic
RSM .... Right from the Start Medicaid
SAFE .... Secure Access File Exchange
SDOH .... Social Determinants of Health
SFTP .... Secure File Transfer Protocol
SFY .... State Fiscal Year
SMS .... Short Message Service
SNAP .... Supplemental Nutrition Assistance Program
SNS-E .... Social Needs Screening and Intervention
Tdap .... Tetanus, Diphtheria, and Pertussis
TAY .... Transition Age Youth
WCC .... Weight Assessment and Counseling for Nutrition and Physical Activity

1. Executive Summary

Overview of CY 2025 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 the 2025 annual report for EQR activities completed during the contract year July 1, 2024, through June 30, 2025 (CY 2025). 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 facilitates State efforts to purchase high-value care and to achieve higher performing healthcare delivery systems for their Medicaid and CHIP members.

In Georgia, DCH administers the Medicaid program, GF, and the CHIP program, referred to as PeachCare for Kids®. Both programs include FFS and managed care components. During CY 2025, the DCH managed care program's CMOs included three CMOs that contracted with DCH to deliver physical health and behavioral health services to Medicaid and PeachCare for Kids® members. Amerigroup Community Care's contract with DCH includes 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. All three contracted CMOs were included in all EQRO activities. The CMOs that contracted with DCH during CY 2025 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/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Nov 1, 2025.

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 2025 EQR Annual Report, HSAG used findings from the PMV and compliance review EQR activities conducted from July 1, 2024, through June 30, 2025. PIP activities were conducted from July 1, 2024, through December 31, 2025. 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	Data Period	Timing of Activity
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. 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	January 1, 2024–December 31, 2024	January 31, 2024–August 8, 2025
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	**Protocol 2.** Validation of Performance Measures	January 1, 2024–December 31, 2024	October 25, 2024–November 21, 2025

Activity	Description	CMS EQR Protocol	Data Period	Timing of Activity
	required to calculate and report. HSAG assesses whether the PMs calculated by a CMO were accurate, valid and reliable, based on the measure specifications and State reporting requirements.			
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.	**Protocol 3.** Review of Compliance With Medicaid and CHIP Managed Care Regulations	July 1, 2023–June 30, 2024	October 28, 2024–March 3, 2025
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	October 1, 2024–December 31, 2024	February 2025–June 2025
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	January 1, 2025–December 31, 2025	February 2025–May 2025

* HSAG reviews all required federal standards once every three years.

** HSAG received the files for this activity from the CMOs. The files were prepared by the CMOs' 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.

HSAG used its analyses and evaluations of EQR findings from the CY 2025 activities to comprehensively assess the CMOs' performance in providing quality, timely, and accessible healthcare services to Medicaid and CHIP members. For each CMO reviewed, HSAG provides a summary of its overall key findings, conclusions, and recommendations based on the CMO's performance, which can be found in Section 3 through Section 8 of this report. The overall findings and conclusions for all CMOs were also compared and analyzed to develop overarching conclusions and recommendations for the Georgia managed care program. Table 1-3 highlights substantive conclusions and actionable DCH-specific recommendations, when applicable, for DCH to drive progress toward achieving the strategic priorities of the Georgia Quality Strategy and support improvement in the quality, timeliness, and accessibility of healthcare services furnished to Medicaid and CHIP managed care members. Table 1-3 displays each Georgia Quality Strategy goal and indicates whether the EQR activity results were a strength and positively (✓) or were a weakness and negatively (✗) impacted the Georgia Medicaid managed care program's progress toward achieving the applicable priorities, and the overall performance impact as it relates to the quality, timeliness, and accessibility of care and services provided to Medicaid and CHIP members.

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

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
Goal 1: Improve Access to Care		
✓	**Georgia Families and PeachCare for Kids®** The CMOs implemented corrective action plans for federal and State-specific deficiencies identified during the compliance reviews. The CMOs' corrective action implementation resulted in the CMOs	☒ Quality ☒ Timeliness ☒ Access

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
	achieving compliance with the federal and State-specific requirements reviewed. These results align with all four DCH Pillars (Quality, Stewardship, Access, and Experience).	
✓	**Georgia Families** Two of three CMOs and the GF Average met or exceeded the HEDIS MY 2024 50th percentile for: • *Childhood Immunization Status—Combination 7* • *Chlamydia Screening in Women—21–24 Years* • *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile—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* • *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)* The child CAHPS survey results supported the performance rate improvements, as the scores for two measures were statistically significantly higher than the 2025 NCQA child Medicaid national average: *Getting Care Quickly* and *How Well Doctors Communicate*. These results demonstrate a positive impact on DCH Pillar One: Quality and DCH Pillar Three: Access.	☒ Quality ☒ Timeliness ☒ Access
✓	**Amerigroup 360°** Amerigroup 360° continued to demonstrate strength in HEDIS MY 2024 by meeting or exceeding the 50th percentile for seven of 14 (50.0 percent) HEDIS and non-HEDIS measure rates related to access to care that were comparable to benchmarks. Of these seven measures, two measure rates (28.6 percent) were between the 75th and 89th percentile: *Child and Adolescent Well-Care Visits—Total* and *Chlamydia Screening in Women—16–20 Years*. These results demonstrate support for DCH Pillar One: Quality and DCH Pillar Three: Access.	☒ Quality ☒ Timeliness ☒ Access
×	**Georgia Families** All three CMOs and the GF Average fell below the 50th percentile for the *Adults' Access to Preventive/Ambulatory Health Services—Total* 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, as well as to address acute or chronic health issues. These results are associated with DCH Pillar Three: Access.	☒ Quality ☐ Timeliness ☒ Access
Goal 2: Improve Wellness and Preventive Care		
✓	**Georgia Families** Overall, 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 CMCS national 50th percentile for	☒ Quality ☐ Timeliness ☒ Access

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
	Oral Evaluation—Dental Services—Total, Sealant Receipt on Permanent First Molars—At Least One Sealant, and *Topical Fluoride for Children—Dental or Oral Health Services—Total (Ages 1–20).* In addition, two of three CMOs and the GF Average also met or exceeded the CMCS national 50th percentile for *Sealant Receipt on Permanent First Molars—All Four Molars Sealed.* The child CAHPS results also showed that member experience scores improved in the ratings of *Getting Needed Care* and *Rating of All Health Care*. These results demonstrate an impact on DCH Pillar One: Quality.	
✓	**Amerigroup 360°** Amerigroup 360° continued to demonstrate strength for HEDIS MY 2024, meeting or exceeding the 50th percentile for 17 of 22 (77.3 percent) measure rates related to quality of care that were comparable to benchmarks. Of these 17 measure indicator rates, 11 (64.7 percent) exceeded the 75th percentile. These results demonstrate alignment with DCH Pillar One: Quality.	☒ Quality ☒ Timeliness ☒ Access
✓	**Georgia Families** For DCH Pillar Three: Access, the CMOs' performance on a subset of child health and general preventive screening measures continued to be a strength, as all three CMOs and the GF Average met or exceeded the 50th percentile for *Cervical Cancer Screening, Chlamydia Screening in Women—16–20 Years, Child and Adolescent Well-Care Visits—18–21 Years* and *Total,* and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* and *Counseling for Physical Activity—Total.*	☒ Quality ☒ Timeliness ☒ Access
✓	**PeachCare for Kids®** All three CMOs and the PeachCare for Kids® Average met or exceeded the 50th percentile for *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap), Chlamydia Screening in Women—16–20 Years,* and *Child and Adolescent Well-Care Visits—Total.* These results align with DCH Pillar One: Quality.	☒ Quality ☒ Timeliness ☐ Access
✓	**Georgia Families and PeachCare for Kids®** All CMOs and the PeachCare for Kids® Average met or exceeded the 90th percentile for *Childhood Immunization Status—Combination 7* as well as *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* and *Well-Child Visits in the First 15 Months—Six or More Well-Child Visits.* All three CMOs and the PeachCare for Kids® Average also met or exceeded the CMCS national 50th percentile for *Developmental Screening in the First Three Years of Life.* These results align with DCH Pillar One: Quality and DCH Pillar Three: Access.	☒ Quality ☒ Timeliness ☒ Access
✓	**Amerigroup 360°** *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*	☒ Quality ☒ Timeliness

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
	exceeded the 90th percentile. Additionally, the rates for *Developmental Screening in the First Three Years of Life, Oral Evaluation—Dental Services—Total (< Age 21),* and *Topical Fluoride for Children—Dental or Oral Health Services—Total* met or exceeded the CMCS national 50th percentile, demonstrating strength and support for DCH Pillar One: Quality and DCH Pillar Three: Quality.	☒ Access
×	**Georgia Families** In relation to DCH Pillar Three: Access, the CMOs' performance on a subset of women's health and preventive screening measures continued to be a weakness. Two of three CMOs and the GF Average fell below the 50th percentile for *Breast Cancer Screening.* This performance indicates that female members were not receiving timely screenings to detect cancer early.	☐ Quality ☒ Timeliness ☒ Access
×	**Georgia Families** 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 *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* measure indicator. These rates suggest that children were not receiving timely and/or adequate preventive services.	☒ Quality ☒ Timeliness ☒ Access
×	**PeachCare for Kids®** All three CMOs and the PeachCare for Kids® Average fell below the 50th percentile for *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV),* suggesting that PeachCare for Kids® members had missed opportunities for recommended preventive visits and medically necessary vaccinations. The results align with DCH Pillar One: Quality and DCH Pillar Three: Access.	☒ Quality ☒ Timeliness ☒ Access
Goal 3: Improve Outcomes for Chronic Diseases		
×	**Georgia Families** For DCH Pillar One: Quality, the *Controlling High Blood Pressure, Glycemic Status Assessment for Patients With Diabetes—Glycemic Status* (*<8.0%*) and *Glycemic Status (>9.0%)* rates continued to demonstrate low performance. All CMO measure rates and the GF Average continued to fall below the 50th 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 through the appropriate use of medications, diet and nutrition, or physical activity.	☒ Quality ☐ Timeliness ☐ Access
×	**Georgia Families** The *Asthma Medication Ratio* rates across age groups declined in MY 2024, with two of three CMOs and the GF Average falling below the 50th percentile for the *5–11 Years* and *12–18 Years* age groups, while the *19–50 Years* age group fell below the 25th percentile. This decline and low performance suggest a need for better access to	☒ Quality ☐ Timeliness ☐ Access

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
	care and appropriate medication management for patients with asthma. These results impact DCH Pillar Three: Access.	
Goal 4: Improve Maternal and Newborn Care		
✓	**Georgia Families** All three CMOs and the GF Average met or exceeded the CMCS national 50th percentile for *Prenatal and Postpartum Care—Timeliness of Prenatal Care—Under Age 21* and *Postpartum Care—Under Age 21.* Positive improvement in the postpartum care indicator may have been impacted by the CMOs PIPs focused on follow-up visits within 10 days post-delivery for hypertensive members, which showed a statistically significant improvement over the baseline measurement period. These results align with DCH Pillar One: Quality and DCH Pillar Three: Access.	☒ Quality ☒ Timeliness ☐ Access
✓	**Georgia Families** All three CMOs and the GF Average met or exceeded the CMCS national 50th percentile for *Developmental Screening in the First Three Years of Life.* These results align with DCH Pillar One: Quality and DCH Pillar Three: Access.	☒ Quality ☐ Timeliness ☒ Access
×	**Georgia Families** All three CMOs and the GF Average continued to demonstrate weakness in performance for *Prenatal and Postpartum Care.* All three CMOs and the GF Average fell below the 50th percentile for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure indicator, and fell below the 25th percentile for the *Prenatal and Postpartum Care—Postpartum Care* 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. These results may impact DCH Pillar Three: Access.	☒ Quality ☒ Timeliness ☐ Access
×	**Amerigroup 360°** Amerigroup 360°'s *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* measure indicators fell below the 25th percentile. This performance demonstrates opportunities to improve timeliness of and access to prenatal and postpartum care services. These results may impact DCH Pillar Three: Access.	☒ Quality ☒ Timeliness ☐ Access
Goal 5: Improve Behavioral Health Care Outcomes		
✓	**PeachCare for Kids®** All three CMOs and the PeachCare for Kids® Average met or exceeded the 50th percentile for *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase.* Two of three CMOs and the PeachCare for Kids® Average also met or exceeded the 50th percentile for *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase.* This performance suggests appropriate and adequate monitoring of	☒ Quality ☒ Timeliness ☐ Access

	Performance Impact on Quality Strategy Goals and Objectives	Performance Domain
	members prescribed ADHD medication. These results relate to DCH Pillar One: Quality and DCH Pillar Three: Access	
✓	**Georgia Families** Two of three CMOs and the GF Average met or exceeded the 50th percentile for the *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase* measure indicators, suggesting that the CMOs' contracted providers were effectively monitoring children who had a prescription for ADHD medication for at least 210 days. The results demonstrate alignment with DCH Pillar One: Quality and DCH Pillar Three: Access.	☒ Quality ☒ Timeliness ☐ Access
✓	**Georgia Families** Two of three CMOs and the GF Average met or exceeded the 50th percentile for the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6–17 Years, 7-Day Follow-Up—18–64 Years,* and *30-Day Follow-Up—6–17 Years* measure indicators. Demonstrated improvement may be related to two of three CMOs showing statistically significant improvement over the baseline measurement period in the PIP focused on improving follow-up after hospitalization within seven or 30 days of discharge. The results demonstrate alignment with DCH Pillar Two: Stewardship and DCH Pillar Three: Access.	☒ Quality ☒ Timeliness ☐ Access
✗	**Georgia Families** For DCH Pillar One: Quality, all CMO measure rates and the GF Average fell below the 25th percentile for *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—18–64 Years.* In addition, all CMO measure rates and the GF Average fell below the 50th percentile for the following measure indicators: • *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—6–17 Years* and *18–64 Years* as well as *30-Day Follow-Up—6–17 Years* • *Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—18–64 Years* and *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—18–64 Years* In addition, two of three CMOs fell below the 25th percentile for the following measure indicators: • *Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13–17 Years* and *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13–17 Years* The performance on these measures indicates that CMOs may not have focused efforts on managing care for patients discharged after an ED visit or hospitalization for mental illness or substance use more effectively. These results may also impact DCH Pillar Two: Stewardship.	☒ Quality ☒ Timeliness ☐ Access

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
×	**Georgia Families** For DCH Pillar One: Quality, all of the CMOs and the GF Average fell below the 25th percentile for *Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—18–64 Years.* Additionally, two of three CMOs and the GF Average fell below the 25th percentile for *Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment—Total—18–64 Years.*	☒ Quality ☒ Timeliness ☐ Access
×	**Georgia Families** All CMO measure rates and the GF Average fell below the 50th percentile for *Antidepressant Medication Management—Effective Acute Phase Treatment—18–64 Years* and *Antidepressant Medication Management—Effective Continuation Phase Treatment—18–64 Years,* as well as the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total, Cholesterol Testing—Total*, and *Blood Glucose and Cholesterol Testing—Total*. These results align with DCH Pillar One: Quality.	☒ Quality ☒ Timeliness ☐ Access
×	**PeachCare for Kids®** All three CMOs and the PeachCare for Kids® Average ranked below the 50th percentile for *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics.* Also, two of three CMOs and the PeachCare for Kids® Average ranked below the 50th percentile for *Asthma Medication Ratio—5–11 Years.* This low performance suggests a need for better access to care and appropriate medication management for young children with asthma. These results may impact DCH Pillar One: Quality and DCH Pillar Three: Access.	☒ Quality ☒ Timeliness ☐ Access
×	**Amerigroup 360°** 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. Of note, four of these five (80 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 *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status (<8.0%).* These results demonstrate opportunities to improve members' quality of care related to managing medications and chronic conditions. The results align with DCH Pillar One: Quality.	☒ Quality ☒ Timeliness ☐ Access
Goal 6: Improve Utilization of Care and Services		
✓	**Georgia Families** The CMOs' performance for *Diabetes Short-Term Complications Admission Rate—18–64 Years* continued to demonstrate strength, as all three CMOs and the GF Average met or exceeded the 50th percentile. In addition, two of three CMOs and the GF Average met	☒ Quality ☒ Timeliness ☒ Access

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
	or exceeded the 50th percentile for *Plan All-Cause Readmissions O/E Ratio—Total,* demonstrating the CMOs' appropriate post-discharge planning and care coordination. These results demonstrate an impact on DCH Pillar Two: Stewardship.	

Quality Strategy Recommendations for the Georgia Managed Care Program

The Georgia 2024–2026 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 2024–2026 QS are included in Table 1-4.

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

Program Recommendations	
Recommendation	**Associated Georgia 2024–2026 QS Goals and Objectives**
HSAG recommends that DCH work with the CMOs to implement processes that focus on ensuring follow-up is completed after members are seen in the emergency department for mental illness or substance use. Performance measure results identified that all three GF CMOs and the GF Average fell below the 25th percentile for *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—18–64 Years*. In addition, all CMO measure rates and the GF Average fell below the 50th percentile for the *7-Day Follow-Up—6–17 Years, 7-Day Follow-Up—18–64 Years,* and *30-Day Follow-Up—6–17 Years* measure indicators. In addition, all CMO measure rates and the GF Average fell below the 50th percentile for *Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13–17 Years* and *30-Day Follow-Up—18–64 Years*. In addition, two of the three GF CMOs also fell below the 25th percentile for *Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13–17 Years* and *30-Day Follow-Up—13–17 Years*. HSAG also recommends that DCH consider working with the CMOs to determine if the successful PIP interventions implemented for *Follow-Up After Hospitalization Within 7- or 30-Days of Discharge* may also have a positive impact if implemented for the *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up* and *30-Day Follow-Up*, as well as the *Follow-Up After Emergency Department*	**Goal 5:** Improve Behavioral Health Care Outcomes • **Objective 5.5:** Increase the percentage of children, adolescents, and adults receiving follow-up after an emergency department visit for substance use • **Objective 6:** Increase the percentage of children, adolescents, and adults receiving follow-up care after an emergency department visit for mental illness

Program Recommendations	
Visit for Substance Use—7-Day Follow-Up and *30-Day Follow-Up* measure indicators.	
HSAG recommends that DCH focus CMO quality improvement efforts on care for chronic conditions. The *Asthma Medication Ratio* rates across age groups declined in MY 2024, with two of three CMOs and the GF Average falling below the 50th percentile for the *5–11 Years* and *12–18 Years* age groups, and the *19–50 Years* age group falling below the 25th percentile. In addition, the *Controlling High Blood Pressure, Glycemic Status Assessment for Patients With Diabetes—Glycemic Status (<8.0%)* and *Glycemic Status (>9.0%)* rates continued to show low performance; all CMO measure rates and the GF Average continued to fall below the 50th percentile for these measure indicators. HSAG also recommends that DCH work with the CMOs to develop health literacy processes to assist members in understanding how to manage their chronic conditions following evidence-based guideline recommendations such as the appropriate use of medications, diet and nutrition, physical activity, and better access to care and appropriate medication management.	**Goal 3:** Improve Outcomes for Chronic Conditions • **Objective 3.2**: Increase the number of members participating in a remote monitoring program for management of chronic conditions • **Objective 3.3:** Increase the percentage of members achieving appropriate asthma medication ratios • **Objective 3.**4: Increase the number of members with a diagnosis of diabetes mellitus receiving nutritional counseling • **Objective 3.**5: Increase the number of members with HTN who are provided blood pressure device to monitor blood pressure

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 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 CY 2025 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 9/24/2028 Health Equity Accredited* through 9/8/2025 Health Equity Accreditation Plus* through 9/8/2025
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 9/24/2028 Health Equity Accredited* through 9/8/2025 Health Equity Accreditation Plus* through 9/8/2025
CareSource	2017	CareSource was founded in 1989 and is a nonprofit model of managed care. CareSource	Accredited* through 12/3/2027

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 12/7/2026
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 6/5/2026 Health Equity Accredited* through 12/18/2028

*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 CY 2025 enrollment as of June of 2025 for members enrolled in Medicaid, PeachCare for Kids®, the Medicaid fee-for-service program, and the total number of members enrolled.

Table 2-2—CY 2025 CMO Annual Program Enrollment

Program	Enrollment as of June 2025
Medicaid	1,524,675
PeachCare for Kids®	183,332
Total Served	1,708,007

Notes:
Data based on eligibility for the month of June 2025
Data provided by DCH

Table 2-3—CY 2025 Annual CMO Enrollment

Program	Enrollment as of January 2025
GF Amerigroup	489.750
GF Care Source	409,331
GF Peach State Health Plan	777,838
Amerigroup 360°	31,088
CMO Total	1,708,007

Notes:
Data based on eligibility for the month of June 2025
Data provided by DCH

Figure 2-1 provides the CY 2025 count of enrolled members by race as of June 2025 for members enrolled in Georgia Families and PeachCare for Kids®.

Figure 2-1—CY 2025 Number of CMO Members by Race

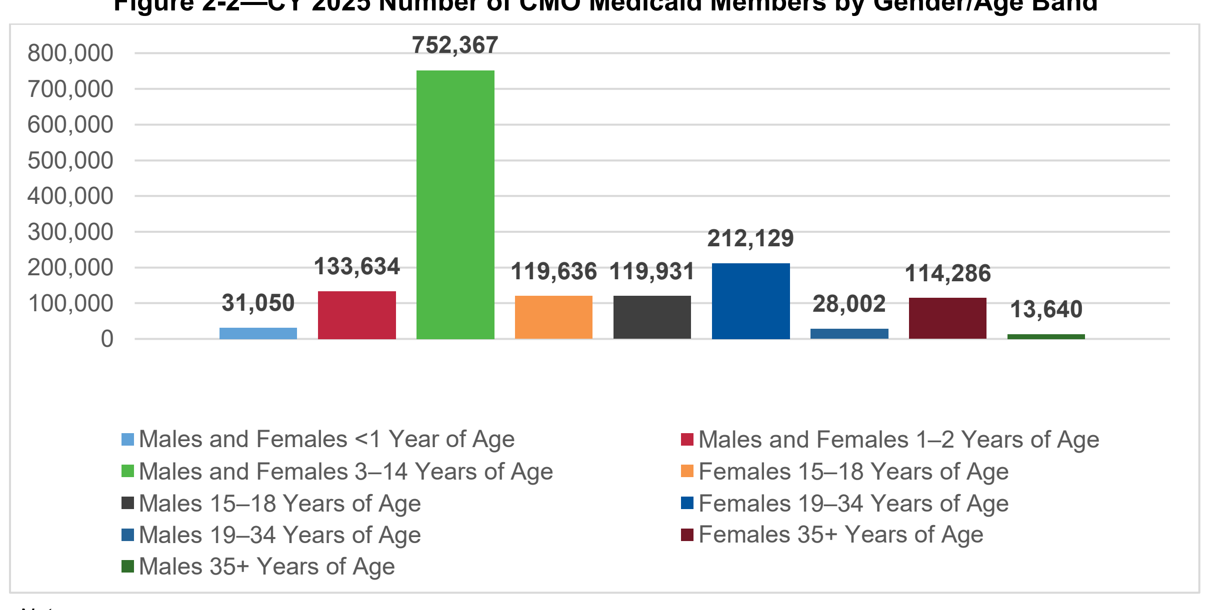
Asian, 16,889
Black, 750,779
Hispanic, 123,586
Native American, 2,815
Other, 277,351
White, 536,577

Asian Black Hispanic Native American Other White

Notes:
Data based on eligibility for the month of June 2025
Data provided by DCH

Figure 2-2 provides the CY 2025 count of enrolled members by gender/age as of June 2025 for members enrolled in Georgia Families.

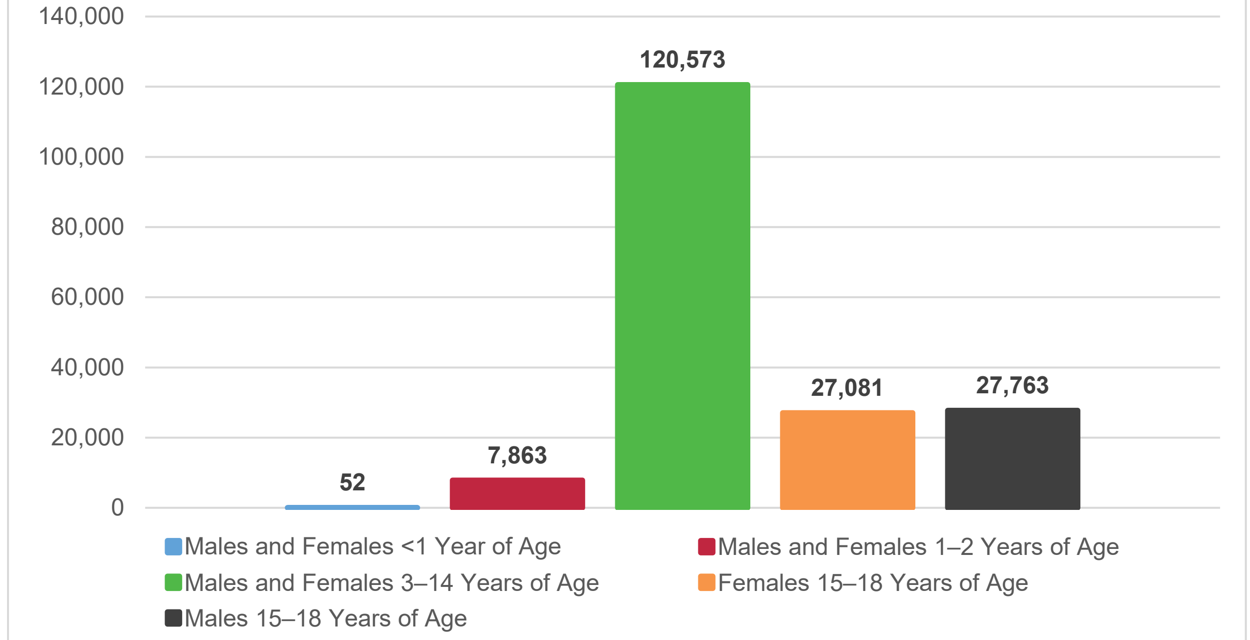
Figure 2-2—CY 2025 Number of CMO Medicaid Members by Gender/Age Band



Notes:
Data based on eligibility for the month of June 2025
Data provided by DCH

Figure 2-3 provides the CY 2025 count of enrolled members by gender/age as of June 2025 for members enrolled in PeachCare for Kids®.

Figure 2-3—CY 2025 Number of CMO CHIP Members by Gender/Age Band



Notes:
Data based on eligibility for the month of June 2025
Data provided by 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.

Medicaid Enterprise System

The DCH continued its commitment 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 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 2-4.

Table 2-4—Medicaid Enterprise System Strategic Goals

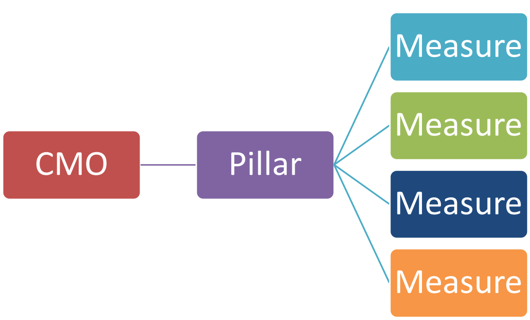
Vision Goal	Strategy
Customer Experience ***Goal: Enable efficient and effective interactions with stakeholders to support seamless and timely healthcare.***	The future MES will enable DCH to provide a more unified customer experience for Medicaid members and providers through specific interactions and touchpoints, enhancing the Department's ability to securely provide valuable information about healthcare access and services. Additionally, well-designed, intuitive self-service options now expected by members and providers will improve customer satisfaction and drive operational efficiencies, lessening demand on State and contractor resources and allowing DCH and contractors to focus on more critical and complex activities.
Data Services ***Goal: Enable data-driven decision making for stakeholders from a single source of truth.***	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.
Technology and Business Services	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

Vision Goal	Strategy
Goal: Be proactive and flexible to changes in technology, programs, and policy.	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.
Population Health Management ***Goal: Enhance health care quality and outcomes.***	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.
Program Accountability ***Goal: Ensure appropriate use of state and federal Medicaid funds by identifying and reducing fraud, waste, and abuse.***	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.

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 2-4) and key data elements to support performance improvement among the CMOs.

Figure 2-4—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

In accordance with 42 CFR §438.340, DCH implemented its 2024–2026 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 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.

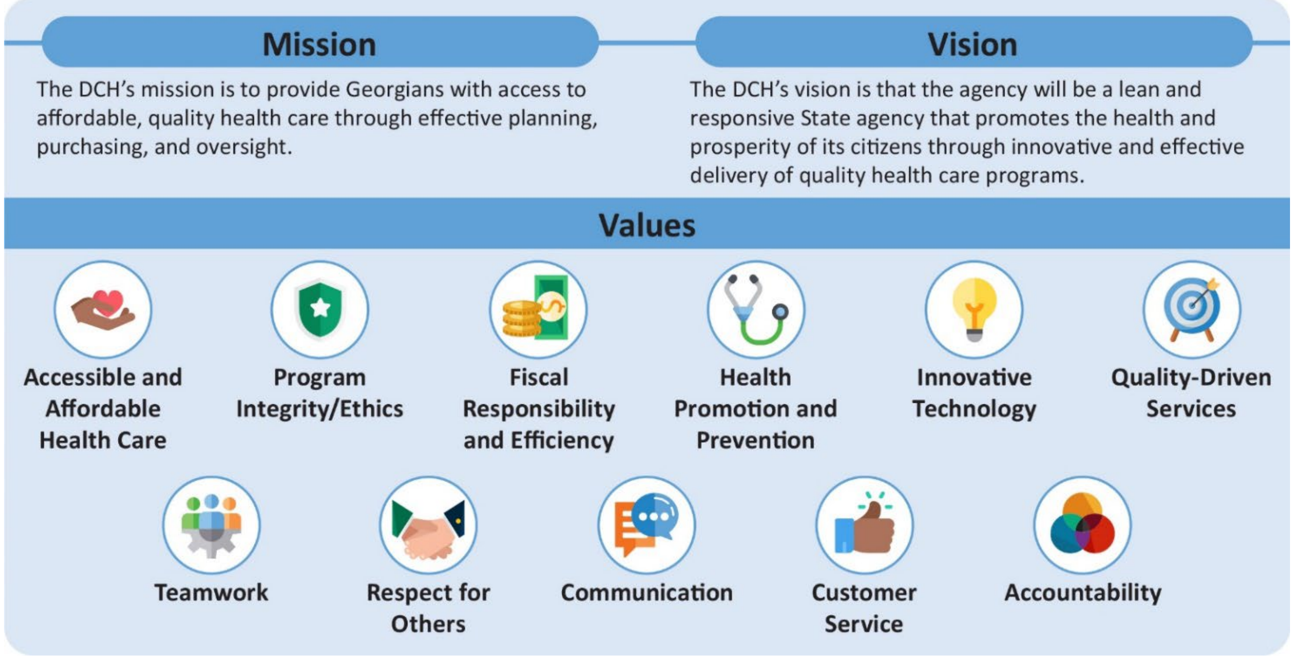
Pillar Four: Service (Patient Experience)

- 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 2-5.

Figure 2-5—DCH QS Mission, Vision, and Values



Georgia 2024–2026 Quality Strategy Goals and Objectives

The QS guides Georgia's Medicaid program by establishing seven clear 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 goals are found in Table 2-5.

Table 2-5—Georgia 2024–2026 QS Goals, Objectives and DCH Pillars

Goals	Objectives	DCH Pillar
Goal 1: Improve Access to Care	**Objective 1.1:** Increase the number of children receiving well-child and preventive visits.	**Quality** **Access**
	Objective 1.2: Increase the number of adults receiving well and preventive visits	**Quality** **Access**
	Objective 1.3: Increase the percentage of members *Getting Needed Care*	**Quality** **Experience**
Goal 2: Improve Wellness and Preventive Care	**Objective 2.1:** Increase the percentage of children who receive preventive oral health services	**Quality** **Access**
	Objective 2.2: Increase the overall rate of immunizations and vaccinations across all ages and populations	**Quality** **Access**
	Objective 2.3: Increase the percentage of children/adolescents who receive weight assessment and counseling for nutrition and physical activity	**Quality**

Goals	Objectives	DCH Pillar
	Objective 2.4: Increase the percentage of children who receive developmental screening in the first three years of life	**Quality**
Goal 3: Improve Outcomes for Chronic Diseases	**Objective 3.1:** Decrease the annual hospital admission rate for members with heart failure	**Quality** **Stewardship**
	Objective 3.2: Increase the number of members participating in a remote monitoring program for management of chronic conditions	**Quality**
	Objective 3.3: Increase the percentage of members achieving appropriate asthma medication ratios	**Quality**
	Objective 3.4: Increase the number of members with a diagnosis of diabetes mellitus receiving nutritional counseling	**Quality**
	Objective 3.5: Increase the number of members with hypertension who are provided blood pressure device to monitor blood pressure	**Quality**
Goal 4: Improve Maternal and Newborn Care	**Objective 4.1:** Increase the annual number of postpartum care visits	**Quality** **Access**
	Objective 4.2: Decrease the number of live births weighing less than 2,500 grams	**Stewardship**
	Objective 4.3: Increase the number of hospitals implementing the severe high blood pressure pregnancy safety bundle	**Quality** **Access**
	Objective 4.4: Increase the number of pregnant women receiving prenatal services within 30 days of enrollment	**Quality**
	Objective 4.5: Increase number of postpartum persons with a diagnosis of substance use disorder (SUD) or cardiovascular condition who had provider contact within 10 days post discharge	**Quality** **Access**
Goal 5: Improve Behavioral Health Care Outcomes	**Objective 5.1:** Decrease the annual behavioral health 30-day readmission rate	**Quality** **Stewardship**
	Objective 5.2: Increase the number of adolescents and adults screened for follow-up for depression	**Quality**
	Objective 5.3: Increase follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication	**Quality** **Access**
	Objective 5.4: Increase the number of children and adolescents on antipsychotics receiving metabolic monitoring	**Quality** **Access**

Goals	Objectives	DCH Pillar
	Objective 5.5: Increase the percentage of children, adolescents, and adults receiving follow-up after an emergency department visit for substance use	**Quality Stewardship**
	Objective 5.6: Increase the percentage of children, adolescents, and adults receiving follow-up after an emergency department visit for mental illness	**Quality Stewardship**
	Objective 5.7: Increase the use of first-line psychosocial care for children and adolescents on antipsychotics	**Quality**
	Objective 5.8: Increase the percentage of members who initiate and engage in substance use disorder treatment	**Quality Access**
	Objective 5.9: Increase the percentage of individuals receiving appropriate antidepressant medication management	**Quality**
Goal 6: Improve Utilization of Care and Services	**Objective 6.1:** Decrease the rate of emergency department utilization among children 19 years of age and younger	**Quality Stewardship**
	Objective 6.2: Decrease 30-day readmission rates among members 18 years of age and older	**Quality Stewardship**
Goal 7: Improve Member Experience	**Objective 7.1:** Increase annual CAHPS overall *Rating of Health Plan*	**Experience**

Note: Each objective has targeted metrics to measure progress, as well as outlined interventions to advance the goals. See Appendix D.

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, of 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 2-6 displays a sample of the DCH CY 2025 initiatives that support DCH's efforts toward achieving the Georgia 2024–2026 QS goals and objectives.

Table 2-6—DCH Quality Initiatives Driving Improvement

<table>
<tr><th>Goal(s)</th><th>Objectives</th></tr>
<tr><td>Goal 4: Improve Maternal and Newborn Care</td><td>Objective 4.1: Increase the annual number of postpartum care visits
Objective 4.2: Decrease the number of live births weighing less than 2,500 grams
Objective 4.4: Increase the number of pregnant women receiving prenatal services within 30 days of enrollment</td></tr>
<tr><td colspan="2">The DCH sustained the State-designed Centering Pregnancy Program. This was accomplished through additional reimbursement to Centering Pregnancy Program providers for women enrolled in the program and served by a DCH-contracted CMO. Sustaining these established programs helped improve birth outcomes and increased access to prenatal care services.</td></tr>
<tr><td>Goal 3: Improve Outcomes for Chronic Diseases</td><td>Objective 3.5: Increase the number of members with HTN who are provided a blood pressure device to monitor blood pressure</td></tr>
<tr><td colspan="2">The DCH continued efforts to reduce barriers to care and services. The DCH also continued the provision of blood pressure monitoring devices without a prior authorization.</td></tr>
<tr><td>Goal 6: Improve Utilization of Care and Services
Goal 7: Improve Member Experience</td><td>Objective 6.1: Decrease the rate of emergency department utilization among children 19 years of age and younger
Objective 7.1: Increase annual CAHPS overall Rating of Health Plan</td></tr>
<tr><td colspan="2">The DCH continued sponsoring a pilot program aimed at providing case management for persons with sickle cell disease. The purpose of the pilot program was to improve management of the sickle cell condition.</td></tr>
<tr><td>Goal 4: Improve Maternal and Newborn Care</td><td>Objective 4.4: Increase the number of pregnant women receiving prenatal services within 30 days of enrollment</td></tr>
<tr><td colspan="2">The PeachCare for Kids® team continued its collaboration with several sister agencies in an outreach campaign that held many events that were geared to assist members to improve maternal health and reduce maternal mortality and morbidity. The participants of the outreach events included each of the CMOs that provided information, prizes, gifts and more. The outreach campaign encouraged participation in maternal health activities and in receipt of prenatal care. The outreach campaign also assisted those who did not have health coverage become aware of the benefits available to them if they were to enroll in Medical Assistance.</td></tr>
<tr><td>Goal 3: Improve Outcomes for Chronic Diseases</td><td>Objective 3.5: Increase the number of members with hypertension who are provided a blood pressure device to monitor blood pressure</td></tr>
<tr><td colspan="2">The DCH designed a custom blood pressure management measure to increase the number of members provided blood pressure monitoring devices.</td></tr>
<tr><td>Goal 3: Improve Outcomes for Chronic Diseases</td><td>Objective 3.4: Increase the number of members with a diagnosis of diabetes mellitus receiving nutritional counseling</td></tr>
</table>

Goal(s)	Objectives
The DCH designed a custom diabetes measure to ensure members with diabetes receive nutritional counselling.	
Goal 4: Improve Maternal and Newborn Care	**Objective 4.1:** Increase the annual number of postpartum care visits **Objective 4.2:** Decrease the number of live births weighing less than 2,500 grams **Objective 4.4:** Increase the number of pregnant women receiving prenatal services within 30 days of enrollment
The DCH created a custom measure to encourage the utilization of the HBP pregnancy Safety Bundle. The DCH also continued to conduct record reviews to support utilization of the most current ACOG informed clinical practice guidelines.	
Goal 6: Improve Utilization of Care and Services **Goal 5:** Improve Behavioral Health Care Outcomes	**Objective 6.1:** Decrease the rate of emergency department utilization among children 19 years of age and younger **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 after an emergency department visit for mental illness **Objective 5.8:** Increase the percentage of members who initiate and engage in substance use disorder treatment
The DCH applied for and received approval to adopt the Therapeutic Care Model as Rehab service.	
Goal 5: Improve Behavioral Health Care Outcomes	**Objective 5.1:** Decrease the annual behavioral health 30-day readmission rate **Objective 5.5:** Increase the percentage of children, adolescents, and adults receiving follow-up after an emergency department visit for substance use **Objective 5.6:** Increase the percentage of children, adolescents, and adults receiving follow-up after an emergency department visit for mental illness **Objective 5.8:** Increase the percentage of members who initiate and engage in substance use disorder treatment **Objective 5.9:** Increase the percentage of individuals receiving appropriate antidepressant medication management
The DCH prepared to participate in the CCBHC program.	

DCH Follow-Up on 2024 Annual Technical Report EQRO Recommendations

Table 2-7—DCH Follow-Up on 2024 EQRO Recommendations

<table>
<tr><th colspan="3">Follow-Up on EQRO Recommendations</th></tr>
<tr>
<td>Goal 1: Improve Access to Care
DCH Pillar 1: Quality
DCH Pillar Three: Access
Goal 2: Improve Wellness and Preventive Care
DCH Pillar 1: Quality
Goal 5: Improve Behavioral Health Care Outcomes
DCH Pillar 1: Quality
DCH Pillar 2: Stewardship
DCH Pillar 3: Access
Goal 6: Improve Utilization of Care and Services
DCH Pillar 1: Quality
DCH Pillar 2: Stewardship</td>
<td>• Objective 1.1: Increase the number of children receiving well-child and preventive visits
• Objective 2.2: Increase the overall rate of immunizations and vaccinations across all ages and populations
• Objective 5.6: Increase the percentage of children, adolescents, and adults receiving follow-up care after an emergency department visit for mental illness
• 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</td>
<td>• Metric: Well-Child Visits in the First 30 Months of Life (W30 and W30-CH)
• Metric: Child and Adolescent Well-Care Visits (WCV and WCV-CH)
• Metric: Childhood Immunization Status (CIS and CIS-CH)
• Metric: Immunizations for Adolescents (IMA and IMA-CH)
• Metric: Follow-Up After Hospitalization for Mental Illness (FUH)
– Ages 6 to 17: FUH-CH
– Age 18 and Older: FUH-AD
• Metric: Follow-Up After Emergency Department Visit for Mental Illness (FUM)
– Ages 13 to 17: FUM-CH
– Ages 18 and Older: FUM-AD
• Metric: Ambulatory Care: Emergency Department (ED) Visits among Children 19 Years and Under (AMB-CH)
• Metric: Plan All-Cause Readmissions (PCR-AD)</td>
</tr>
<tr><td colspan="3">HSAG Recommendation: 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:
• 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.</td></tr>
</table>

Follow-Up on EQRO Recommendations
• 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.
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: CMOs believe there is a strong likelihood that more care and services are being delivered than reported. Knowledge and utilization of appropriate codes and documentation of care and services seem to be principal contributors to low reporting outcome.
Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation): The DCH added the SNS-E measure to State's PMV list of measures and required CMOs to report out at quarterly quality meetings. This helped CMOs enhance their processes and system to capture activities of SDOH.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): PMV results showed: **Metric:** *Well-Child Visits in the First 30 Months of Life* (*W30* and *W30-CH*) 2022: 66.35% 2023: 69.47% 2024: 72.67% **Metric:** *Child and Adolescent Well-Care Visits* (*WCV* and *WCV-CH*) 2022: 47.94% 2023: 53.13% 2024: 57.66% **Metric:** *Childhood Immunization Status* (*CIS* and *CIS-CH*) 2022: 53.92% 2023: 58.75% 2024: 61.18% Ages 12 to 17: *CDF-CH* 2022: 3.83% 2023: 5.49%

Follow-Up on EQRO Recommendations

2024: 7.09%

Ages 18 and Older: *CDF-AD*
2022: 2.36%
2023: 3.35% (18-64 years)
2024: 3.85%

Metric: *Ambulatory Care: Emergency Department (ED) Visits among Children 19 Years and Under* (*AMB-CH*)
2022: 513.71
2023: 518.90
2024: NR

Metric: *Plan All-Cause Readmissions* (*PCR-AD*)
2022: 0.9008 O/E Ratio
2023: 0.8837 O/E Ratio
2024: 1.0729 O/E Ratio

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

HSAG Assessment:

Goal 1: Improve Access to Care DCH Pillar 1: Quality DCH Pillar 3: Access **Goal 2:** Improve Wellness and Preventive Care DCH Pillar 1: Quality DCH Pillar 3: Access	• **Objective 1.1:** Increase the number of children receiving well-child and preventive visits	• **Metric:** *Well-Child Visits in the First 30 Months of Life* (*W30* and *W30-CH*) • **Metric:** Childhood Immunization Status (*CIS* and *CIS-CH*) • **Metric:** *Immunizations for Adolescents*

HSAG Recommendation: 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.

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:

- Unable to reach members—unreliable contact related to inactive phone numbers, lack of secondary contact
- Missed appointments
- Vaccine hesitancy/confusion

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):

Follow-Up on EQRO Recommendations
• DCH acted on recommendation of HSAG. Redesigned Population Health report to include demographic data based on state Medicaid regions specifically includes race, ethnicity, male, female and adult versus child.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): PMV results showed: **Metric:** *Well-Child Visits in the First 30 Months of Life* (*W30* and *W30-CH*) 2022: 66.35% 2023: 69.47% 2024: 72.67% **Metric:** *Childhood Immunization Status* (*CIS* and *CIS-CH*) 2022: 53.92% 2023: 58.75% 2024: 61.18%
Identify any barriers to implementing initiatives: Barriers to implementing the initiatives were not identified.
HSAG Assessment:

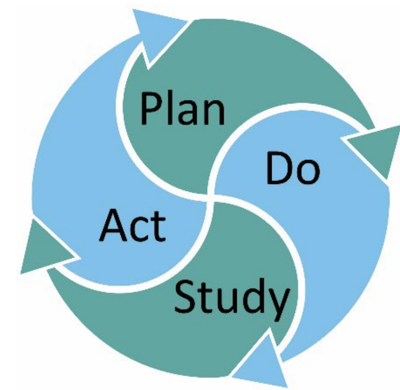
The CMOs' ongoing QAPI programs objectively and systematically monitor and evaluate the quality and appropriateness of care and services rendered, thereby promoting quality of care and improved health outcomes for their members.

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

Best and Emerging Practices

The DCH 2024–2026 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 2-8—DCH Best and Emerging Practices

Best and Emerging Practices
Topic/Title: Management of Chronic Conditions **Description:** The State designed a custom BP management measure to increase number of members provided a blood pressure monitoring device.
Topic/Title: Management of Chronic Conditions **Description:** The State designed a custom diabetes measure to ensure members with diabetes receive nutritional counselling.
Topic/Title: Maternal Health **Description:** The State created a custom measure to encourage utilization of the HBP pregnancy Safety Bundle. The DCH will continue to conduct record reviews to support utilization of the most current clinical practice guidelines informed by ACOG.
Topic/Title: Behavioral Health **Description:** The State applied for and received approval to adopt the Therapeutic Care Model as Rehab service.
Topic/Title: Behavioral Health **Description**: Preparing to participate in the CCBHC program.

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

Quality 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]	Access 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)."	Timeliness 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.

[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.
[2] Ibid.
[3] National Committee for Quality Assurance. *2013 Standards and Guidelines for MBHOs and MCOs.*

How Conclusions Were Drawn From EQRO Activities

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

Table 3-1—EQR and DCH Activities and Domains

Activity	Quality	Access	Timeliness
Validation of PIPs	✓	✓	✓
Validation of PMs	✓	✓	✓
NCQA HEDIS Compliance Audit™,[4]	✓	✓	
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 2025, each CMO initiated two DCH-mandated PIP topics and reported baseline performance indicator outcomes.

The CMOs continued their PIP topics specific to timely prenatal care, follow-up care post-delivery for hypertensive members, follow-up care after a hospitalization, and depression screenings. Because there are deviations in measure specifications across CMOs, the comparison below should be interpreted with caution.

Table 3-2 displays the Remeasurement 1 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 2025 PIP Topics by CMO

PIP Topic	Amerigroup	Amerigroup 360°	CareSource	Peach State
Timely Prenatal Care	83.0%⇔		46.9%↓	80.2%↓
High Risk or Complex Case Management Enrollment	27.4%⇔			
Follow-Up Visits Within 10 Days Post-Delivery for Hypertensive Members			10.1%⇔	18.8%↑
Follow-up After Hospitalization Within 7 or 30 Days of discharge	50.1%↑	66.6%↑		36.6%⇔
Depression Screening		7.6%↑	9.2%↓	
Receipt of Skills Based Services		13.1%⇔		

↑ = Statistically significant improvement over the baseline measurement period (*p* value < 0.05)
⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (*p* value ≥ 0.05)
↓ = Statistically significant decline over the baseline measurement period (*p* value < 0.05)
HSAG rounded percentages to the first decimal place.

[4] NCQA HEDIS Compliance Audit™ is a trademark of NCQA.

Strengths, Weaknesses, and Recommendations

Strengths	
+	The CMOs used appropriate QI tools to conduct their causal/barrier analyses and initiated timely interventions that were reasonably linked to their corresponding barriers.
+	Four projects demonstrated statistically significant improvement over the baseline performance.

Weaknesses and Recommendations	
−	**Weakness:** There were no statewide weaknesses identified.
	Recommendations: Although there were no statewide weaknesses, as the CMOs progress into the second remeasurement period, HSAG recommends that the CMOs review their causal/barrier analyses to determine if the identified barriers continue to exist or if there are new barriers to the desired outcomes. The CMOs should initiate and test timely interventions to address those barriers and continue to evaluate ongoing interventions.

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 2024. Additionally, DCH contracted with HSAG to conduct PMV activities for a set of selected non-HEDIS and State custom measures for MY 2024.

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 2024 CMO rates and statewide averages for the GF population and Table 3-4 displays the MY 2024 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®,[5] national Medicaid HMO percentiles for HEDIS MY 2024 (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*), where available. Of note, measures for which lower rates suggest better performance are indicated by an asterisk (*).

Table 3-3—MY 2024 Results for GF CMOs

Measure	Amerigroup	CareSource	Peach State	GF Average
Access				
Adults' Access to Preventive/Ambulatory Health Services				
Total	73.22% ★★	76.15% ★★	76.25% ★★	75.23% ★★
Breast Cancer Screening				
Breast Cancer Screening	49.04% ★	53.79% ★★	56.46% ★★★	53.62% ★★
Cervical Cancer Screening				
Cervical Cancer Screening	59.53% ★★★★	56.60% ★★★	60.55% ★★★★	59.23% ★★★★
Child and Adolescent Well-Care Visits				
3–11 Years	60.56% ★★	62.10% ★★★	62.17% ★★★	61.66% ★★
12–17 Years	53.88% ★★	53.78% ★★	57.23% ★★★	55.52% ★★★
18–21 Years	33.23% ★★★	34.67% ★★★	37.80% ★★★	35.70% ★★★
Total	56.30% ★★★	57.17% ★★★	58.73% ★★★	57.66% ★★★
Childhood Immunization Status				
Combination 7	57.18% ★★	61.56% ★★★	63.99% ★★★★	61.18% ★★★
Chlamydia Screening in Women				
16–20 Years	61.19% ★★★	60.52% ★★★	65.23% ★★★★	63.05% ★★★★
21–24 Years	62.40% ★★	64.75% ★★★	71.20% ★★★★	66.36% ★★★
Developmental Screening in the First Three Years of Life				
Total	63.02% ≥50th	59.37% ≥50th	53.28% ≥50th	58.00% ≥50th
Immunizations for Adolescents				

[5] Quality Compass® is a registered trademark of NCQA.

Measure	Amerigroup	CareSource	Peach State	GF Average
Combination 1 (Meningococcal, Tdap)	83.21% ★★★	79.08% ★★	83.57% ★★★	82.58% ★★★
Combination 2 (Meningococcal, Tdap, HPV)	35.04% ★★	27.49% ★	31.39% ★★	31.70% ★★
Oral Evaluation—Dental Services				
Total	50.21% ≥50th	44.74% ≥50th	52.34% ≥50th	49.92% ≥50th
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	75.67% ★	85.89% ★★	84.18% ★★	81.56% ★
Timeliness of Prenatal Care—Under Age 21	74.21% ≥50th	74.94% ≥50th	74.45% ≥50th	74.49% ≥50th
Postpartum Care	69.34% ★	79.08% ★★	76.16% ★	74.46% ★
Postpartum Care—Under Age 21	67.64% ≥50th	63.02% ≥50th	71.05% ≥50th	67.90% ≥50th
Screening for Depression and Follow-Up Plan				
12–17 Years	6.28% NC	9.51% NC	6.54% NC	7.09% NC
18–64 Years	3.52% <50th	4.02% <50th	4.01% <50th	3.85% <50th
65 Years and Older	NA NC	NA NC	10.00% NC	9.09% NC
Sealant Receipt on Permanent First Molars				
At Least One Sealant	51.45% ≥50th	53.64% ≥50th	58.84% ≥50th	55.54% ≥50th
All Four Molars Sealed	30.96% <50th	36.23% ≥50th	41.46% ≥50th	37.20% ≥50th
Topical Fluoride for Children				
Dental or Oral Health Services—Total (Ages 1–20)	21.74% ≥50th	23.42% ≥50th	27.14% ≥50th	24.68% ≥50th
Dental Services—Total (Ages 1–20)	19.94% NC	21.48% NC	25.33% NC	22.85% NC
Oral Health Services—Total (Ages 1–20)	1.10% NC	1.27% NC	0.90% NC	1.04% NC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
Body Mass Index (BMI) Percentile—Total	82.48% ★★	86.86% ★★★	85.16% ★★★	84.72% ★★★
Counseling for Nutrition—Total	77.13% ★★★	77.37% ★★★	76.64% ★★★	76.94% ★★★
Counseling for Physical Activity—Total	74.45% ★★★	74.70% ★★★	73.48% ★★★	74.02% ★★★

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	64.39% ★★★	62.96% ★★	64.30% ★★★	63.99% ★★★
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	73.08% ★★★	72.91% ★★★	72.22% ★★	72.67% ★★★
Quality				
Antidepressant Medication Management				
Effective Acute Phase Treatment—18–64 Years	45.16% <50th	45.85% <50th	45.76% <50th	45.60% <50th
Effective Acute Phase Treatment—65 Years and Older	NA NC	NA NC	NA NC	NA NC
Effective Continuation Phase Treatment—18–64 Years	28.49% <50th	23.98% <50th	27.07% <50th	26.69% <50th
Effective Continuation Phase Treatment—65 Years and Older	NA NC	NA NC	NA NC	NA NC
Asthma Medication Ratio				
5–11 Years	56.83% ★	82.10% ★★★★	61.50% ★★	65.13% ★★
12–18 Years	60.54% ★★	74.09% ★★★★	61.73% ★★	64.16% ★★
19–50 Years	55.03% ★	54.74% ★	43.55% ★	49.54% ★
51–64 Years	NA NC	NA NC	56.41% ★★	59.52% ★★
Controlling High Blood Pressure				
Controlling High Blood Pressure	52.80% ★	62.53% ★	58.15% ★	57.77% ★
PQI 01: Diabetes Short-Term Complications Admission Rate				
*18–64 Years**	12.63 ≥50th	11.19 ≥50th	12.09 ≥50th	12.04 ≥50th
*65 Years and Older**	NA NC	NA NC	NA NC	NA NC
Follow-Up After Emergency Department Visit for Mental Illness				
7-Day Follow-Up—6–17 Years	37.36% ★	41.21% ★★	41.37% ★★	40.06% ★
7-Day Follow-Up—18–64 Years	23.81% ★	23.95% ★	32.06% ★★	27.12% ★
7-Day Follow-Up—65 Years and Older	NA NC	NA NC	NA NC	NA NC
30-Day Follow-Up—6–17 Years	59.51% ★	58.47% ★	60.81% ★★	59.87% ★★
30-Day Follow-Up—18–64 Years	33.77% ★	37.72% ★	40.84% ★	37.58% ★

Measure	Amerigroup	CareSource	Peach State	GF Average
30-Day Follow-Up—65 Years and Older	NA NC	NA NC	NA NC	NA NC
Follow-Up After Emergency Department Visit for Substance Use				
7-Day Follow-Up—13–17 Years	14.13% ★	25.00% ★★★	12.18% ★	15.80% ★★
7-Day Follow-Up—18–64 Years	16.34% <50th	20.90% <50th	15.18% <50th	17.04% <50th
7-Day Follow-Up—65 Years and Older	NA NC	NA NC	NA NC	NA NC
30-Day Follow-Up—13–17 Years	23.91% ★	46.15% ★★★★	20.19% ★	27.45% ★★
30-Day Follow-Up—18–64 Years	24.15% <50th	36.33% <50th	27.13% <50th	28.48% <50th
30-Day Follow-Up—65 Years and Older	NA NC	NA NC	NA NC	NA NC
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—6–17 Years	43.47% ★★	60.41% ★★★★	52.78% ★★★	51.48% ★★★
7-Day Follow-Up—18–64 Years	29.35% ★★	40.43% ★★★	37.07% ★★★	35.35% ★★★
7-Day Follow-Up—65 Years and Older	NA NC	NA NC	NA NC	NA NC
30-Day Follow-Up—6–17 Years	66.15% ★★	81.57% ★★★★	75.60% ★★★	73.88% ★★★
30-Day Follow-Up—18–64 Years	46.40% ★	62.37% ★★★	57.72% ★★★	55.12% ★★
30-Day Follow-Up—65 Years and Older	NA NC	NA NC	NA NC	NA NC
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase	43.60% ★★	49.53% ★★★	49.00% ★★★	47.62% ★★★
Continuation and Maintenance Phase	52.68% ★★	63.60% ★★★★	60.97% ★★★★	59.09% ★★★
Glycemic Status Assessment for Patients With Diabetes				
Glycemic Status <8.0%	54.26% ★	52.31% ★	57.91% ★★	55.43% ★★
*Glycemic Status >9.0%**	39.90% ★	39.66% ★	36.50% ★	38.31% ★
Initiation and Engagement of Substance Use Disorder Treatment				
Initiation of SUD Treatment—Total—18–64 Years	40.54% ★	36.95% ★	39.59% ★	39.27% ★
Initiation of SUD Treatment—Total—65 Years and Older	NA NC	NA NC	NA NC	NA NC
Engagement of SUD Treatment—Total—18–64 Years	9.24% ★	11.02% ★★	8.46% ★	9.33% ★

Measure	Amerigroup	CareSource	Peach State	GF Average
Engagement of SUD Treatment—Total—65 Years and Older	NA NC	NA NC	NA NC	NA NC
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Total	56.11% ★★	53.57% ★★	54.02% ★★	54.48% ★★
Cholesterol Testing—Total	37.12% ★★	32.66% ★★	36.26% ★★	35.69% ★★
Blood Glucose and Cholesterol Testing—Total	34.60% ★★	29.65% ★	33.55% ★★	32.96% ★★
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Total	62.28% ★★	60.93% ★★	58.59% ★★	59.99% ★★
Stewardship				
Plan All-Cause Readmissions				
*Observed Readmissions—Total**	6.85% NC	9.32% NC	7.73% NC	7.75% NC
*Expected Readmissions—Total**	7.05% NC	7.39% NC	7.30% NC	7.23% NC
*Observed to Expected (O/E) Ratio—Total**	0.9724 ★★★★	1.2627 ★★	1.0579 ★★★	1.0729 ★★★
Outlier Rate—Total	26.14 NC	0.45 NC	30.40 NC	2.34 NC

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.
<50th and ≥50th indicate MY 2024 performance levels for non-HEDIS measures that ranked below or above the CMS national 50th percentile, respectively
MY 2024 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 2024 Results for PeachCare for Kids® CMOs

Measure	Amerigroup	CareSource	Peach State	PeachCare for Kids® Average
Access				
Child and Adolescent Well-Care Visits				
Total	61.32% ★★★	63.30% ★★★★	64.37% ★★★★	63.21% ★★★★
Childhood Immunization Status				
Combination 7	70.07% ★★★★★	72.99% ★★★★★	71.78% ★★★★★	71.52% ★★★★★
Chlamydia Screening in Women				
16–20 Years	58.21% ★★★	60.21% ★★★	61.25% ★★★	60.18% ★★★

Measure	Amerigroup	CareSource	Peach State	PeachCare for Kids® Average
Developmental Screening in the First Three Years of Life				
Total	71.53% ≥50th	59.37% ≥50th	51.89% ≥50th	62.70% ≥50th
Immunizations for Adolescents				
Combination 1 (Meningococcal, Tdap)	86.13% ★★★	86.86% ★★★★	86.62% ★★★	86.51% ★★★
Combination 2 (Meningococcal, Tdap, HPV)	36.25% ★★	31.14% ★	34.55% ★★	34.45% ★★
Prenatal and Postpartum Care				
Timeliness of Prenatal Care—Under Age 21	NA NC	NA NC	64.52% ≥50th	67.60% ≥50th
Postpartum Care—Under Age 21	NA NC	NA NC	80.65% ≥50th	73.63% ≥50th
Screening for Depression and Follow-Up Plan				
12–17 Years	6.23% NC	10.26% NC	6.86% NC	7.29% 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	72.87% ★★★★★	72.98% ★★★★★	72.03% ★★★★★	72.58% ★★★★★
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	82.62% ★★★★★	85.82% ★★★★★	83.26% ★★★★★	83.70% ★★★★★
Quality				
Asthma Medication Ratio				
5–11 Years	58.52% ★	80.99% ★★★★	64.53% ★★	66.30% ★★
12–18 Years	63.64% ★★	77.04% ★★★★	63.66% ★★	66.41% ★★★
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase	44.51% ★★	54.37% ★★★★	50.20% ★★★	49.53% ★★★
Continuation and Maintenance Phase	57.89% ★★★	70.64% ★★★★★	60.80% ★★★★	62.56% ★★★★
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Total	57.81% ★★	60.00% ★★	59.88% ★★	59.45% ★★

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.
<50th and ≥50th indicate MY 2024 performance levels for non-HEDIS measures that ranked below or above the CMS national 50th percentile, respectively
MY 2024 performance levels represent the following percentile comparisons for the HEDIS measures:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Strengths, Weaknesses, and Recommendations for GF

Strengths	
	In the Access to Care domain, the CMOs' performance on a subset of child health and general preventive screening measures continued to be a strength, as all three CMOs and the GF Average met or exceeded the 50th percentile for *Cervical Cancer Screening, Chlamydia Screening in Women—16–20 Years, Child and Adolescent Well-Care Visits—18–21 Years* and *Total,* and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* and *Counseling for Physical Activity—Total.* Two of three CMOs and the GF Average also met or exceeded the 50th percentile for *Childhood Immunization Status—Combination 7, Chlamydia Screening in Women—21–24 Years, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile—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,* and *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap).* All three CMOs and the GF Average met or exceeded the CMCS national 50th percentile for *Developmental Screening in the First Three Years of Life, Prenatal and Postpartum Care—Timeliness of Prenatal Care—Under Age 21* and *Postpartum Care—Under Age 21.* 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 CMCS national 50th percentile for *Oral Evaluation—Dental Services—Total, Sealant Receipt on Permanent First Molars—At Least One Sealant,* and *Topical Fluoride for Children—Dental or Oral Health Services—Total (Ages 1–20).* Two of three CMOs and the GF Average also met or exceeded the CMCS national 50th percentile for *Sealant Receipt on Permanent First Molars—All Four Molars Sealed.*
	In the Quality of Care domain, the CMOs' performance on *Diabetes Short-Term Complications Admission Rate—18–64 Years* continued to demonstrate strength, as all three CMOs and the GF Average met or exceeded the 50th percentile. Two of three CMOs and the GF Average met or exceeded the 50th percentile for the *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase* measure indicators, suggesting that the CMOs' contracted providers were effectively monitoring children who had a prescription for ADHD medication for at least 210 days. Additionally, two of three CMOs and the GF Average met or exceeded the 50th percentile for the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6–17 Years, 7-Day Follow-Up—18–64 Years,* and *30-Day Follow-Up—6–17 Years* measure indicators.
	In the Stewardship domain, two of three CMOs and the GF Average met or exceeded the 50th percentile for *Plan All-Cause Readmissions O/E Ratio—Total,* demonstrating the CMOs' appropriate post-discharge planning and care coordination.

Weaknesses and Recommendations	
	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. Two of three CMOs and the GF Average fell below the 50th percentile for *Breast Cancer*

Weaknesses and Recommendations	
	Screening. 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 *Prenatal and Postpartum Care.* All three CMOs and the GF Average fell below the 50th percentile for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure indicator and fell below the 25th percentile for the *Prenatal and Postpartum Care—Postpartum Care* 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.[6]
	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 *Breast Cancer Screening* measure, HSAG recommends evaluating the potential to expand the use of member incentive programs and the use of scheduled reminders and personalized outreach for members who are overdue for screenings.[7] For *Prenatal and Postpartum Care,* HSAG recommends that the CMOs consider evaluating the feasibility of implementing appropriate interventions to improve the quality of, access to, and timeliness of prenatal and postpartum care. A few 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 are achieved.
	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 *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* measure indicator. 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.[8]
	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 testing or expanding to improve immunization and well-care visit rates include: • 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 patients.

[6] National Committee for Quality Assurance. Prenatal and Postpartum Care. Available at: https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/. Accessed on: Nov 7, 2025.
[7] Centers for Disease Control and Prevention. Cancer Evidence-Based Interventions. Available at: https://www.cdc.gov/cancer/php/interventions/index.html. Accessed on: Nov 7, 2025.
[8] National Committee for Quality Assurance. Child and Adolescent Well-Care Visits. Available at: https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/child-and-adolescent-well-care-visits-wcv/. Accessed on: Nov 7, 2025.

Weaknesses and Recommendations	
	• Offering member incentives, such as gift cards, for accessing timely preventive and immunization services.[9]
	Weakness: In the Access to Care domain, all three CMOs and the GF Average fell below the 50th percentile for the *Adults' Access to Preventive/Ambulatory Health Services—Total* 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, as well as address acute or chronic health issues.[10]
	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 CMOs expand educational efforts on the importance of annual wellness visits.
	Weakness: In the Quality of Care domain, the rates for *Controlling High Blood Pressure* as well as *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status (<8.0%*) and *Glycemic Status (>9.0%)* continued to show low performance. All CMO measure rates and the GF Average continued to fall below the 50th 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 through the appropriate use of medications, diet and nutrition, or physical activity.[11] The *Asthma Medication Ratio* rates across age groups declined in MY 2024, with two of three CMOs and the GF Average falling below the 50th percentile for the *5–11 Years* and *12–18 Years* age groups, while and *19–50 Years* age group fell below the 25th percentile. This decline and low performance suggest a need for better access to care and appropriate medication management for patients 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 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. • 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.

[9] 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: Nov 7, 2025.
[10] National Committee for Quality Assurance. Adults' Access to Preventive/Ambulatory Health Services. Available at: https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/adults-access-to-preventive-ambulatory-health-services-aap/. Accessed on: Nov 7, 2025.
[11] National Committee for Quality Assurance. Glycemic Status Assessment for Patients With Diabetes (GSD). Available at: https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/glycemic-status-assessment-for-patients-with-diabetes-gsd/. Accessed on: Nov 7, 2025.

<table>
<tr><th colspan="2">Weaknesses and Recommendations</th></tr>
<tr><td></td><td>Regarding Asthma Medication Ratio, HSAG recommends that the CMOs explore which demographic regions or providers report lower Asthma Medication Ratio rates and address what obstacles are 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.[12]</td></tr>
<tr><td rowspan="2"> </td><td>Weakness: In the Quality of Care domain, all CMO measure rates and the GF Average fell below the 25th percentile for Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—18–64 Years. In addition, all CMO measure rates and the GF Average fell the 50th percentile for the following measure indicators:
• Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—6–17 Years and 18–64 Years; 30-Day Follow-Up—6–17 Years.
• Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—18–64 Years and Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—18–64 Years.
Two of the three CMOs fell below the 25th percentile for the following measure indicators:
• Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13–17 Years and Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13–17 Years.
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.</td></tr>
<tr><td>Recommendations: HSAG recommends that the CMOs review member data for any patterns or trends that present by race, ethnicity, age, and ZIP Code. HSAG 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 enhance 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.</td></tr>
<tr><td> </td><td>Weakness: In the Quality of Care domain, all of the CMOs and the GF Average fell below the 25th percentile for Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—18–64 Years, while two of three CMOs and the GF Average fell below the 25th percentile for Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment—Total—18–64 Years.
All CMO measure rates and the GF Average also fell below the 50th percentile for Antidepressant Medication Management—Effective Acute Phase Treatment—18–64 Years and Antidepressant Medication Management—Effective Continuation Phase Treatment—18–64 Years, as well as Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total, Cholesterol Testing—Total, and Blood Glucose and Cholesterol Testing—Total.</td></tr>
</table>

[12] 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: Nov 7, 2025.

Weaknesses and Recommendations	
	Recommendations: To improve the performance of the *Initiation and Engagement of Substance Use Disorder Treatment* measure, HSAG recommends that the CMOs evaluate 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 what obstacles may be present to inform solutions. This 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 *Antidepressant Medication Management*, 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. Finally, to improve performance on the *Metabolic Monitoring for Children and Adolescents on Antipsychotics* 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 medication.

Strengths, Weaknesses, and Recommendations for PeachCare for Kids®

Strengths	
	In the Access to Care domain, all three CMOs and the PeachCare for Kids® Average met or exceeded the 50th percentile for *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap), Chlamydia Screening in Women—16–20 Years,* and *Child and Adolescent Well-Care Visits—Total.* All CMOs and the PeachCare for Kids® Average met or exceeded the 90th percentile for *Childhood Immunization Status—Combination 7, 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,* and *Well-Child Visits in the First 15 Months—Six or More Well-Child Visits.* All three CMOs and the PeachCare for Kids® Average also met or exceeded the CMCS national 50th percentile for *Developmental Screening in the First Three Years of Life.*
	In the Quality of Care domain, all three CMOs and the PeachCare for Kids® Average met or exceeded the 50th percentile for *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase.* Additionally, Two of three CMOs and the PeachCare for Kids® Average met or exceeded the 50th percentile for *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase.* This performance suggests appropriate and adequate monitoring of members prescribed ADHD medication.

Weaknesses and Recommendations	
	Weakness: In the Access to Care domain, all three CMOs and the PeachCare for Kids® Average fell below the 50th percentile for *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV),* suggesting that PeachCare for Kids® members had missed opportunities for recommended preventive visits and medically necessary vaccinations,

Weaknesses and Recommendations	
	which are a safe and effective way to protect children and adolescents from potentially deadly diseases.[13]
	Recommendations: HSAG recommends that the CMOs consider whether disparities and/or SDOH within the CMOs' populations contributed to lower access to care. For *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV),* HSAG also recommends that the CMOs continue to expand upon best practices for ensuring that children receive timely and medically appropriate vaccinations. Best practices that CMOs may consider testing or expanding to improve immunization include: • 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 patients. • Offering member incentives, such as gift cards, for accessing timely preventive and immunization services.[14]
	Weakness: In the Quality of Care domain, all three CMOs and the PeachCare for Kids® Average ranked below the 50th percentile for *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics.* Also, two of three CMOs and the PeachCare for Kids® Average ranked below the 50th percentile for *Asthma Medication Ratio—5–11 Years.* This low performance suggests a need for better access to care and appropriate medication management for young 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 that the CMOs explore which demographic regions or providers report lower *Asthma Medication Ratio* rates and address what obstacles are 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.[15]

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 2024.

Table 3-5 displays Amerigroup 360°'s HEDIS MY 2024 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

[13] National Committee for Quality Assurance. Immunizations for Adolescents. Available at: https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/immunizations-for-adolescents-ima-e/. Accessed on: Nov 7, 2025.
[14] 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: Nov 7, 2025.
[15] 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: Nov 7, 2025.

HEDIS MY 2024 (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*), where available.

Table 3-5—MY 2024 Results for Amerigroup 360°

Measure	Amerigroup 360°
Access	
Child and Adolescent Well-Care Visits	
Total	64.13% ★★★★
Childhood Immunization Status	
Combination 7	55.96% ★★
Chlamydia Screening in Women	
16–20 Years	65.61% ★★★★
21–24 Years	62.53% ★★
Developmental Screening in the First Three Years of Life	
Total	73.24% ≥50th
Immunizations for Adolescents	
Combination 1 (Meningococcal, Tdap)	85.40% ★★★
Combination 2 (Meningococcal, Tdap, HPV)	32.60% ★★
Oral Evaluation—Dental Services	
Age < 3	48.93% NC
Ages 3 to 5	76.67% NC
Ages 6 to 14	72.19% NC
Ages 15 to 20	50.33% NC
Total (< Age 21)	64.13% ≥50th
Prenatal and Postpartum Care	
Timeliness of Prenatal Care	72.73% ★
Postpartum Care	56.71% ★
Screening for Depression and Follow-Up Plan	
12–17 Years	8.49% NC
18–64 Years	4.28% <50th

Measure	Amerigroup 360°
Topical Fluoride for Children	
Dental or Oral Health Services—1–2 Years	24.88% NC
Dental or Oral Health Services—3–5 Years	42.26% NC
Dental or Oral Health Services—6–14 Years	36.12% NC
Dental or Oral Health Services—15–20 Years	3.66% NC
Dental or Oral Health Services—Total	25.46% ≥50th
Dental Services—1–2 Years	14.66% NC
Dental Services—3–5 Years	37.83% NC
Dental Services—6–14 Years	35.46% NC
Dental Services—15–20 Years	3.62% NC
Dental Services—Total	24.07% NC
Oral Health Services—1–2 Years	6.77% NC
Oral Health Services—3–5 Years	1.30% NC
Oral Health Services—6–14 Years	0.12% NC
Oral Health Services—15–20 Years	0.01% NC
Oral Health Services—Total	0.58% 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	57.36% ★
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	88.79% ★★★★★
Quality	
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	52.75% ★
Antidepressant Medication Management	
Effective Acute Phase Treatment	38.17% ★
Effective Continuation Phase Treatment	22.90% ★

Measure	Amerigroup 360°
Asthma Medication Ratio	
5–11 Years	74.44% ★★★
12–18 Years	60.00% ★★
Follow-Up After Hospitalization for Mental Illness	
7-Day Follow-Up—Total	63.23% ★★★★★
30-Day Follow-Up—Total	79.82% ★★★★★
Follow-Up Care for Children Prescribed ADHD Medication	
Initiation Phase	48.31% ★★★
Continuation and Maintenance Phase	55.82% ★★★
Glycemic Status Assessment for Patients With Diabetes	
Glycemic Status <8.0%	37.25% ★
Metabolic Monitoring for Children and Adolescents on Antipsychotics	
Blood Glucose Testing—1–11 Years	49.44% ★★★
Blood Glucose Testing—12–17 Years	72.29% ★★★★
Blood Glucose Testing—Total	64.05% ★★★★
Cholesterol Testing—1–11 Years	37.22% ★★★
Cholesterol Testing—12–17 Years	60.33% ★★★★★
Cholesterol Testing—Total	52.00% ★★★★
Blood Glucose and Cholesterol Testing—1–11 Years	35.67% ★★★
Blood Glucose and Cholesterol Testing—12–17 Years	57.17% ★★★★★
Blood Glucose and Cholesterol Testing—Total	49.42% ★★★★
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	
1–11 Years	70.12% ★★★★

Measure	Amerigroup 360°
12–17 Years	75.52% ★★★★
Total	73.28% ★★★★

** 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.
<50th and ≥50th indicate MY 2024 performance levels for non-HEDIS measures that ranked below or above the CMS national 50th percentile, respectively.
MY 2024 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 2024, meeting or exceeding the 50th percentile for seven of 14 (50.0 percent) HEDIS and non-HEDIS measure rates related to access to care that were comparable to benchmarks. Of these seven measures, two measure rates (28.6 percent) were between the 75th and 89th percentile: *Child and Adolescent Well-Care Visits—Total* and *Chlamydia Screening in Women—16–20 Years*. In addition, *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* exceeded the 90th percentile. The measure rates for *Developmental Screening in the First Three Years of Life*, *Oral Evaluation—Dental Services—Total (< Age 21),* and *Topical Fluoride for Children—Dental or Oral Health Services—Total* 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 2024, meeting or exceeding the 50th percentile for 17 of 22 (77.3 percent) measure rates related to quality of care that were comparable to benchmarks. Of these 17 measure indicator rates, 11 (64.7 percent) exceeded the 75th percentile.

Weaknesses and Recommendations	
	Weakness: In the Access to Care domain, Amerigroup 360°'s *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* 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.
	Recommendations: HSAG recommends that Amerigroup 360° consider whether disparities and/or SDOH within the Amerigroup 360° population contributed to lower access to care. HSAG also recommends that Amerigroup 360° consider evaluating the feasibility of implementing appropriate interventions to improve the quality of, access to, and timeliness of 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

Weaknesses and Recommendations	
	noncompliant members will help close care gaps, ensuring timely prenatal and postpartum care are achieved.
−	**Weakness:** In the Quality of Care domain, five of 22 (22.7 percent) measure indicator rates related to quality of care that were comparable to benchmarks fell below the 50th percentile, showing a continued decrease in performance for this domain. Of note, four of these five (80 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 *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status (<8.0%).* These results continue to demonstrate opportunities to improve members' quality of care related to managing medications and chronic conditions.
	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, or other SDOH impacting members' ability to stay on the appropriate medication). HSAG recommends that Amerigroup 360° consider implementing appropriate interventions to improve performance. Best practices include partnering with providers and local pharmacies to stress 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.

Compliance With Standards

The DCH conducts compliance monitoring activities at least once during each three-year EQR cycle. During CY 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 CY 2025. Table 3-7 presents a summary of the CMOs' implementation of corrective action plans for compliance review elements scored as *Not Met*. All CMOs implemented appropriate corrective actions that addressed the deficiencies identified during the compliance reviews, resulting in the CMOs achieving full compliance status.

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

	Associated Federal Citation		Standard Name	Amerigroup	Amerigroup 360°	CareSource	Peach State Health Plan	Total Compliance Score
	Medicaid	CHIP						
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 Capacity and Services	33.3%	33.3%	100.0%	66.7%	58.3%
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.*

Table 3-7—Corrective Action Plan Review Implementation Results: CY 2023–CY 2025

CMO	Number of CAP Elements	Number Met	Number Not Met	Score
Amerigroup	34	34	0	100%
CareSource	20	20	0	100%
Peach State	17	17	0	100%
Amerigroup 360°	32	32	0	100%

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 included in Section 5 of this report, Validation of Performance Measures. HSAG also conducted an ISCA as a component of the CY 2024 PMV activities and the 2024 compliance review activities.

Strengths, Weaknesses, and Recommendations

Strengths	
+	Strengths were discussed in the Georgia 2024 EQR Annual Technical Report dated March 2025.
Weaknesses and Recommendations	
−	Weaknesses were discussed in the Georgia 2024 EQR Annual Technical Report dated March 2025.
	Recommendations: CMO follow-up on recommendations can be found in Appendix E.

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

- Specialists (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.[16] 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 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:

[16] 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: Nov 1, 2025.

- 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 in all counties, all CMOs shared compliance in 10 of the 65 provider types. Table 3-8 provides a list of provider types for which all CMOs were compliant. Compliance was determined based on the CMOs meeting the State's time and distance standards of 90 percent of members with access, with no deficiencies in any counties for each of the provider types. Appendix X contains a single ZIP file, which includes a Microsoft Excel workbook containing the CMOs' results by county for all provider types.

Table 3-8—Programwide Compliance by Provider Types

Compliant Provider Types		
Behavioral Health Providers	Dental—General	Hospitals
Licensed Counselors and Social Workers	OB/GYN	Outpatient Radiology Services
Pediatric General Surgery	Pediatric Nephrology	Pediatric Speech Therapy

Compliant Provider Types		
Speech Therapy		

OB/GYN=obstetrician/gynecologist

Table 3-9 summarizes the percentage of counties, grouped by urbanicity, that were compliant with the time and distance standards for each provider type across all CMOs. The counts reflect county-plan combinations, meaning each county is evaluated for up to four plans. To calculate totals, the number of counties is multiplied by four (for the four CMOs) and adjusted for any counties not applicable to Amerigroup 360°. The table then shows how these 622 combinations break down into compliant and noncompliant categories by urbanicity.

Table 3-9—Providers' Cumulative Compliance by Provider Type and Urbanicity

Provider Type	Urbanicity	Number of Compliant Counties	Number of Noncompliant Counties	Percent of Compliant Counties
Hospitals	Rural	480	0	100%
	Urban	156	0	100%
OB/GYN	Rural	478	0	100%
	Urban	156	0	100%
PCPs	Rural	452	14	97.00%
	Urban	139	17	89.10%
Pediatricians	Rural	456	24	95.00%
	Urban	144	12	92.31%

Table 3-10—Adult Providers' Cumulative Compliance by Provider Type and Urbanicity

Provider Type	Urbanicity	Number of Compliant Counties	Number of Noncompliant Counties	Percent of Compliant Counties
Allergy and Immunology	Rural	388	78	83.26%
	Urban	156	0	100%
Audiology	Rural	424	56	88.33%
	Urban	153	3	98.08%
Cardiology	Rural	463	3	99.36%
	Urban	156	0	100%
Dermatology	Rural	452	14	97.00%
	Urban	153	3	98.08%
ENT/Otolaryngology	Rural	430	36	92.27%
	Urban	156	0	100%
Endocrinology	Rural	403	63	86.48%
	Urban	150	6	96.15%
Gastroenterology	Rural	434	32	93.13%
	Urban	156	0	100%

Provider Type	Urbanicity	Number of Compliant Counties	Number of Noncompliant Counties	Percent of Compliant Counties
General Surgery	Rural	465	1	99.79%
	Urban	156	0	100%
Hematology/Oncology	Rural	431	35	92.49%
	Urban	156	0	100%
Home Health and Infusion	Rural	440	26	94.42%
	Urban	150	6	96.15%
Infectious Disease	Rural	397	69	85.19%
	Urban	155	1	99.36%
Nephrology	Rural	461	5	98.93%
	Urban	156	0	100%
Neurology	Rural	451	15	96.78%
	Urban	156	0	100%
Occupational Therapy	Rural	461	5	98.93%
	Urban	156	0	100%
Ophthalmology	Rural	457	9	98.07%
	Urban	156	0	100%
Optometry	Rural	465	1	99.79%
	Urban	156	0	100%
Orthopedics	Rural	467	2	99.57%
	Urban	156	0	100%
Physical Therapy	Rural	462	4	99.14%
	Urban	156	0	100%
Rheumatology	Rural	378	88	81.12%
	Urban	142	14	91.03%
Speech Therapy	Rural	466	0	100%
	Urban	156	0	100%
Urology	Rural	456	10	97.85%
	Urban	156	0	100%
Vascular Surgery	Rural	435	31	93.35%
	Urban	155	1	99.36%

Table 3-11—Pediatric Providers' Cumulative Compliance by Provider Type and Urbanicity

Provider Type	Urbanicity	Number of Compliant Counties	Number of Noncompliant Counties	Percent of Compliant Counties
Pediatric Allergy and Immunology	Rural	448	32	93.33%
	Urban	156	0	100%
Pediatric Cardiology	Rural	478	2	99.58%
	Urban	156	0	100%
Pediatric Dermatology	Rural	463	17	96.46%
	Urban	153	3	98.08%
Pediatric ENT/Otolaryngology	Rural	472	8	98.33%
	Urban	156	0	100%
Pediatric Endocrinology	Rural	451	29	93.96%
	Urban	152	4	97.44%
Pediatric Gastroenterology	Rural	472	8	98.33%
	Urban	156	0	100%
Pediatric General Surgery	Rural	480	0	100%
	Urban	156	0	100%
Pediatric Hematology/Oncology	Rural	472	8	98.33%
	Urban	156	0	100%
Pediatric Home Health and Infusion	Rural	454	26	94.58%
	Urban	149	7	95.51%
Pediatric Infectious Disease	Rural	453	27	94.38%
	Urban	155	1	99.36%
Pediatric Nephrology	Rural	480	0	100%
	Urban	156	0	100%
Pediatric Neurology	Rural	475	5	98.96%
	Urban	156	0	100%
Pediatric Occupational Therapy	Rural	476	4	99.17%
	Urban	156	0	100%
Pediatric Orthopedics	Rural	478	2	99.58%
	Urban	156	0	100%
Pediatric Ophthalmology	Rural	471	9	98.13%
	Urban	156	0	100%
Pediatric Optometry	Rural	479	1	99.79%
	Urban	156	0	100%
Pediatric Physical Therapy	Rural	476	4	99.17%
	Urban	156	0	100%

Provider Type	Urbanicity	Number of Compliant Counties	Number of Noncompliant Counties	Percent of Compliant Counties
Pediatric Rheumatology	Rural	391	89	81.46%
	Urban	142	14	91.03%
Pediatric Speech Therapy	Rural	480	0	100%
	Urban	156	0	100%
Pediatric Urology	Rural	468	12	97.50%
	Urban	156	0	100%
Pediatric Vascular Surgery	Rural	450	30	93.75%
	Urban	155	1	99.36%

Table 3-12—Mental Health Providers' Cumulative Compliance by Provider Type and Urbanicity

Provider Type	Urbanicity	Number of Compliant Counties	Number of Non-Compliant Counties	Percent of Compliant Counties
Autism Spectrum Disorder	Rural	473	7	98.54%
	Urban	156	0	100%
Behavioral Health Facility	Rural	477	3	99.38%
	Urban	156	0	100%
Behavioral Health Providers	Rural	480	0	100%
	Urban	156	0	100%
Community Service Board	Rural	474	6	98.75%
	Urban	156	0	100%
Licensed Counselors and Social Workers	Rural	480	0	100%
	Urban	156	0	100%
Narcotic Treatment Programs	Rural	320	160	66.67%
	Urban	131	25	83.97%
Psychiatric Residential Treatment Facility	Rural	33	447	6.88%
	Urban	44	112	28.21%
Psychiatrist	Rural	476	4	99.17%
	Urban	156	0	100%
Psychologist	Rural	430	50	89.58%
	Urban	154	2	98.72%

Table 3-13—Dental Providers' Cumulative Compliance by Provider Type and Urbanicity

Provider Type	Urbanicity	Number of Compliant Counties	Number of Non-Compliant Counties	Percent of Compliant Counties
Dental—General	Rural	480	0	100%
	Urban	156	0	100%
Dental—Subspecialties	Rural	439	41	91.46%
	Urban	154	2	98.72%

Table 3-14—Ancillary Providers' Cumulative Compliance by Provider Type and Urbanicity

Provider Type	Urbanicity	Number of Compliant Counties	Number of Non-Compliant Counties	Percent of Compliant Counties
24 Hour Pharmacy	Rural	84	396	17.50%
	Urban	49	107	31.41%
DME	Rural	474	6	98.75%
	Urban	155	1	99.36%
Dialysis	Rural	478	2	99.58%
	Urban	156	0	100%
FQHC and RHC	Rural	472	8	98.33%
	Urban	142	14	91.03%
Outpatient Laboratory Services	Rural	475	5	98.96%
	Urban	156	0	100%
Outpatient Radiology Services	Rural	480	0	100%
	Urban	156	0	100%
Pharmacy	Rural	479	1	99.79%
	Urban	156	0	100%

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 3-15.

Table 3-15—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

Validation Score	Validation Rating
Less than 10% and/or any *Not Met* 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 indicators. HSAG produced an aggregate report (which is available upon request) that includes program-level results and CMO-specific results. Table 3-16 summarizes HSAG's validation results for each CMO.

Table 3-16—Summary of CMO Validation Findings

Network Adequacy Indicator Type	CMO	High Confidence	Moderate Confidence	Low Confidence	No Confidence/ Significant Bias
Time and Distance	Amerigroup	100%	0%	0%	0%
	CareSource	100%	0%	0%	0%
	Peach State	100%	0%	0%	0%

Between unique minimum network requirement standards and urbanicity designations, HSAG assessed a total of 22 indicators for all CMOs. Of these indicators, 100 percent received High Confidence ratings.

Strengths, Weaknesses, and Recommendations

Strengths	
	The CMOs implemented clearly defined processes and procedures to ensure the efficient and accurate collection of member and provider data to support network adequacy calculations and reporting.

Weaknesses and Recommendations	
	Weakness: During review of the submitted GeoAccess reports, HSAG identified that there was variation in how the CMOs interpreted the designation of adult vs. pediatric populations for reporting of ancillary services (i.e., Home Health and Infusion Services, Physical Therapy, Occupational Therapy, and Speech Therapy).
	Recommendation: HSAG recommends that DCH review the Provider Network Adequacy Capacity Report Specs and Template, which was last revised on December 17, 2022, and provide the CMOs with updated guidance on the reporting requirements for ancillary services.

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 3-17 shows the results of the CMO comparisons analysis of the 2025 adult Medicaid CAHPS top-box scores.

Table 3-17—Adult Medicaid Plan Comparisons

	GA CMO Program	Amerigroup	CareSource	Peach State
Composite Measures				
Getting Needed Care	77.28%	78.94% + ↔	75.03% ↔	81.15% + ↔
Getting Care Quickly	78.23%	82.37% + ↔	74.89% + ↔	81.32% + ↔
How Well Doctors Communicate	92.87%	98.33% + ↑	88.96% + ↓	96.11% + ↔
Customer Service	87.82%	88.07% + ↔	86.35% + ↔	91.38% + ↔
Global Ratings				
Rating of All Health Care	76.37%	78.57% + ↔	74.42% ↔	78.85% + ↔
Rating of Personal Doctor	85.83%	84.85% + ↔	84.73% ↔	89.47% + ↔
Rating of Specialist Seen Most Often	78.63%	78.57% + ↔	77.14% + ↔	81.82% + ↔
Rating of Health Plan	75.56%	73.40% + ↔	76.32% ↔	76.39% + ↔
Medical Assistance With Smoking and Tobacco Use Cessation Items*				
Advising Smokers and Tobacco Users to Quit	60.40%	60.87% + ↔	61.54% + ↔	53.85% + ↔
Discussing Cessation Medications	40.59%	45.45% + ↔	34.85% + ↔	61.54% + ↔
Discussing Cessation Strategies	32.65% +	38.10% + ↔	29.69% + ↔	38.46% + ↔

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 statistically significantly lower 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 2025 top-box score for *How Well Doctors Communicate* was statistically significantly higher than the Georgia CMO program score.
Weaknesses and Recommendations	
	Weakness: CareSource's 2025 top-box score for *How Well Doctors Communicate* was statistically significantly lower than the Georgia CMO program score.
	Recommendations: CareSource can improve scores for *How Well Doctors Communicate* by providing providers with clear guidelines on effective communication, such as explaining information in simple terms, listening carefully, showing respect, and spending adequate time with members. HSAG recommends that CareSource distribute brochures or electronic materials, issue provider bulletins, and offer training focused on interpersonal skills and communication to ensure that the measure does not decrease over time.

Child CMO Comparisons

Table 3-18 shows the results of the CMO comparison analysis of the 2025 child Medicaid CAHPS top-box scores.

Table 3-18—Child Medicaid Plan Comparisons

	GA CMO Program	Amerigroup	CareSource	Peach State
Composite Measures				
Getting Needed Care	88.02%	88.19% ↔	86.16% ↔	90.03% ↔
Getting Care Quickly	86.49%	88.92% ↔	84.18% ↔	86.37% ↔
How Well Doctors Communicate	93.29%	92.42% ↔	92.90% ↔	95.25% ↔
Customer Service	89.43%	90.22% ↔	88.70% ↔	89.37% + ↔
Global Ratings				
Rating of All Health Care	89.68%	91.34% ↔	88.57% ↔	88.75% ↔
Rating of Personal Doctor	92.19%	91.71% ↔	92.59% ↔	92.38% ↔
Rating of Specialist Seen Most Often	88.63%	86.84% + ↔	87.84% + ↔	91.80% + ↔
Rating of Health Plan	86.42%	85.65% ↔	85.07% ↔	89.84% ↔

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 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	
	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.
	Recommendations: HSAG does not have any recommendations for the Georgia CMOs.

CHIP CMO Comparisons

Table 3-19 shows the results of the CMO comparison analysis of the 2025 CHIP CAHPS top-box scores.

Table 3-19—CHIP Plan Comparisons

	GA CMO Program	Amerigroup	CareSource	Peach State
Composite Measures				
Getting Needed Care	82.99%	85.12% ↔	86.27% + ↔	80.31% ↔
Getting Care Quickly	86.35%	87.22% ↔	83.52% + ↔	86.66% ↔
How Well Doctors Communicate	93.73%	93.00% ↔	96.18% + ↔	93.49% ↔
Customer Service	85.67%	87.26% + ↔	87.83% + ↔	83.96% ↔
Global Ratings				
Rating of All Health Care	88.31%	89.29% ↔	87.84% + ↔	87.73% ↔
Rating of Personal Doctor	90.06%	89.41% ↔	88.66% + ↔	91.07% ↔
Rating of Specialist Seen Most Often	87.74%	94.34% + ↔	86.21% + ↔	83.56% + ↔
Rating of Health Plan	86.53%	87.21% ↔	83.33% ↔	87.12% ↔

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 CHIP Medicaid Plan Comparison Results

The CHIP 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	
−	**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.
	Recommendations: HSAG does not have any recommendations for the Georgia CMOs.

Statewide Performance and Findings

Table 3-20 shows the 2024 and 2025 statewide adult Medicaid CAHPS top-box scores.

Table 3-20—Statewide Adult Medicaid CAHPS Results

	2024 Top-Box Scores	2025 Top-Box Scores
Composite Measures		
Getting Needed Care	79.19%	77.28%
Getting Care Quickly	78.04%	78.23%
How Well Doctors Communicate	93.51%	92.87%
Customer Service	86.05%	87.82%
Global Ratings		
Rating of All Health Care	78.57%	76.37%
Rating of Personal Doctor	87.03%	85.83%
Rating of Specialist Seen Most Often	84.29%	78.63%
Rating of Health Plan	76.22%	75.56%
Medical Assistance With Smoking and Tobacco Use Cessation Items*		
Advising Smokers and Tobacco Users to Quit	61.78%	60.40% ↓
Discussing Cessation Medications	36.94%	40.59% ↓
Discussing Cessation Strategies	31.17%	32.65% + ↓

↓ Indicates the 2025 score is statistically significantly lower than the 2025 national average.
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.

Statewide Child Medicaid Findings

Table 3-21 shows the 2024 and 2025 statewide child Medicaid CAHPS top-box scores.

Table 3-21—Statewide Child Medicaid CAHPS Results

	2024 Top-Box Scores	2025 Top-Box Scores
Composite Measures		
Getting Needed Care	83.62%	88.02% ▲↑
Getting Care Quickly	89.05%	86.49%
How Well Doctors Communicate	94.96%	93.29%
Customer Service	89.85%	89.43%
Global Ratings		
Rating of All Health Care	87.67%	89.68% ↑
Rating of Personal Doctor	90.57%	92.19%
Rating of Specialist Seen Most Often	89.33%	88.63%
Rating of Health Plan	86.65%	86.42%

▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
↑ Indicates the 2025 score is statistically significantly higher than the 2025 national average.

Statewide CHIP Medicaid Findings

Table 3-22 shows the 2025 statewide CHIP CAHPS top-box scores.

Table 3-22—Statewide CHIP CAHPS Results

	2025 Top-Box Scores
Composite Measures	
Getting Needed Care	82.99%
Getting Care Quickly	86.35%
How Well Doctors Communicate	93.73%
Customer Service	85.67%
Global Ratings	
Rating of All Health Care	88.31%
Rating of Personal Doctor	90.06%
Rating of Specialist Seen Most Often	87.74%
Rating of Health Plan	86.53%

Statewide Georgia Families 360° Findings

Table 3-23 shows the 2024 and 2025 Amerigroup 360° CAHPS top-box scores.

Table 3-23—Statewide Amerigroup 360° CAHPS Results

	2024 Top-Box Scores	2025 Top-Box Scores
Composite Measures		
Getting Needed Care	86.44%	86.84%
Getting Care Quickly	93.13%	92.85% ↑
How Well Doctors Communicate	96.53%	96.13% ↑
Customer Service	95.00% +	92.40% +
Global Ratings		
Rating of All Health Care	86.21%	88.44%
Rating of Personal Doctor	91.94%	90.07%
Rating of Specialist Seen Most Often	85.90% +	88.76% +
Rating of Health Plan	79.52%	83.44%

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 2025 score is statistically significantly higher than the 2025 national average.

Strengths, Weaknesses, and Recommendations

Strengths	
+	The Georgia CMO program's 2025 scores were statistically significantly higher than the 2025 NCQA child Medicaid national average for two measures: *Getting Needed Care* and *Rating of All Health Care*. Additionally, the 2025 Georgia CMO program score for *Getting Needed Care* was statistically significantly higher than the 2024 score.
+	The Georgia CMO program's 2025 scores were statistically significantly higher than the 2025 NCQA child Medicaid national average for two measures: *Getting Care Quickly* and *How Well Doctors Communicate*.

Weaknesses and Recommendations	
	Weakness: The Georgia CMO program's 2025 scores were statistically significantly lower than the 2025 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.
	Recommendations: HSAG recommends that the CMOs continue to implement quality improvement initiatives aimed at enhancing medical assistance for smoking and tobacco use cessation. This includes standardizing the screening and documentation of tobacco use and ensuring members are consistently offered counseling and medication. Additionally, HSAG advises the CMOs to continue promoting health education and wellness smoking cessation programs, expand social media outreach, and develop provider materials that clearly communicate available cessation options.

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 2025 validation, the CMOs continued their DCH-mandated PIP topics, reporting Remeasurement 1 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 EQR 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 Remeasurement 1 data for the 2025 annual validation. The submissions contained each project's methodology, data analysis results, and QI strategies. HSAG validated each PIP to ensure each CMO followed the CMS protocols, reporting all appropriate information. The PIP validation findings for each CMO are provided below.

Recommendations

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

Validation Findings

Amerigroup

Table 4-1 displays the validation ratings, performance indicators, and baseline and Remeasurement 1 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*	*Moderate Confidence*	Timeliness of Prenatal Care	82.4%	83.0%⇔	

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*	*No Confidence*	Enrollment into OB [obstetrics] Complex Case Management	28.2%	27.4%⇔	
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*	*High Confidence*	Follow-up after hospitalization for mental illness; ages 18–64	45.5%	50.1%↑	

R1 = Remeasurement 1
R2 = Remeasurement 2
↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05)
⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05)
↓ = Statistically significant decline over the baseline measurement period (p value < 0.05)
HSAG rounded percentages to the first decimal place.

The goal of the PIPs is to demonstrate statistically significant improvement over the baseline performance for each remeasurement period. Table 4-2 displays the interventions initiated by the CMO to support achievement of this goal and address the barriers for each PIP topic.

Table 4-2—Interventions for Amerigroup

PIP Topic	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 2025	• Identify four OB Quality Improvement Program (OBQIP) providers to incentivize billing for the prenatal CAT II code (0500F). • Vendor outreach for SDOH and barriers to prenatal care.
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 Calendar Year 2025	• Live outreach calls to increase enrollment into OB CCM. • Member enrollment into a Digital Engagement Platform (DEP).

PIP Topic	Intervention Descriptions
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 Calendar Year 2025	• Utilization of vendor, Brave Health, for online FUH appointments. • Addition of one FTE case manager to work PDM cases.

Strengths, Weaknesses, and Recommendations

Strengths	
+	Amerigroup used appropriate QI tools to conduct its causal/barrier analysis to identify barriers to care and initiated timely interventions that were reasonably linked to the corresponding barriers. Interventions were implemented in a timely manner and had the potential to impact the performance indicator outcomes.
+	Amerigroup demonstrated statistically significant improvement over the baseline performance for the first remeasurement period for the *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* PIP topic.

Weaknesses and Recommendations	
	Weakness: Amerigroup demonstrated a decline in performance as compared to the baseline for the *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* PIP topic.
	Recommendations: HSAG recommends that Amerigroup reassess barriers linked to the topic population and develop active, targeted interventions that can be tracked and trended to determine the impact on the performance indicator outcomes. The results should be used to guide decisions for QI efforts.

CareSource

Table 4-3 displays the validation ratings, performance indicators, and baseline and Remeasurement 1 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
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 Calendar Year 2025	*High Confidence*	*No Confidence*	Occurrence of prenatal care visit within 42 days of pregnancy identification	50.3%	46.9%↓	

PIP Topic	Validation Rating 1	Validation Rating 2	Performance Indicator	Performance Indicator Results		
				Baseline	R1	R2
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 Calendar Year 2025	*High Confidence*	*Moderate Confidence*	Occurrence of postpartum care visit within 1–10 days of discharge for hypertensive members	9.8%	10.1%⇔	
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 Calendar Year 2025	*High Confidence*	*No Confidence*	Occurrence of depression screening in 12- to 17-year-olds within 14 days of an encounter and applicable follow-up plan documented	11.7%	9.2%↓	

R1 = Remeasurement 1
R2 = Remeasurement 2
↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05)
⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05)
↓ = Statistically significant decline over the baseline measurement period (p value < 0.05)
HSAG rounded percentages to the first decimal place.

The goal of the PIPs is to demonstrate statistically significant improvement over the baseline performance for each remeasurement period. Table 4-4 displays the interventions initiated by the CMO to support achievement of this goal and address the barriers for each PIP topic.

Table 4-4—Interventions for CareSource

PIP Topic	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 Calendar Year 2025	• Actionable member lists for providers.
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 Calendar Year 2025	• In-home paramedic postpartum visit.
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 Calendar Year 2025	• Provider education

Strengths, Weaknesses, and Recommendations

Strengths	
	CareSource met 100 percent of the requirements for data analysis and implementation of improvement strategies. CareSource used appropriate QI tools to conduct its causal/barrier analysis and initiated timely interventions that were reasonably linked to their corresponding barriers.

Weaknesses and Recommendations	
	Weakness: CareSource demonstrated statistically significant declines in performance compared to the baseline for two of the three PIP topics.
	Recommendations: HSAG recommends that CareSource reassess barriers linked to the topic population and develop active, targeted interventions that can be tracked and trended to determine the impact on the performance indicator outcomes. The results should be used to guide decisions for QI efforts.

Peach State

Table 4-5 displays the validation ratings, performance indicators, and baseline and Remeasurement 1 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 Calendar Year 2025	*High Confidence*	*No Confidence*	Prenatal Visits	81.8%	80.2%↓	
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 Calendar Year 2025	*High Confidence*	*High Confidence*	Follow Up to Postpartum Discharge Blood Pressure Check	15.3%	18.8%↑	
Increase the Percentage of Discharges for Which the Members, Age 18 and Older, Who Were Hospitalized for	*High Confidence*	*Moderate Confidence*	FUH-7	32.2%	36.6%⇔	

PIP Topic	Validation Rating 1	Validation Rating 2	Performance Indicator	Performance Indicator Results		
				Baseline	R1	R2
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 Calendar Year 2025						

R1 = Remeasurement 1
R2 = Remeasurement 2
↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05)
⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05)
↓ = Statistically significant decline over the baseline measurement period (p value < 0.05)
HSAG rounded percentages to the first decimal place.

The goal of the PIPs is to demonstrate statistically significant improvement over the baseline performance for each remeasurement period. Table 4-6 displays the interventions initiated by the CMO to support achievement of this PIP goal and address the barriers for each PIP topic.

Table 4-6—Interventions for Peach State

PIP Topic	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 Calendar Year 2025	• Text Message: Education and Incentive Information
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 Calendar Year 2025	• Optum's Obstetrics (OB) Home Care Program.
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 Calendar Year 2025	• Discharge (DC) Planner Pilot (Ridgeview Institute-Smyrna)

Strengths, Weaknesses, and Recommendations

Strengths	
	Peach State met 100 percent of the requirements for data analysis and implementation of improvement strategies. Peach State used appropriate QI tools to conduct its causal/barrier analysis and initiated timely interventions that were reasonably linked to their corresponding barriers.

Strengths	
	Peach State demonstrated statistically significant improvement over the baseline performance for the first remeasurement period for the *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* PIP topic.

Weaknesses and Recommendations	
	Weakness: Peach State demonstrated a statistically significant decline in performance compared to the baseline for the *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* PIP topic.
	Recommendations: HSAG recommends that Peach State reassess barriers linked to the topic population and develop active, targeted interventions that can be tracked and trended to determine the impact on the performance indicator outcomes. The results should be used to guide decisions for QI efforts.

Amerigroup 360°

Table 4-7 displays the validation ratings, performance indicators, and baseline and Remeasurement 1 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
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 Calendar Year 2025	*High Confidence*	*No Confidence*	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% by the end of CY 2025	13.6%	13.1%⇔	
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	*High Confidence*	*High Confidence*	Follow-up after Hospitalization for Mental Illness for GF360° members ages 6–17 within 7 days of discharge	49.6%	66.6%↑	

PIP Topic	Validation Rating 1	Validation Rating 2	Performance Indicator	Performance Indicator Results		
				Baseline	R1	R2
Points by the End of Calendar Year 2025						
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 Calendar Year 2025	*High Confidence*	*High Confidence*	Increase depression screening and follow-up for GF360° members ages 12–17 by end of CY 2025	4.5%	7.6%↑	

R1 = Remeasurement 1
R2 = Remeasurement 2
↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05)
⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05)
↓ = Statistically significant decline over the baseline measurement period (p value < 0.05)
HSAG rounded percentages to the first decimal place.

The goal of the PIPs is to demonstrate statistically significant improvement over the baseline performance for each remeasurement period. Table 4-8 displays the interventions initiated by the CMO to support achievement of the PIP goal and address the barriers for each PIP topic.

Table 4-8—Interventions for Amerigroup 360°

PIP Topic	Intervention Descriptions
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 Calendar Year 2025	• Provider outreach to those with low utilization to provide education and develop an action plan.
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 Calendar Year 2025	• Follow-Up After Hospitalization for Mental Illness (FUH) Assessments: GF360 post-discharge management (PDM) licensed clinicians will utilize NCQA-approved FUH assessments as supplemental data.
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 Calendar Year 2025	• An Incentive Pilot Program to incentivize providers who incorporate the two codes (G8431 and G8510) associated with depression screening and follow-up when billing.

Strengths, Weaknesses, and Recommendations

Strengths	
+	Amerigroup 360° met 100 percent of the requirements for data analysis and implementation of improvement strategies. Amerigroup 360°used appropriate QI tools to conduct its causal/barrier analysis and initiated timely interventions that were reasonably linked to their corresponding barriers.
+	Amerigroup 360° demonstrated statistically significant improvement over the baseline performance for two of the three PIP topics.

Weaknesses and Recommendations	
	Weakness: No weaknesses were identified.
	Recommendations: Although there were no identified weaknesses, HSAG recommends that Amerigroup 360° revisit the causal/barrier analysis annually to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The CMO should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention's next steps. For the *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* PIP that did not achieve statistically significant improvement, the CMO should conduct additional analysis to determine possible reasons why and develop new interventions accordingly.

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.[17] 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.

[17] 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: Oct 31, 2025.

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 2024 HEDIS 50th percentile for: • *Cervical Cancer Screening* • *Chlamydia Screening in Women—16–20 Years* • *Child and Adolescent Well-Care Visits—18–21 Years* and *Total* • *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)* • *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—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* Further, Amerigroup exceeded the CMCS national 50th percentile for: • *Prenatal and Postpartum Care—Timeliness of Prenatal Care—Under Age 21* and *Postpartum Care—Under Age 21* • *Developmental Screening in the First Three Years of Life* • *Oral Evaluation—Dental Services—Total; Sealant Receipt on Permanent First Molars—At Least One Sealant* • *Topical Fluoride for Children—Dental or Oral Health Services—Total (Ages 1–20)* This performance demonstrates that female members were receiving the appropriate screenings and female members under 21 years of age received appropriate prenatal and postpartum care. This performance also demonstrates that children and adolescents were accessing well-care visits as well as oral services and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.
⊕	In the Quality of Care domain for the GF population of Amerigroup, one measure, *Diabetes Short-Term Complications Admission Rate—18–64 Years*, exceeded the CMCS national 50th percentile, indicating that the CMO's adult members with diabetes were receiving appropriate care to help avoid hospitalization.
⊕	In the Stewardship domain for the GF population, Amerigroup met or exceeded the MY 2024 HEDIS 75th percentile for *Plan All-Cause Readmissions O/E Ratio—Total,* 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 2024 HEDIS 50th percentile for *Chlamydia Screening in Women—16–20 Years, Child and Adolescent Well-Care Visits—Total,* and *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap).* Amerigroup met or exceeded the HEDIS MY 2024 90th percentile for *Childhood Immunization Status—Combination 7,* as well as *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.* This performance demonstrates an overall strength for Amerigroup's PeachCare for Kids® members.

Strengths	
	In the Quality of Care domain for the PeachCare for Kids® population, Amerigroup met or exceeded the HEDIS MY 2024 50th percentile for *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase.* This performance demonstrates improved quality of follow-up for child and adolescent PeachCare for Kids® members.

Weaknesses and Recommendations	
	Weakness: In the Access to Care domain for Amerigroup's GF population, 10 of 19 (52.6 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2024 50th percentile; of note, three of 10 (30 percent) fell below the 25th percentile*: Breast Cancer Screening* as well as *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care.*
	Recommendations: HSAG recommends that Amerigroup continue its improvement efforts for these critical women's 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. Amerigroup should continue its efforts in identifying 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 further recommends stratifying data by provider size to pinpoint which providers may need additional support to improve the quality of care delivered to members. Amerigroup should continue its efforts to expand its PQIP to smaller provider groups, as well as increase one-on-one consultive support to large providers who are the largest drivers of low performance. Finally, Amerigroup could consider implementing small scale tests, for example using the PDSA cycle. Amerigroup could also consider evaluating the effectiveness of the small tests of change to identify any additional areas for improvement or adjustment before scaling up interventions to sustain the changes.[18]
	Weakness: In the Quality of Care domain for Amerigroup's GF population, 24 of 24 (100 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2024 50th percentile, demonstrating the need for Amerigroup to improve in this domain. Of note, 14 of 24 (58.3 percent) fell below the 25th percentile: • *Asthma Medication Ratio—5–11 Years* and *19–50 Years* • *Controlling High Blood Pressure* • *Glycemic Status for Patients With Diabetes—Glycemic Status (<8.0%)* and *Glycemic Status (>9.0%)* • *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—6–17 Years, 7-Day Follow-Up—18–64 Years, 30-Day Follow-Up—6–17 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* • *Follow-Up After Hospitalization for Mental Illness—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*

[18] Institute for Healthcare Improvement. How to Improve: Model for Improvement. Available at: https://www.ihi.org/library/model-for-improvement. Accessed on: Nov 10, 2025.

Weaknesses and Recommendations	
	Recommendations: HSAG recommends continued 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.[19] • 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 continue to explore which demographic regions or providers report lower *Asthma Medication Ratio* rates and address what obstacles are 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.[20] The low performance of the *Follow-Up After Emergency Department Visit for Mental Illness* measure demonstrated 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. To improve the performance of the *Initiation and Engagement of Substance Use Disorder Treatment* measure, HSAG recommends that Amerigroup conduct ongoing evaluations of current care coordination practices and ensure patients and providers are aware of treatment options.
	Weakness: In the Access to Care domain for the PeachCare for Kids® population, Amerigroup fell below the HEDIS MY 2024 50th percentile for *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)*, suggesting opportunities for adolescents to receive the recommended immunization screenings
	Recommendations: HSAG recommends that Amerigroup continue its improvement efforts for this immunization measure. 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 identifying barriers to care contributing to low performance (e.g., are the issues related to barriers to accessing care, lack of

[19] Centers for Disease Control and Prevention. High Blood Pressure. Available at: https://www.cdc.gov/nccdphp/priorities/high-blood-pressure.html. Accessed on: Nov 10, 2025.
[20] 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: Nov 10, 2025.

Weaknesses and Recommendations	
	transportation, refusal or hesitancy of receiving immunizations, or the need for improved community outreach and education). HSAG also recommends stratifying data by provider size to pinpoint which providers may need additional support to improve the quality of care delivered to members. Amerigroup should continue its efforts to expand its PQIP to smaller provider groups, as well as increase one-on-one consultive support to large providers who are the largest drivers of low performance. Finally, Amerigroup could consider implementing small scale tests, for example using the PDSA cycle. Amerigroup could also consider evaluating the effectiveness of the small tests of change to identify any additional areas for improvement or adjustment before scaling up interventions to sustain the changes.[21]
	Weakness: In the Quality domain for the PeachCare for Kids® population, Amerigroup fell below the HEDIS MY 2024 50th percentile for the *Asthma Medication Ratio—5–11 Years* and *12–18 Years* measure indicators, as well as *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total.* This low performance suggests a need for better access to care and appropriate medication management for patients.
	Recommendations: HSAG recommends that Amerigroup explore which demographic regions or providers report lower *Asthma Medication Ratio* rates and address what obstacles are 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] For the *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* measure, HSAG recommends that Amerigroup engage providers to evaluate current practices and ensure members and providers are aware of treatment options. Furthermore, HSAG recommends that Amerigroup partner with providers to improve care for children on antipsychotic medication. Finally, HSAG recommends that Amerigroup provide education to families with children on antipsychotic medication on available psychosocial services and address obstacles to accessing these services.

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.

[21] Institute for Healthcare Improvement. How to Improve: Model for Improvement. Available at: https://www.ihi.org/library/model-for-improvement. Accessed on: Nov 10, 2025.
[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: Nov 10, 2025.

Strengths, Weaknesses, and Recommendations

Strengths	
	In the Access to Care domain for the GF population, CareSource met or exceeded the HEDIS MY 2024 50th percentile for: • *Chlamydia Screening in Women—16–20 Years* and *21–24 Years* • *Cervical Cancer Screening* • *Child and Adolescent Well-Care Visits—3–11 Years, 18–21 Years,* and *Total*; • *Childhood Immunization Status—Combination 7* • *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (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 for Age 15 Months–30 Months—Two or More Well-Child Visits* Further, CareSource exceeded the CMCS national 50th percentile for *Developmental Screening in the First Three Years of Life, Oral Evaluation—Dental Services—Total, Prenatal and Postpartum Care—Timeliness of Prenatal Care—Under Age 21* and *Postpartum Care—Under Age 21,* and *Sealant Receipt on Permanent First Molars—At Least One Sealant* and *All Four Molars Sealed*. This performance demonstrates that some children and women were receiving needed screenings, oral health services, and immunizations.
	In the Quality of Care domain for the GF population, CareSource met or exceeded the HEDIS MY 2024 75th percentile for the *Asthma Medication Ratio—5–11 Years* and *12–18 Years* age groups. The performance for this measure suggests effective management of members with asthma for these age groups. CareSource also met or exceeded the 50th and 75th percentiles for the following behavioral health measures within the Quality domain: • *Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13–17 Years* and *30-Day Follow-Up—13–17 Years* • *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6–17 Years and 7-Day Follow-Up—18–64 Years, 30-Day Follow-Up—6–17 Years,* and *30-Day Follow-Up—18–64 Years* • *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase* This performance suggests that members with SUD or mental illness were receiving timely, coordinated care post-ED discharge and that CareSource ensured behavioral health medications (e.g., ADHD medications) are managed appropriately.
	In the Access to Care domain for CareSource's PeachCare for Kids® population, six of seven (85.7 percent) measure indicators that were comparable to benchmarks met or exceeded the HEDIS MY 2024 50th percentile. CareSource's performance on a subset of children's preventive and immunization measures continued to be a strength. Of note, *Childhood Immunization Status—Combination 7, Well-Child Visits in the First 30 Months of Life—Six or More Well-Child Visits,* and *Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits* exceeded the 90th percentile. Additionally, the *Child and Adolescent Well-Care Visits—Total* and *Immunizations for Adolescents—*

Strengths	
	Combination 1 (Meningococcal, Tdap) measure indicators met or exceeded the 75th percentile.
	In the Quality of Care domain, CareSource met or exceeded the HEDIS MY 2024 75th 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, *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* met or exceeded the HEDIS MY 2024 90th percentile.

Weaknesses and Recommendations	
	Weakness: In the Access to Care domain for CareSource's GF population, eight of 19 (42.1 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2024 50th percentile, demonstrating the need for CareSource to improve in this domain. Of note, only one of the eight (12.5 percent) rates fell below the 25th percentile: *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV).*
	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 identifying 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 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.[23] For the *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* measure, HSAG recommends that CareSource continue to build upon performance improvement interventions already implemented for ensuring that adolescents receive medically appropriate preventive vaccinations. For the *Prenatal and Postpartum Care* measure, HSAG recommends that CareSource continue to review and analyze disparities and/or SDOH within its 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 is achieved. Finally, HSAG also recommends that the CareSource identify barriers preventing members from accessing annual PCP visits (e.g., transportation, SDOH).HSAG also

[23] Institute for Healthcare Improvement. How to Improve: Model for Improvement. Available at: https://www.ihi.org/library/model-for-improvement. Accessed on: Nov 10, 2025.

Weaknesses and Recommendations	
	recommends that CareSource expand education efforts on the importance of annual wellness visits.
	Weakness: In the Quality of Care domain for CareSource's GF population, 14 of 24 (58.3 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2024 50th percentile, demonstrating the need for CareSource to improve in this domain. Of note, nine of the 14 (64.3 percent) fell below the HEDIS MY 2024 25th percentile: • *Asthma Medication Ratio—19–50 Years* • *Controlling High Blood Pressure* • *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—18–64 Years, 30-Day Follow-Up—6–17 Years,* and *30-Day Follow-Up—18–64 Years* • *Glycemic Status Assessment for Patients With Diabetes— Glycemic Status (<8.0%)* and *Glycemic Status (>9.0%)* • *Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—18–64 Years* • *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total*
	Recommendations: HSAG recommends continuing 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 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.-[24] • 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 Hemoglobin A1c values and blood pressure readings. The low performance of the *Follow-Up After Emergency Department Visit for Mental Illness* measure indicator demonstrates that CareSource should continue to focus efforts in managing care for patients discharged after an ED visit for mental illness and substance use 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.

[24] Centers for Disease Control and Prevention. High Blood Pressure. Available at: https://www.cdc.gov/nccdphp/priorities/high-blood-pressure.html.Accessed on: Nov 10, 2025.

Weaknesses and Recommendations	
	To improve the performance of the *Initiation and Engagement of Substance Use Disorder Treatment* and *Metabolic Monitoring for Children and Adolescents on Antipsychotics* measures, HSAG recommends that CareSource continue to 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.
−	**Weakness:** In the Stewardship domain for the CareSource's GF population, the *Plan All-Cause Readmissions O/E Ratio—Total* measure rate fell below the HEDIS MY 2024 50th percentile. This suggests opportunities for improvement related to receiving timely access to care, thereby reducing the cost of ED visits and readmissions
	Recommendations: HSAG recommends that CareSource consider scheduling a follow-up visit for members within seven days of a hospital discharge to help address possible issues that might lead to a readmission. Additionally, HSAG recommends that discharge instructions be communicated properly with the patients and any caregivers the individual might have following the visit. Finally, HSAG recommends that CareSource ensure members are being referred to the appropriate transition program for their needs.
−	**Weakness:** In the Access to Care domain for CareSource's PeachCare for Kids® population, *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* fell below the HEDIS MY 2024 50th percentile. This rate suggests opportunities for improvement related to providing adequate and timely preventive and immunization services. Immunizations are essential for disease prevention and are a critical aspect of prevention care for children.[25]
	Recommendations: HSAG recommends that CareSource continue its improvement efforts for key child preventive 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. CareSource should focus efforts on identifying 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 size to pinpoint which providers may need additional support to improve the quality of care delivered to members. Finally, CareSource could also 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. Best practices that CareSource may consider testing 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.[26] • Evaluating and expanding current and/or new member outreach and engagement initiatives.

[25] National Committee for Quality Assurance. Child and Adolescent Well-Care Visits. Available at: https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/child-and-adolescent-well-care-visits-wcv/. Accessed on: Nov 10, 2025.

[26] 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: Nov 10, 2025.

Weaknesses and Recommendations	
	Weakness: In the Quality domain for CareSource's PeachCare for Kids® population, *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* fell below the HEDIS MY 2024 50th percentile, indicating that first-line psychosocial interventions may be underutilized in children and adolescents on antipsychotic medication.
	Recommendations: HSAG recommends that CareSource continue to engage providers to evaluate current practices and ensure patients and providers are aware of treatment options. Furthermore, HSAG recommends that CareSource partner with providers to improve care for children on antipsychotic medication. Finally, HSAG recommends that CareSource provide education to families with children on antipsychotic medication on available psychosocial services and address obstacles to accessing these services.

Peach State

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

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

Strengths, Weaknesses, and Recommendations

Strengths	
	In the Access to Care domain for the GF population, Peach State met or exceeded the HEDIS MY 2024 75th percentile for *Cervical Cancer Screening, Chlamydia Screening in Women—16–20 Years* and *21–24 Years*, and *Childhood Immunization Status—Combination 7.* Peach State also met or exceeded the HEDIS MY 2024 50th percentile for: • *Breast Cancer Screening* • *Child and Adolescent Well-Care Visits—3–11 Years, 12–17 Years, 18–21 Years,* and *Total* • *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)* • *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (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* measure indicators Further, Peach State exceeded the CMCS national 50th percentile for *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 *All Four Molars Sealed,* and *Topical Fluoride for Children—Dental or Oral Health Services—Total (Ages*

Strengths	
	1–20). 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 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 2024 50th percentile for the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6–17 Years* and *18–64 Years, 30-Day Follow-Up—6–17 Years* and *30-Day Follow-Up—18–64 Years,* and *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* measure indicators. Peach State met or exceeded the HEDIS MY 2024 75th percentile for the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* 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 2024 HEDIS 50th percentile for *Plan All-Cause Readmissions O/E Ratio—Total,* 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 2024 50th percentile for six of seven (85.7 percent) measure indicator rates that could be compared to benchmarks, continuing to demonstrate strength. One of the six (16.7 percent) met or exceeded the HEDIS MY 2024 75th percentile. Of note, *Childhood Immunization Status—Combination 7* as well as *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* met or exceeded the HEDIS MY 2024 90th percentile.
+	In the Quality of Care domain for Peach State's PeachCare for Kids® population, Peach State met or exceeded the HEDIS MY 2024 50th percentile for two of five (40.0 percent) measure indicator rates that could be compared to benchmarks. Of note, *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* met or exceeded the HEDIS MY 2024 75th percentile.

Weaknesses and Recommendations	
−	**Weakness:** In the Access to Care domain for Peach State's GF population, five of 19 (26.3 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2024 50th percentile. Of note, one of the five rates fell below the 25th percentile: *Prenatal and Postpartum Care—Postpartum Care.*
	Recommendations: HSAG recommends that Peach State 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. Peach State should also continue its efforts in identifying 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).

Weaknesses and Recommendations	
	HSAG also recommends stratifying data by provider size to pinpoint which providers may need additional support to improve the quality of care delivered to members. For the *Prenatal and Postpartum Care* measure, HSAG recommends that Peach State continue to review and analyze disparities and/or SDOH within its 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, access to, and timeliness of 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 are achieved.
	Weakness: In the Quality of Care domain for Peach State's GF population, 19 of 25 (76.0 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2024 50th percentile, demonstrating the need for Peach State to improve in this domain. Of note, eight of the 19 rates (50.0 percent) fell below the HEDIS MY 2024 25th percentile: • *Asthma Medication Ratio—19–50 Years* • *Controlling High Blood Pressure* • *Follow-Up After Emergency Department Visit for Mental Illness—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* • *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status (>9.0%)* • *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*
	Recommendations: HSAG recommends continued 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.[27] • 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

[27] Centers for Disease Control and Prevention. High Blood Pressure. Available at: https://www.cdc.gov/nccdphp/priorities/high-blood-pressure.html. Accessed on: Nov 10, 2025.

Weaknesses and Recommendations	
	address what obstacles are 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.[28] The low performance of the *Follow-Up After Emergency Department Visit for Mental Illness* and *Follow-Up After Emergency Department Visit for Substance Use* 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 effectiveness of transitions of care, discharge planning, and handoffs to community settings for members with behavioral health needs. Finally, to improve the performance of the *Initiation and Engagement of Substance Use Disorder Treatment* and *Metabolic Monitoring for Children and Adolescents on Antipsychotics* measure indicators, HSAG recommends that Peach State evaluate current care coordination practices and ensure patients and providers are aware of treatment options. Furthermore, HSAG recommends that Peach State partner with providers to improve care coordination for children on antipsychotic medication.
	Weakness: In the Access to Care domain for the PeachCare for Kids® population, Peach State fell below the 50th percentile for *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV).*
	Recommendations: HSAG recommends that Peach State continue to review and analyze disparities and/or SDOH within its population that continue to contribute to low immunization rates in adolescents and low prenatal and postpartum care rates. For the *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* measure, HSAG recommends that Peach State continue to build upon performance improvement interventions already implemented for ensuring that adolescents receive medically appropriate preventive vaccinations.
	Weakness: In the Quality domain for the PeachCare for Kids® population, Peach State fell below the HEDIS MY 2024 25th percentile for the *Asthma Medication Ratio—5–11 Years* and *12–18 Years,* and *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* measure indicators. This low performance suggests a need for better access to care and appropriate medication management for children with asthma.
	Recommendations: HSAG recommends that Peach State continue to explore which demographic regions or providers report lower *Asthma Medication Ratio* rates and address what obstacles are 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] For the *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* measure, HSAG recommends that Peach State engage providers

[28] 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: Nov 10, 2025.
[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: Nov 10, 2025.

Weaknesses and Recommendations	
	to evaluate current practices and ensure patients and providers are aware of treatment options. Furthermore, HSAG recommends that Peach State partner with providers to improve care for children on antipsychotic medication. Finally, HSAG recommends that Peach State provide education to families with children on antipsychotic medication on available psychosocial services and address obstacles to accessing these services.

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	
	In the Access to Care domain, Amerigroup 360° continued to demonstrate strength for HEDIS MY 2024, meeting or exceeding the 50th percentile for seven of 14 (50 percent) HEDIS and non-HEDIS measure rates related to access to care that were comparable to benchmarks. Of these seven measures, two measure rates (28.6 percent) were between the 75th and 89th percentiles: *Child and Adolescent Well-Care Visits—Total* and *Chlamydia Screening in Women—16–20 Years.* In addition, *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* exceeded the 90th percentile. The *Developmental Screening in the First Three Years of Life, Oral Evaluation—Dental Services—Total (< Age 21),* and *Topical Fluoride for Children—Dental or Oral Health Services—Total* measure rates 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 2024, meeting or exceeding the 50th percentile for 17 of 22 (77.3 percent) measure rates related to quality of care that were comparable to benchmarks. Of these 17 measure indicator rates, 11 (64.7 percent) exceeded the 75th percentile.
Weaknesses and Recommendations	
	Weakness: In the Access to Care domain, Amerigroup 360°'s *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* 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* measure indicator rates fell below the 25th percentile. This performance demonstrates opportunities to improve timeliness of and access to prenatal and postpartum care services and well child visits.
	Recommendations: HSAG recommends that Amerigroup 360° continue to consider whether disparities and/or SDOH within this population contributed to lower access to

Weaknesses and Recommendations	
	care. HSAG also recommends that Amerigroup 360° continue to consider evaluating the feasibility of implementing appropriate interventions to improve the quality of, access to, and timeliness of 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 are achieved.
	Weakness: In the Quality of Care domain, five of 22 (22.7 percent) measure indicator rates related to quality of care that were comparable to benchmarks fell below the 50th percentile. Of note, four of these five (80 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 *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status (<8.0%).* These results continue to demonstrate opportunities to improve members' quality of care related to managing medications and chronic conditions.
	Recommendations: HSAG recommends that Amerigroup 360° continue to conduct root cause analyses to determine the nature and scope of the issue (e.g., communication barriers between patients and providers, lack of education and awareness on the importance of medication, and other SDOH impacting members' ability to stay on the appropriate medication). HSAG also recommends that Amerigroup 360° consider implementing appropriate interventions to improve performance. Best practices include partnering with providers and local pharmacies to stress 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 *Asthma Medication Ratio*, HSAG recommends that Amerigroup 360° continue to explore which demographic regions or providers report lower *Asthma Medication Ratio* rates and address what obstacles are 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.[30]

[30] 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: Nov 10, 2025.

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.[31]

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 6-8 display the scores for the current three-year period of compliance reviews for each CMO.

[31] 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/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Dec 11, 2025.

Table 6-1—Georgia Compliance Reviews for All CMOs

Standard	CY 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. CMOs were required to develop and implement CAPs. HSAG reviewed the CMOs' CAP implementation, and DCH determined whether the CAP implementation was approved. 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 6-3 presents a summary of Amerigroup's implementation of CAPs for compliance review elements scored as *Not Met*.

Table 6-2—Compliance Review Standards and Scores for the Three-Year Period: CY 2023–CY 2025

	Associated Federal Citation		Compliance Reviews	Amerigroup		
	Medicaid	CHIP	Standard Name	2025	2026	2027
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%**		

Table 6-3—Corrective Action Plan Review Implementation Results: CY 2023–CY 2025

CAP Review Results					
Standard		Number of CAP Elements	Number Met	Number Not Met	Score
I.	Disenrollment: Requirements and Limitations	1	1	0	100%
II.	Member Rights and Member Information	5	5	0	100%
V.	Assurances of Adequate Capacity and Services	2	2	0	100%
VI.	Coordination and Continuity of Care	1	1	0	100%
VII.	Coverage and Authorization of Services	2	2	0	100%
VIII.	Provider Selection	3	3	0	100%
X.	Grievance and Appeal Systems	11	11	0	100%

CAP Review Results					
Standard		Number of CAP Elements	Number Met	Number Not Met	Score
XI.	Subcontractual Relationships and Delegation	3	3	0	100%
XII.	Practice Guidelines	1	1	0	100%
XV.	Program Integrity	1	1	0	100%
XVI	Early and Periodic Screening, Diagnostic, and Treatment	4	4	0	100%
	Total CAP Score:	34	34	0	100%
Final Score*:		**100%**			

**Final Score includes compliance review score and CAPS implementation score.*

Strengths, Weaknesses, and Recommendations

Strengths	
+	Strengths were discussed in the Georgia 2024 EQR Annual Technical Report dated March 2025.

Weaknesses and Recommendations	
−	Weaknesses were discussed in the Georgia 2024 EQR Annual Technical Report dated March 2025.
	Recommendations: CMO follow-up on recommendations can be found in Appendix E.

CareSource

Table 6-4 presents a summary of CareSource's compliance with standards review results. Table 6-5 presents a summary of CareSource's implementation of CAPs for compliance review elements scored as *Not Met*.

Table 6-4—Compliance Review Standards and Scores for the Three-Year Period: CY 2023–CY 2025

	Associated Federal Citation		Compliance Reviews	CareSource		
	Medicaid	CHIP	Standard Name	2025	2026	2027
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%		
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%		

	Associated Federal Citation		Compliance Reviews	CareSource		
	Medicaid	CHIP	Standard Name	2025	2026	2027
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%**		

Table 6-5—Corrective Action Plan Review Implementation Results: CY 2023–CY 2025

CAP Review Results					
Standard		Number of CAP Elements	Number Met	Number Not Met	Score
I.	Disenrollment: Requirements and Limitations	2	2	0	100%
II.	Member Rights and Member Information	8	8	0	100%
VII.	Coverage and Authorization of Services	3	3	0	100%
VIII.	Provider Selection	1	1	0	100%
X.	Grievance and Appeal Systems	4	4	0	100%
XI.	Subcontractual Relationships and Delegation	1	1	0	100%
XV.	Program Integrity	1	1	0	100%
	Total CAP Score:	20	20	0	100%
Final Score*:		**100%**			

**Final Score includes compliance review score and CAPS implementation score.*

Strengths, Weaknesses, and Recommendations

Strengths	
+	Strengths were discussed in the Georgia 2024 EQR Annual Technical Report dated March 2025.

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

Peach State

Table 6-6 presents a summary of Peach State's compliance with standards review results. Table 6-7 presents a summary of Peach State's implementation of CAPs for compliance review elements scored as *Not Met.*

Table 6-6—Compliance Review Standards and Scores for the Three-Year Period: CY 2023–CY 2025

	Associated Federal Citation		Compliance Reviews	Peach State		
	Medicaid	CHIP	Standard Name	2025	2026	2027
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%		
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%**		

Table 6-7—Corrective Action Plan Review Implementation Results: CY 2023–CY 2025

Corrective Action Plan (CAP) Review Results					
Standard		Number of CAP Elements	Number Met	Number Not Met	Score
I.	Disenrollment: Requirements and Limitations	1	1	0	100%
II.	Member Rights and Member Information	6	6	0	100%
IV.	Availability of Services	1	1	0	100%
V.	Assurances of Adequate Capacity and Services	1	1	0	100%
VII.	Coverage and Authorization of Services	1	1	0	100%
VIII.	Provider Selection	1	1	0	100%
X.	Grievance and Appeal Systems	2	2	0	100%
XI.	Subcontractual Relationships and Delegation	2	2	0	100%
XVI	Early and Periodic Screening, Diagnostic, and Treatment	2	2	0	100%
	Total CAP Score:	17	17	0	100%
Final Score*:		**100%**			

**Final Score includes compliance review score and CAPS implementation score.*

Strengths, Weaknesses, and Recommendations

Strengths	
+	Strengths were discussed in the Georgia 2023 EQR Annual Technical Report dated March 2023.

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

Amerigroup 360°

Table 6-8 presents a summary of Amerigroup 360°'s Compliance with Standards Review results. Table 6-9 presents a summary of Amerigroup 360°'s implementation of CAPs for compliance review elements scored as *Not Met.*

Table 6-8—Compliance Review Standards and Scores for the Three-Year Period: CY 2023–CY 2025

	Associated Federal Citation		Compliance Reviews	Amerigroup 360°		
	Medicaid	CHIP	Standard Name	2025	2026	2027
I.	438.56	§457.1212	Disenrollment: Requirements and Limitations	85.7%		

	Associated Federal Citation		Compliance Reviews	Amerigroup 360°		
	Medicaid	CHIP	Standard Name	2025	2026	2027
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 Act, Section 1902	Social Security Act, Section 1905	Early and Periodic Screening, Diagnostic, and Treatment	87.5%		
			TOTAL SCORE	**86.2%**		

Table 6-9—Corrective Action Plan Review Implementation Results: CY 2023–CY 2025

Corrective Action Plan (CAP) Review Results					
Standard		Number of CAP Elements	Number Met	Number Not Met	Score
I.	Disenrollment: Requirements and Limitations	1	1	0	100%
II.	Member Rights and Member Information	5	5	0	100%
V.	Assurances of Adequate Capacity and Services	2	2	0	100%
VII.	Coverage and Authorization of Services	2	2	0	100%
VIII.	Provider Selection	3	3	0	100%
X.	Grievance and Appeal Systems	10	10	0	100%
XI.	Subcontractual Relationships and Delegation	3	3	0	100%
XII.	Practice Guidelines	1	1	0	100%
XV.	Program Integrity	1	1	0	100%

Corrective Action Plan (CAP) Review Results					
Standard		Number of CAP Elements	Number Met	Number Not Met	Score
XVI	Early and Periodic Screening, Diagnostic, and Treatment	4	4	0	100%
	Total CAP Score:	32	32	0	100%
Final Score*:		**100%**			

**Final Score includes compliance review score and CAPS implementation score.*

Strengths, Weaknesses, and Recommendations

Strengths	
+	Strengths were discussed in the Georgia 2024 EQR Annual Technical Report dated March 2025.

Weaknesses and Recommendations	
−	Weaknesses were discussed in the Georgia 2024 EQR Annual Technical Report dated March 2025.
	Recommendations: CMO follow-up on recommendations can be found in Appendix E.

DCH Intermediate Sanctions Applied

During 2025, 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 2024 and 2025 adult Medicaid CAHPS top-box scores.

Table 7-1—Amerigroup Adult Medicaid CAHPS Results

	2024 Top-Box Scores	2025 Top-Box Scores
Composite Measures		
Getting Needed Care	76.16% +	78.94% +
Getting Care Quickly	74.50% +	82.37% +
How Well Doctors Communicate	97.43% +	98.33% + ↑
Customer Service	83.12% +	88.07% +
Global Ratings		
Rating of All Health Care	77.38% +	78.57% +
Rating of Personal Doctor	92.22% +	84.85% +
Rating of Specialist Seen Most Often	85.19% +	78.57% +
Rating of Health Plan	71.92%	73.40% +
Medical Assistance With Smoking and Tobacco Use Cessation Items*		
Advising Smokers and Tobacco Users to Quit	61.54% +	60.87% +

	2024 Top-Box Scores	2025 Top-Box Scores
Discussing Cessation Medications	42.11% +	45.45% +
Discussing Cessation Strategies	37.84% +	38.10% +

↑ Indicates the 2025 score is statistically significantly higher than the 2025 national average.
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.

Strengths, Weaknesses, and Recommendations

Strengths	
	Adult members enrolled in Amerigroup reported more positive experiences with how well their doctors communicated, as the 2025 score for *How Well Doctors Communicate* was statistically significantly higher than the 2025 NCQA adult Medicaid national average.

Weaknesses and Recommendations	
	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 2025 NCQA adult Medicaid national averages or the 2024 scores.
	Recommendations: HSAG recommends that Amerigroup continue to monitor the measures to ensure significant decreases in scores over time do not occur.

Child Findings

Table 7-2 displays Amerigroup's 2024 and 2025 child Medicaid CAHPS top-box scores.

Table 7-2—Amerigroup Child Medicaid CAHPS Results

	2024 Top-Box Scores	2025 Top-Box Scores
Composite Measures		
Getting Needed Care	81.23%	88.19% ▲
Getting Care Quickly	90.64%	88.92%
How Well Doctors Communicate	94.23%	92.42%
Customer Service	91.73%	90.22%
Global Ratings		
Rating of All Health Care	89.38%	91.34% ↑
Rating of Personal Doctor	90.91%	91.71%
Rating of Specialist Seen Most Often	87.84% +	86.84% +
Rating of Health Plan	87.37%	85.65%

▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
↑ Indicates the 2025 score is statistically significantly higher than the 2025 national average.
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	
	Parents/caretakers of child members enrolled in Amerigroup had more positive experiences related to their child's health care and getting needed care for their child, as the 2025 score for *Rating of All Health Care* was statistically significantly higher than the 2025 NCQA child Medicaid national average and the 2025 score for *Getting Needed Care* was statistically significantly higher than the 2024 score.

Weaknesses and Recommendations	
	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 2025 NCQA child Medicaid national averages or the 2024 scores.
	Recommendations: HSAG recommends that Amerigroup continue to monitor the measures to ensure significant decreases in scores over time do not occur.

CHIP Findings

Table 7-3 displays Amerigroup's 2025 CHIP Medicaid CAHPS top-box scores.[32, 33]

Table 7-3—Amerigroup CHIP CAHPS Results

	2025 Top-Box Scores
Composite Measures	
Getting Needed Care	85.12%
Getting Care Quickly	87.22%
How Well Doctors Communicate	93.00%
Customer Service	87.26% +
Global Ratings	
Rating of All Health Care	89.29%
Rating of Personal Doctor	89.41%
Rating of Specialist Seen Most Often	94.34% + ↑
Rating of Health Plan	87.21%

↑ Indicates the 2025 score is statistically significantly higher than the 2025 national average.
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.

[32] 2025 represents the first year CHIP results were provided for inclusion in the annual report; therefore, 2024 top-box scores are not available.
[33] NCQA's Quality Compass benchmarks for the general child Medicaid population were used for comparative purposes, since NCQA does not publish separate benchmarking data for CHIP; therefore, caution should be exercised when interpreting these results.

Strengths, Weaknesses, and Recommendations

Strengths	
	Parents/caretakers of child members enrolled in Amerigroup CHIP had more positive experiences related to the specialist that their child saw most often, as the 2025 score for *Rating of Specialist Seen Most Often* was statistically significantly higher than the 2025 NCQA child Medicaid national average.

Weaknesses and Recommendations	
	Weakness: HSAG did not identify any opportunities for improvement for Amerigroup CHIP based on the results from the CAHPS survey, as none of the measure scores were statistically significantly lower than the 2025 NCQA child Medicaid national averages.
	Recommendations: HSAG recommends that Amerigroup continue to monitor the measures to ensure significant decreases in scores over time do not occur.

CareSource

Adult Findings

Table 7-4 displays CareSource's 2024 and 2025 adult Medicaid CAHPS top-boxes scores.

Table 7-4—CareSource Adult Medicaid CAHPS Results

	2024 Top-Box Scores	2025 Top-Box Scores
Composite Measures		
Getting Needed Care	79.61% +	75.03% ↓
Getting Care Quickly	79.82% +	74.89% +
How Well Doctors Communicate	90.82% +	88.96% +
Customer Service	86.42% +	86.35% +
Global Ratings		
Rating of All Health Care	81.25% +	74.42%
Rating of Personal Doctor	81.25% +	84.73%
Rating of Specialist Seen Most Often	82.76% +	77.14% +
Rating of Health Plan	77.27%	76.32%
Medical Assistance With Smoking and Tobacco Use Cessation Items*		
Advising Smokers and Tobacco Users to Quit	63.16% +	61.54% +
Discussing Cessation Medications	32.47% +	34.85% + ↓
Discussing Cessation Strategies	28.00% +	29.69% + ↓

↓ Indicates the 2025 score is statistically significantly lower than the 2025 national average.

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.

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 2025 NCQA adult Medicaid national averages or the 2024 scores.

Weaknesses and Recommendations	
	Weakness: Fewer adult members enrolled in CareSource reported positive experiences related to getting needed care and medical assistance with smoking and tobacco use cessation, as the 2025 scores for *Getting Needed Care*, *Discussing Cessation Medications*, and *Discussing Cessation Strategies* were statistically significantly lower than the 2025 NCQA adult Medicaid national averages.
	Recommendations: HSAG recommends that CareSource conduct root cause analyses or focus studies to gain deeper insight into members' perceptions of the quality and timeliness of care and services they receive. These findings can help identify factors contributing to lower scores compared to previous years. Based on the results, CareSource should implement targeted interventions to improve performance related to members' experiences with the care they need. Additionally, HSAG recommends that CareSource continue collaborating with providers to adopt strategies that increase member awareness and engagement in smoking cessation programs.

Child Findings

Table 7-5 shows CareSource's 2024 and 2025 child Medicaid CAHPS top-box scores.

Table 7-5—CareSource Child Medicaid CAHPS Results

	2024 Top-Box Scores	2025 Top-Box Scores
Composite Measures		
Getting Needed Care	83.74%	86.16%
Getting Care Quickly	87.73%	84.18%
How Well Doctors Communicate	95.28%	92.90%
Customer Service	88.41%	88.70%
Global Ratings		
Rating of All Health Care	85.87%	88.57%
Rating of Personal Doctor	89.41%	92.59%
Rating of Specialist Seen Most Often	91.82%	87.84% +
Rating of Health Plan	85.97%	85.07%

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 any strengths for CareSource based on the results from the CAHPS survey, as none of the measure scores were statistically significantly higher than the 2025 NCQA child Medicaid national averages or the 2024 scores.

Weaknesses and Recommendations	
	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 2025 NCQA child Medicaid national averages or the 2024 scores.
	Recommendations: HSAG recommends that CareSource continue to monitor the measures to ensure significant decreases in scores over time do not occur.

CHIP Findings

Table 7-6 displays CareSource's 2025 CHIP Medicaid CAHPS top-box scores.[34, 35]

Table 7-6—CareSource CHIP CAHPS Results

	2025 Top-Box Scores
Composite Measures	
Getting Needed Care	86.27% +
Getting Care Quickly	83.52% +
How Well Doctors Communicate	96.18% +
Customer Service	87.83% +
Global Ratings	
Rating of All Health Care	87.84% +
Rating of Personal Doctor	88.66% +
Rating of Specialist Seen Most Often	86.21% +
Rating of Health Plan	83.33%

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.

[34] 2025 represents the first year CHIP results were provided for inclusion in the technical report; therefore, 2024 top-box scores are not available.

[35] NCQA's Quality Compass benchmarks for the general child Medicaid population were used for comparative purposes, since NCQA does not publish separate benchmarking data for CHIP; therefore, caution should be exercised when interpreting these results.

Strengths, Weaknesses, and Recommendations

Strengths	
	HSAG did not identify any strengths for CareSource CHIP based on the results from the CAHPS survey, as none of the measure scores were statistically significantly higher than the 2025 NCQA child Medicaid national averages.

Weaknesses and Recommendations	
	Weakness: HSAG did not identify any opportunities for improvement for CareSource CHIP based on the results from the CAHPS survey, as none of the measure scores were statistically significantly lower than the 2025 NCQA child Medicaid national averages.
	Recommendations: HSAG recommends that CareSource continue to monitor the measures to ensure significant decreases in scores over time do not occur.

Peach State

Adult Findings

Table 7-7 shows Peach State's 2024 and 2025 adult Medicaid CAHPS top-box scores.

Table 7-7—Peach State Adult Medicaid CAHPS Results

	2024 Top-Box Scores	2025 Top-Box Scores
Composite Measures		
Getting Needed Care	84.21% +	81.15% +
Getting Care Quickly	82.12% +	81.32% +
How Well Doctors Communicate	92.09% +	96.11% +
Customer Service	90.00% +	91.38% +
Global Ratings		
Rating of All Health Care	75.00% +	78.85% +
Rating of Personal Doctor	88.68% +	89.47% +
Rating of Specialist Seen Most Often	85.71% +	81.82% +
Rating of Health Plan	82.86% +	76.39% +
Medical Assistance With Smoking and Tobacco Use Cessation Items*		
Advising Smokers and Tobacco Users to Quit	59.52% +	53.85% +
Discussing Cessation Medications	40.48% +	61.54% +
Discussing Cessation Strategies	30.95% +	38.46% +

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.

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 2025 NCQA adult Medicaid national averages or the 2024 scores.

Weaknesses and Recommendations	
	Weakness: HSAG did not identify any opportunities for improvement for Peach State based on the results from the CAHPS survey, as none of the measure scores were statistically significantly lower than the 2025 NCQA adult Medicaid national averages or the 2024 scores.
	Recommendations: HSAG recommends that Peach State continue to monitor the measures to ensure significant decreases in scores over time do not occur.

Child Findings

Table 7-8 shows Peach State's 2024 and 2025 child Medicaid CAHPS top-box scores.

Table 7-8—Peach State Child Medicaid CAHPS Results

	2024 Top-Box Scores	2025 Top-Box Scores
Composite Measures		
Getting Needed Care	86.71%	90.03% ↑
Getting Care Quickly	88.93%	86.37%
How Well Doctors Communicate	95.46%	95.25%
Customer Service	89.33% +	89.37% +
Global Ratings		
Rating of All Health Care	88.34%	88.75%
Rating of Personal Doctor	92.04%	92.38%
Rating of Specialist Seen Most Often	85.37% +	91.80% +
Rating of Health Plan	86.81%	89.84%

↑ Indicates the 2025 score is statistically significantly higher than the 2025 national average.
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	
	Parents/caretakers of child members enrolled in Peach State had more positive experiences related to getting needed care for their child, as the 2025 score for *Getting Needed Care* was statistically significantly higher than the 2025 NCQA child Medicaid national average.

Weaknesses and Recommendations	
	Weakness: HSAG did not identify any opportunities for improvement for Peach State based on the results from the CAHPS survey, as none of the measure scores were statistically significantly lower than the 2025 NCQA child Medicaid national averages or the 2024 scores.
	Recommendations: HSAG recommends that Peach State continue to monitor the measures to ensure significant decreases in scores over time do not occur.

CHIP Findings

Table 7-9 displays Peach State's 2025 CHIP Medicaid CAHPS top-box scores.[36, 37]

Table 7-9—Peach State CHIP Medicaid CAHPS Results

	2025 Top-Box Scores
Composite Measures	
Getting Needed Care	80.31%
Getting Care Quickly	86.66%
How Well Doctors Communicate	93.49%
Customer Service	83.96%
Global Ratings	
Rating of All Health Care	87.73%
Rating of Personal Doctor	91.07%
Rating of Specialist Seen Most Often	83.56% +
Rating of Health Plan	87.12%

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 any strengths for Peach State CHIP based on the results from the CAHPS survey, as none of the measure scores were statistically significantly higher than the 2025 NCQA child Medicaid national averages.

Weaknesses and Recommendations	
	Weakness: HSAG did not identify any opportunities for improvement for Peach State CHIP based on the results from the CAHPS survey, as none of the measure scores were statistically significantly lower than the 2025 NCQA child Medicaid national averages.
	Recommendations: HSAG recommends that Peach State continue to monitor the measures to ensure significant decreases in scores over time do not occur.

[36] 2025 represents the first year CHIP results were provided for inclusion in the technical report; therefore, 2024 top-box scores are not available.

[37] NCQA's Quality Compass benchmarks for the general child Medicaid population were used for comparative purposes, since NCQA does not publish separate benchmarking data for CHIP; therefore, caution should be exercised when interpreting these results.

Amerigroup 360°

Table 7-10 shows Amerigroup 360°'s 2024 and 2025 Medicaid CAHPS top-box scores.[38]

Table 7-10—Amerigroup 360° CAHPS Results

	2024 Top-Box Scores	2025 Top-Box Scores
Composite Measures		
Getting Needed Care	86.44%	86.84%
Getting Care Quickly	93.13%	92.85% ↑
How Well Doctors Communicate	96.53%	96.13% ↑
Customer Service	95.00% +	92.40% +
Global Ratings		
Rating of All Health Care	86.21%	88.44%
Rating of Personal Doctor	91.94%	90.07%
Rating of Specialist Seen Most Often	85.90% +	88.76% +
Rating of Health Plan	79.52%	83.44%

↑ Indicates the 2025 score is statistically significantly higher than the 2025 national average.
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	
	Parents/caretakers of child members enrolled in Amerigroup 360° had more positive experiences related to getting care quickly for their child and how well their child's doctors communicated, as the 2025 scores for *Getting Care Quickly* and *How Well Doctors Communicate* were statistically significantly higher than the 2025 NCQA child Medicaid national averages.

Weaknesses and Recommendations	
	Weakness: HSAG did not identify any opportunities for improvement for Amerigroup 360° based on the results from the CAHPS survey, as none of the measure scores were statistically significantly lower than the 2025 NCQA child Medicaid national averages or the 2024 scores.
	Recommendations: HSAG recommends that Amerigroup 360° continue to monitor the measures to ensure significant decreases in scores over time do not occur.

[38] NCQA's Quality Compass benchmarks for the general child Medicaid population were used for comparative purposes, since NCQA does not publish separate benchmarking data for children in foster care, receiving adoption assistance, or in the juvenile justice system; therefore, caution should be exercised when interpreting these results.

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).[39]

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 CY 2025 validation of network adequacy indicators, including confirming that during the preceding 12 months, each CMO had the 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 ISCAs, 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

[39] 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, 2025.

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. HSAG did not assess compliance with State or federal requirements through the NAV activity; however, HSAG's compliance subject matter experts and DCH evaluated any potential CMO-specific deviations from State and federal requirements for determination of noncompliance and appropriate follow-up and remediations with the CMOs.
- **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 Q4 2024 (October 1, 2024–December 31, 2024). These results represent the most recently produced reported results, which are a cumulative summary of each CMO's network as of December 31, 2024, inclusive of enrollment and provider network data within the preceding 12 months. The detailed indicator validation ratings are found in Appendix G.

Results for NAV

Amerigroup

HSAG determined that in all counties, Amerigroup was compliant with network adequacy requirements for 23 of the 65 required provider types. The DCH requires that at least 90 percent of the members in each county have access to a provider when contractual access standards are applied. Compliance was determined based on the CMO meeting the State's required time and distance standards according to county and urbanicity level. Table 8-1 provides a summary of the provider types that were compliant in all counties and urbanicities.

Table 8-1—Provider Types Compliant in All Counties and Urbanicities—Amerigroup

Compliant Provider Types		
• Behavioral Health Facility	• Behavioral Health Providers	• Dental—General
• Dialysis	• Durable Medical Equipment	• Home Health and Infusion
• Hospitals	• Licensed Counselors and Social Workers	• OB/GYN
• Optometry	• Orthopedics	• Outpatient Laboratory Services
• Outpatient Radiology Services	• Pediatric General Surgery	• Pediatric Home Health and Infusion
• Pediatric Nephrology	• Pediatric Optometry	• Pediatric Orthopedics
• Physical Therapy	• Pediatric Physical Therapy	• Pharmacy
• Speech Therapy	• Pediatric Speech Therapy	

OB/GYN=obstetrician/gynecologist

Amerigroup 360°

HSAG determined that in all counties, Amerigroup 360° was compliant with network adequacy requirements for 32 of the 65 required provider types. The DCH requires that at least 90 percent of the members in each county have access to a provider when contractual access standards are applied. Compliance was determined based on the CMO meeting the State's required time and distance standards according to county and urbanicity level. Table 8-2 provides a summary of the provider types that were compliant in all counties and urbanicities.

Table 8-2—Provider Types Compliant in All Counties and Urbanicities—Amerigroup 360°

Compliant Provider Types		
• Behavioral Health Facility	• Behavioral Health Providers	• Cardiology
• Dental—General	• Dialysis	• Durable Medical Equipment
• General Surgery	• Home Health and Infusion Services	• Hospitals
• Licensed Counselors and Social Workers	• OB/GYN	• Occupational Therapy
• Optometry	• Orthopedics	• Outpatient Laboratory Services
• Outpatient Radiology Services	• Pediatric Cardiology	• Pediatric ENT/Otolaryngology
• Pediatric Gastroenterology	• Pediatric General Surgery	• Pediatric Hematology
• Pediatric Home Health and Infusion	• Pediatric Infectious Disease	• Pediatric Nephrology
• Pediatric Neurology	• Pediatric Occupational Therapy	• Pediatric Optometry
• Pediatric Orthopedics	• Pediatric Physical Therapy	• Pediatric Speech Therapy
• Physical Therapy	• Speech Therapy	

OB/GYN=obstetrician/gynecologist
ENT= ear, nose, and throat

CareSource

HSAG determined that in all counties, CareSource was compliant with network adequacy requirements for 26 of the 65 required provider types. The DCH requires that at least 90 percent of the members in each county have access to a provider when contractual access standards are applied. Compliance was determined based on the CMO meeting the State's required time and distance standards according to county and urbanicity level. Table 8-3 provides a summary of the provider types that were compliant in all counties and urbanicities.

Table 8-3—Provider Types Compliant in All Counties and Urbanicities

Compliant Provider Types		
• Autism Spectrum Disorder	• Behavioral Health Facility	• Behavioral Health Providers
• Cardiology	• Community Service Board	• Dental—General
• Durable Medical Equipment	• FQHC/RHC	• General Surgery
• Hospitals	• Licensed Counselors and Social Workers	• Narcotic Treatment Programs
• Nephrology	• OB/GYN	• Occupational Therapy
• Optometry	• Outpatient Radiology Services	• Pediatric Cardiology
• Pediatric General Surgery	• Pediatric Nephrology	• Pediatric Optometry
• Pediatric Occupational Therapy	• Pediatric Speech Therapy	• Pharmacy
• Psychiatrist	• Speech Therapy	

FQHC=federally qualified health center
RHC=rural health clinic
OB/GYN=obstetrician/gynecologist

Peach State Health Plan

HSAG determined that in all counties, Peach State was compliant with network adequacy requirements for 20 of the 65 required provider types. The DCH requires that at least 90 percent of the members in each county have access to a provider when contractual access standards are applied. Compliance was determined based on the CMO meeting the State's required time and distance standards according to county and urbanicity level. Table 8-4 provides a summary of the provider types that were compliant in all counties and urbanicities.

Table 8-4—Provider Types Compliant in All Counties and Urbanicities

Compliant Provider Types		
• Behavioral Health Providers	• Cardiology	• Dental—General
• Dialysis	• FQHC/RHC	• General Surgery
• Hospitals	• Licensed Counselors and Social Workers	• Nephrology
• OB/GYN	• Orthopedics	• Outpatient Laboratory Services
• Outpatient Radiology Services	• Pediatric Cardiology	• Pediatric General Surgery
• Pediatric Nephrology	• Pediatric Orthopedics	• Pediatric Speech Therapy
• Pharmacy	• Speech Therapy	

FQHC=federally qualified health center
RHC=rural health clinic
OB/GYN=obstetrician/gynecologist

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.

HSAG used its analyses and evaluations of EQR findings from the CY 2025 activities to comprehensively assess the CMOs' performance in providing quality, timely, and accessible healthcare services to Medicaid and CHIP members. For each CMO reviewed, HSAG provides a summary of its overall key findings, conclusions, and recommendations based on the CMO's performance. Table 9-1 through Table 9-4 highlight substantive conclusions and actionable CMO-specific recommendations, when applicable, for the CMOs to drive progress toward achieving the strategic priorities of the Georgia Quality Strategy and support improvement in the quality, timeliness, and accessibility of healthcare services furnished to Medicaid and CHIP managed care members. Table 9-1 through Table 9-4 display each Georgia Quality Strategy goal and indicate whether the EQR activity results were a strength and positively (✓) or were a weakness and negatively (×) impacted the Georgia Medicaid managed care program's progress toward achieving the applicable priorities, and the overall performance impact as it relates to the quality, timeliness, and accessibility of care and services provided to Medicaid and CHIP members.

Amerigroup

Table 9-1—Overall Conclusions for Amerigroup: Quality, Access, and Timeliness

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
✓	For the Amerigroup GF population, one measure, *Diabetes Short-Term Complications Admission Rate—18–64 Years*, exceeded the CMCS 50th national percentile, indicating that the CMO's adults with diabetes were receiving appropriate care to help avoid hospitalization.	☒ Quality ☐ Timeliness ☐ Access

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
✓	The Amerigroup GF population rate met or exceeded the MY 2024 HEDIS 75th percentile for *Plan All-Cause Readmissions O/E Ratio—Total,* indicating a strength for Amerigroup and suggesting that members were receiving timely access to care, thereby reducing the cost of ED visits and readmissions. The DCH Quality Strategy goal for this measure is a rate of 0.90; Amerigroup should continue its efforts to achieve the Quality Strategy target rate.	☒ Quality ☐ Timeliness ☐ Access
✓	Adult members enrolled in Amerigroup reported more positive experiences with how well their doctors communicated, as the 2025 score for *How Well Doctors Communicate* was statistically significantly higher than the 2025 NCQA adult Medicaid national average.	☒ Quality ☐ Timeliness ☐ Access
✓	Parents/caretakers of child members enrolled in Amerigroup CHIP had more positive experiences related to the specialist that their child saw most often, as the 2025 score for *Rating of Specialist Seen Most Often* was statistically significantly higher than the 2025 NCQA child Medicaid national average.	☒ Quality ☐ Timeliness ☐ Access
✓	For the PeachCare for Kids® population, Amerigroup met or exceeded the HEDIS MY 2024 50th percentile for *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase.* This performance demonstrates improved quality of follow-up care for child and adolescent PeachCare for Kids® members.	☒ Quality ☐ Timeliness ☐ Access
✓	Amerigroup demonstrated statistically significant improvement over the baseline performance for the first remeasurement period for the *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* PIP topic.	☐ Quality ☒ Timeliness ☒ Access
✓	Amerigroup's GF performance for preventive screening measures and immunizations met or exceeded the MY 2024 HEDIS 50th percentile for: • *Cervical Cancer Screening* • *Chlamydia Screening in Women—16–20 Years* • *Child and Adolescent Well-Care Visits—18–21 Years* and *Total* • *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)* • *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—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* For measures included in the DCH 2024–2026 Quality Strategy, the following rates demonstrated improvement from the MY 2022 GF aggregate baseline rates: • *Child and Adolescent Well Child Visits—Total*	☐ Quality ☒ Timeliness ☒ Access

<table>
<tr><th colspan="2">Performance Impact on Quality Strategy Goals and Objectives</th><th>Performance Domain</th></tr>
<tr><td></td><td>

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, Counseling for Nutrition—Total
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, 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
Well Child Visits in the First 30 Months of Life—Well-Child Visits in the 15–30 months—Two or More Well Child Visits

In addition, Amerigroup exceeded the CMCS national 50th percentile for:

Prenatal and Postpartum Care—Timeliness of Prenatal Care—Under Age 21 and Postpartum Care—Under Age 21
Developmental Screening in the First Three Years of Life
Oral Evaluation—Dental Services—Total
Sealant Receipt on Permanent First Molars—At Least One Sealant
Topical Fluoride for Children—Dental or Oral Health Services—Total (Ages 1–20)

For measures included in the DCH 2024–2026 Quality Strategy, the following rates demonstrated improvement from the MY 2022 GF aggregate baseline rates:

Developmental Screening in the First Three Years of Life—Total
Oral Evaluation—Dental Services—Total
Sealant Receipt on Permanent First Molars—At Least One Sealant

This performance demonstrates that female members were receiving the appropriate screenings and female members under 21 years of age received appropriate prenatal and postpartum care. This performance also demonstrates that children and adolescents were accessing well-care visits as well as oral health services and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.
</td><td></td></tr>
<tr><td>✓</td><td>
For the PeachCare for Kids® population, Amerigroup met or exceeded the MY 2024 HEDIS 50th percentile for Chlamydia Screening in Women—16–20 Years, Child and Adolescent Well-Care Visits—Total, and Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap). This performance demonstrates an overall strength for Amerigroup’s PeachCare for Kids® members.

Amerigroup met or exceeded the HEDIS MY 2024 90th percentile for Childhood Immunization Status—Combination 7 as well as 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. For measures included in the DCH 2024–2026 Quality Strategy, the following rates demonstrated improvement from MY 2022 GF aggregate baseline rates:

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

</td><td>☐ Quality
☒ Timeliness
☒ Access</td></tr>
</table>

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
	• *Well Child Visits in the First 30 Months of Life—Well-Child Visits in the 15–30 months—Two or More Well Child Visits*	
✘	Amerigroup demonstrated a decline in performance as compared to the baseline for the *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* PIP topic. HSAG recommends that Amerigroup reassess barriers linked to the topic population and develop active, targeted interventions that can be tracked and trended to determine the impact on the performance indicator outcomes. The results should be used to guide decisions for QI efforts.	☐ Quality ☐ Timeliness ☒ Access
✘	For Amerigroup's GF population, 10 of 19 (52.6 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2024 50th percentile; of note, three of 10 (30 percent) fell below the 25th percentile: *Breast Cancer Screening* as well as *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care.* HSAG recommends that Amerigroup continue its improvement efforts for 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 identifying 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 size to pinpoint which providers may need additional support to improve the quality of care delivered to members. Amerigroup should continue its efforts to expand its PQIP to smaller provider groups, as well as increase one-on-one consultive support to large providers who are the largest drivers of low performance. Finally, Amerigroup could consider implementing small scale tests, for example using the PDSA cycle. Amerigroup could also 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.[40]	☐ Quality ☐ Timeliness ☒ Access
✘	For Amerigroup's GF population, 24 of 24 (100 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2024 50th percentile, demonstrating the need for Amerigroup to improve in this domain. Of note, 14 of 24 (58.3 percent) rates fell below the HEDIS MY 2024 25th percentile: • *Asthma Medication Ratio—5–11 Years* and *19–50 Years* • *Controlling High Blood Pressure* • *Glycemic Status for Patients With Diabetes—Glycemic Status (<8.0%)* and *Glycemic Status (>9.0%)*	☒ Quality ☒ Timeliness ☒ Access

[40] Institute for Healthcare Improvement. How to Improve: Model for Improvement. Available at: https://www.ihi.org/library/model-for-improvement. Accessed on: Nov 10, 2025.

<table>
<tr><th colspan="2">Performance Impact on Quality Strategy Goals and Objectives</th><th>Performance Domain</th></tr>
<tr><td></td><td>

- *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—6–17 Years, 7-Day Follow-Up—18–64 Years, 30-Day Follow-Up—6–17 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*
- *Follow-Up After Hospitalization for Mental Illness—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*

HSAG recommends continued 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.[41]
- 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 continue to explore which demographic regions or providers report lower *Asthma Medication Ratio* rates and address what obstacles are 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.[42]

The low performance of the *Follow-Up After Emergency Department Visit for Mental Illness* measure indicator suggests 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

</td><td></td></tr>
</table>

[41] Centers for Disease Control and Prevention. High Blood Pressure. Available at: https://www.cdc.gov/nccdphp/priorities/high-blood-pressure.html. Accessed on: Nov 10, 2025.

[42] 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: Nov 10, 2025.

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
	care, discharge planning, and handoffs to community settings for members with behavioral health needs. To improve the performance of the *Initiation and Engagement of Substance Use Disorder Treatment* measure, HSAG recommends that Amerigroup conduct ongoing evaluations of current care coordination practices and ensure patients and providers are aware of treatment options.	
×	For the PeachCare for Kids® population, Amerigroup fell below the HEDIS MY 2024 50th percentile for *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)*, suggesting opportunities for adolescents to receive the recommended immunization screenings. HSAG recommends that Amerigroup continue its improvement efforts for this immunization measure. 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 identifying 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 size to pinpoint which providers may need additional support to improve the quality of care delivered to members. Amerigroup should continue its efforts to expand its Provider Quality Incentive Program (PQIP) to smaller provider groups, as well as increase one-on-one consultive support to large providers who are the largest drivers of low performance. Finally, Amerigroup could consider implementing small scale tests, for example using the PDSA cycle. Amerigroup could also 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.[43]	☒ Quality ☐ Timeliness ☐ Access
×	For the PeachCare for Kids® population, Amerigroup fell below the HEDIS MY 2024 50th percentile for the *Asthma Medication Ratio—5–11 Years* and *12–18 Years* measure indicators, as well as *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics.* This low performance suggests a need for better access to care and appropriate medication management for patients. HSAG recommends that Amerigroup explore which demographic regions or providers report lower *Asthma Medication Ratio* rates and address what obstacles are present for those members. Providers can be given educational opportunities discussing the importance of well-managed	☒ Quality ☐ Timeliness ☐ Access

[43] Institute for Healthcare Improvement. How to Improve: Model for Improvement. Available at: https://www.ihi.org/library/model-for-improvement. Accessed on: Nov 10, 2025.

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
	asthma, controller medications, and data collection on medication prescriptions.[44] For the *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* measure, HSAG recommends that Amerigroup engage providers to evaluate current practices and ensure patients and providers are aware of treatment options. Furthermore, HSAG recommends that Amerigroup partner with providers to improve care for children on antipsychotic medication. Finally, HSAG recommends that Amerigroup provide education to families with children on antipsychotic medication on available psychosocial services and address obstacles to accessing these services.	
×	HSAG determined that in all counties, Amerigroup was compliant with network adequacy requirements for 23 of the 65 required provider types. The DCH requires that at least 90 percent of the members in each county have access to a provider when contractual access standards are applied. Compliance was determined based on the CMOs meeting the State's required time and distance standards according to county and urbanicity level. HSAG recommends that Amerigroup continue to develop its network to meet DCH's contractual minimum network requirements. In addition, HSAG recommends that Amerigroup develop and document processes to ensure members have access to needed or recommended care and services when access standards are not met.	☐ Quality ☐ Timeliness ☒ Access

CareSource

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

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
✓	For the GF population, CareSource met or exceeded the HEDIS MY 2024 75th percentile for the *Asthma Medication Ratio—5–11 Years* and *12–18 Years* age groups. The performance for this measure suggests effective management of members with asthma for these age groups. For measures included in the DCH 2024–2026 Quality Strategy, the following rates demonstrated improvement from MY 2022 GF aggregate baseline rates: • *Asthma Medication Ratio—5–11 Years* • *Asthma Medication Ration—12–18 Years* CareSource also met or exceeded the 50th and 75th percentiles for the following behavioral health measures:	☒ Quality ☐ Timeliness ☐ Access

[44] 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: Nov 10, 2025.

<table>
<tr><th colspan="2">Performance Impact on Quality Strategy Goals and Objectives</th><th>Performance Domain</th></tr>
<tr><td></td><td>

- *Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13–17 Years* and *30-Day Follow-Up—13–17 Years*
- *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6–17 Years* and *7-Day Follow-Up—18–64 Years,* as well as *30-Day Follow-Up—6–17 Years* and *30-Day Follow-Up—18–64 Years*
- *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase*

This performance suggests that members with SUD or mental illness were receiving timely, coordinated care post-ED discharge and that CareSource ensured behavioral health medications (e.g., ADHD medications) are managed appropriately.

The results for *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase* also demonstrated improvement compared to the DCH 2024–2026 Quality Strategy MY 2022 GF aggregate baseline rates.</td><td></td></tr>
<tr><td>✓</td><td>CareSource met or exceeded the HEDIS MY 2024 75th 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, *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* met or exceeded the HEDIS MY 2024 90th percentile.</td><td>☒ Quality
☐ Timeliness
☐ Access</td></tr>
<tr><td>✓</td><td>For the GF population, CareSource met or exceeded the HEDIS MY 2024 50th percentile for:

- *Chlamydia Screening in Women—16–20 Years* and *21–24 Years*
- *Cervical Cancer Screening*
- *Child and Adolescent Well-Care Visits—3–11 Years, 18–21 Years* and *Total*
- *Childhood Immunization Status—Combination 7*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (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 for Age 15 Months–30 Months—Two or More Well-Child Visits*

For measures included in the DCH 2024–2026 Quality Strategy, the following rates demonstrated improvement from MY 2022 GF aggregate baseline rates:

- *Child and Adolescent Well-Care Visits—Total*
- *Childhood Immunization Status—Combination 7*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile—Total*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total*</td><td>☐ Quality
☒ Timeliness
☒ Access</td></tr>
</table>

<table>
<tr><th></th><th>Performance Impact on Quality Strategy Goals and Objectives</th><th>Performance Domain</th></tr>
<tr><td></td><td>

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—and Counseling for Physical Activity—Total
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

In addition, CareSource exceeded the CMCS national 50th percentile for:

Developmental Screening in the First Three Years of Life
Oral Evaluation—Dental Services—Total
Prenatal and Postpartum Care—Timeliness of Prenatal Care—Under Age 21 and Postpartum Care—Under Age 21
Sealant Receipt on Permanent First Molars—At Least One Sealant and All Four Molars Sealed

For measures included in the DCH 2024–2026 Quality Strategy, the following rates demonstrated improvement from MY 2022 GF aggregate baseline rates:

Developmental Screening in the First Three Years of Life—Total
Oral Evaluation—Dental Services—Total
Sealant Receipt on Permanent First Molars—At Least One Sealant and All Four Molars Sealed

This performance demonstrates that some children and women were receiving needed screenings, oral health services, and immunizations.
</td><td></td></tr>
<tr><td>✓</td><td>For CareSource's PeachCare for Kids® population, six of seven (85.7 percent) measure indicators that were comparable to benchmarks met or exceeded the HEDIS MY 2024 50th percentile. CareSource's performance on a subset of children's preventive and immunization measures continued to be a strength. Of note, Childhood Immunization Status—Combination 7, Well-Child Visits in the First 30 Months of Life—Six or More Well-Child Visits, and Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits exceeded the 90th percentile.

Additionally, the Child and Adolescent Well-Care Visits—Total and Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap) measure indicators met or exceeded the 75th percentile.</td><td>☐ Quality
☒ Timeliness
☒ Access</td></tr>
<tr><td>✗</td><td>CareSource demonstrated statistically significant declines in performance as compared to the baseline for two of the three PIP topics:

Increase the Percentage of Pregnant Members Receiving Prenatal Care Visit Within 42 Days of Confirmation of Pregnancy
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

HSAG recommends that CareSource reassess barriers linked to the topic population and develop active, targeted interventions that can be tracked and trended to determine the impact on the performance indicator outcomes. The results should be used to guide decisions for QI efforts.</td><td>☒ Quality
☒ Timeliness
☐ Access</td></tr>
</table>

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
✗	For CareSource's GF population, eight of 19 (42.1 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2024 50th percentile, demonstrating the need for CareSource to improve in the Access to Care domain. Of note, only one of the eight (12.5 percent) rates fell below the 25th percentile: *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV).* 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 identifying 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 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.[45] For the *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* measure, HSAG recommends that CareSource continue to build upon performance improvement interventions already implemented for ensuring that adolescents receive medically appropriate preventive vaccinations. For the *Prenatal and Postpartum Care* measure, HSAG recommends that CareSource continue to review and analyze disparities and/or SDOH within its 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 is achieved. HSAG further recommends that the CareSource identify barriers preventing members from accessing annual PCP visits (e.g., transportation, SDOH). Finally, HSAG recommends that CareSource expand education efforts on the importance of annual wellness visits.	☒ Quality ☐ Timeliness ☐ Access
✗	For CareSource's GF population, 14 of 24 (58.3 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2024 50th percentile, demonstrating the need for CareSource to improve in the	☒ Quality ☐ Timeliness ☐ Access

[45] Institute for Healthcare Improvement. How to Improve: Model for Improvement. Available at: https://www.ihi.org/library/model-for-improvement. Accessed on: Nov 10, 2025.

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
	Quality of Care domain. Of note, nine of the 14 rates (64.3 percent) fell below the 25th percentile: • *Asthma Medication Ratio—19–50 Years* • *Controlling High Blood Pressure* • *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—18–64 Years, 30-Day Follow-Up—6–17 Years,* and *30-Day Follow-Up—18–64 Years* • *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status (<8.0%)* and *Glycemic Status (>9.0%)* • *Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—18–64 Years* • *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total* HSAG recommends continuing 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.[46] • 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 CPTII codes to correctly capture hemoglobin A1c values and blood pressure readings. The low performance of the *Follow-Up After Emergency Department Visit for Mental Illness* measure indicator demonstrates that CareSource should continue to focus efforts on managing care for patients discharged after an ED visit for mental illness and substance use 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 effectiveness of transitions of care, discharge planning, and handoffs to community settings for members with behavioral health needs.	

[46] Centers for Disease Control and Prevention. High Blood Pressure. Available at: https://www.cdc.gov/nccdphp/priorities/high-blood-pressure.html.Accessed on: Nov 10, 2025.

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
	To improve the performance of the *Initiation and Engagement of Substance Use Disorder Treatment* and *Metabolic Monitoring for Children and Adolescents on Antipsychotics* measures, HSAG recommends that CareSource continue to 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.	
✗	The following measure rate fell below the HEDIS MY 2024 50th percentile: *Plan All-Cause Readmissions O/E Ratio—Total,* suggesting that CareSource has opportunities to improve timely access to care, thereby reducing the cost of ED visits and readmissions. HSAG recommends that CareSource consider scheduling a follow-up visit for members within seven days of a hospital discharge to help address possible issues that might lead to a readmission. Additionally, HSAG recommends that discharge instructions be communicated properly with the patients and any caregivers the individual might have following the visit. Finally, HSAG recommends that CareSource ensure members are being referred to the appropriate transition program for their needs.	☒ Quality ☐ Timeliness ☐ Access
✗	For CareSource's PeachCare for Kids® population, *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* fell below the HEDIS MY 2024 50th percentile. This rate suggests opportunities for improvement related to providing adequate and timely preventive and immunization services. Immunizations are essential for disease prevention and are a critical aspect of prevention care for children.[47] HSAG recommends that CareSource continue its improvement efforts for key child preventive 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. CareSource should focus efforts on identifying 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 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. CareSource could also 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. Best practices that CareSource may consider testing 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.	☒ Quality ☐ Timeliness ☐ Access

[47] National Committee for Quality Assurance. Child and Adolescent Well-Care Visits. Available at: https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/child-and-adolescent-well-care-visits-wcv/. Accessed on: Nov 10, 2025.

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
	• Sharing health education material with the population served. • Offering member incentives, such as gift cards, for accessing timely preventive and immunization services.[48] • Evaluating and expanding current and/or new member outreach and engagement initiatives.	
✗	For CareSource's PeachCare for Kids® population, *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* fell below the HEDIS MY 2024 50th percentile, indicating that first-line psychosocial interventions may be underutilized in children and adolescents on antipsychotic medication. HSAG recommends that CareSource continue to engage providers to evaluate current practices and ensure patients and providers are aware of treatment options. Furthermore, HSAG recommends that CareSource partner with providers to improve care for children on antipsychotic medication. Finally, HSAG recommends that CareSource provide education to families with children on antipsychotic medication on available psychosocial services and address obstacles to accessing these services.	☒ Quality ☐ Timeliness ☐ Access
✗	Fewer adult members enrolled in CareSource reported positive experiences related to getting needed care and medical assistances with smoking and tobacco use cessation, as the 2025 scores for *Getting Needed Care*, *Discussing Cessation Medications*, and *Discussing Cessation Strategies* were statistically significantly lower than the 2025 NCQA adult Medicaid national averages. HSAG recommends that CareSource conduct root cause analyses or focus studies to gain deeper insight into members' perceptions of the quality and timeliness of care and services they receive. These findings can help identify factors contributing to lower scores compared to previous years. Based on the results, CareSource should implement targeted interventions to improve performance related to members' experiences with the care they need. Additionally, HSAG recommends that CareSource continue collaborating with providers to adopt strategies that increase member awareness and engagement in smoking cessation programs.	☒ Quality ☐ Timeliness ☐ Access
✗	HSAG determined that in all counties, CareSource was compliant with network adequacy requirements for 26 of the 65 required provider types. The DCH requires that at least 90 percent of the members in each county have access to a provider when contractual access standards are applied. Compliance was determined based on the CMO meeting the State's required time and distance standards according to county and urbanicity level. HSAG recommends that CareSource continue to develop its network to meet DCH's contractual minimum network requirements. In addition, HSAG recommends that CareSource develop and document processes to ensure	☐ Quality ☐ Timeliness ☒ Access

[48] 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: Nov 10, 2025.

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
	members have access to needed or recommended care and services when access standards are not met.	

Peach State

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

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
✓	For Peach State's GF population, Peach State met or exceeded the HEDIS MY 2024 50th percentile for the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6–17 Years* and *18–64 Years, 30-Day Follow-Up—6–17 Years* and *30-Day Follow-Up—18–64 Years,* and *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* measure indicators. For measures included in the DCH 2024–2026 Quality Strategy, the following rates demonstrated improvement from MY 2022 GF aggregate baseline rates: • *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6–17 Years* • *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—18–64 Years* • *Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—6–17 Years* • *Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up 30-Day Follow-Up—18–64 Years* • *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* Peach State met or exceeded the HEDIS MY 2024 75th percentile for the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* 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.	☒ Quality ☐ Timeliness ☐ Access
✓	For Peach State's PeachCare for Kids® population, Peach State met or exceeded the HEDIS MY 2024 50th percentile for two of five (40.0 percent) measure indicator rates that could be compared to benchmarks. Of note, *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* met or exceeded the HEDIS MY 2024 75th percentile.	☒ Quality ☐ Timeliness ☐ Access
✓	Peach State demonstrated statistically significant improvement over the baseline performance for the first remeasurement period for the *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* PIP topic.	☐ Quality ☒ Timeliness ☒ Access

<table>
<tr><th colspan="2">Performance Impact on Quality Strategy Goals and Objectives</th><th>Performance Domain</th></tr>
<tr><td>✓</td><td>For the GF population, Peach State met or exceeded the HEDIS MY 2024 75th percentile for Cervical Cancer Screening, Chlamydia Screening in Women—16–20 Years and 21–24 Years, and Childhood Immunization Status—Combination 7. For measures included in the DCH 2024–2026 Quality Strategy, the Childhood Immunization Status—Combination 7 rate demonstrated improvement from the MY 2022 GF aggregate baseline rate.
Peach State also met or exceeded the HEDIS MY 2024 50th percentile for:
• Breast Cancer Screening
• Child and Adolescent Well-Care Visits—3–11 Years, 12–17 Years, 18–21 Years, and Total
• Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)
• Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (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
Further, Peach State exceeded the CMCS national 50th percentile for:
• 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 All Four Molars Sealed
• Topical Fluoride for Children—Dental or Oral Health Services—Total (Ages 1–20)
For measures included in the DCH 2024–2026 Quality Strategy, the following rates demonstrated improvement from the MY 2022 GF aggregate baseline rates:
• Child and Adolescent Well-Care Visits—Total
• Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile—Total
• Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total
• Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—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
In addition, Peach State exceeded the CMCS national 50th percentile for:
• 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 All Four Molars Sealed</td><td>☐ Quality
☒ Timeliness
☒ Access</td></tr>
</table>

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
	• *Topical Fluoride for Children—Dental or Oral Health Services—Total (Ages 1–20)* For measures included in the DCH 2024–2026 Quality Strategy, the following rates demonstrated improvement from MY 2022 GF aggregate baseline rates: • *Oral Evaluation—Dental Services—Total* • *Sealant Receipt on Permanent First Molars—At Least One Sealant and All Four Molars Sealed* 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 EPSDT or Bright Futures schedules	
✓	For the GF population, Peach State met or exceeded the MY 2024 HEDIS 50th percentile for *Plan All-Cause Readmissions O/E Ratio—Total,* indicating a strength for Peach State and suggesting that some members were receiving timely access to care, thereby reducing the cost of ED visits and readmissions	☐ Quality ☒ Timeliness ☒ Access
✓	For Peach State's PeachCare for Kids® population, Peach State met or exceeded the HEDIS MY 2024 50th percentile for six of seven (85.7 percent) measure indicator rates that could be compared to benchmarks, continuing to demonstrate strength. One of the six rates (16.7 percent) met or exceeded the HEDIS MY 2024 75th percentile. Of note, *Childhood Immunization Status—Combination 7, Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* and *Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits* met or exceeded the HEDIS MY 2024 90th percentile.	☐ Quality ☒ Timeliness ☒ Access
✓	Parents/caretakers of child members enrolled in Peach State had more positive experiences related to getting needed care for their child, as the 2025 score for *Getting Needed Care* was statistically significantly higher than the 2025 NCQA child Medicaid national average.	☐ Quality ☒ Timeliness ☒ Access
✗	Peach State demonstrated a statistically significant decline in performance compared to the baseline for the *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* PIP topic. HSAG recommends that Peach State reassess barriers linked to the topic population and develop active, targeted interventions that can be tracked and trended to determine the impact on the performance indicator outcomes. The results should be used to guide decisions for QI efforts.	☒ Quality ☐ Timeliness ☐ Access
✗	For Peach State's GF population, five of 19 (26.3 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2024 50th percentile. Of note, one of the five rates fell below the 25th percentile: *Prenatal and Postpartum Care—Postpartum Care.* HSAG recommends that Peach State continue its improvement efforts in the Access to Care domain. HSAG recommends considering targeted interventions based on identified disparities through ongoing data analysis and	☒ Quality ☐ Timeliness ☐ Access

<table>
<tr><th colspan="2">Performance Impact on Quality Strategy Goals and Objectives</th><th>Performance Domain</th></tr>
<tr><td></td><td>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 identifying 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 size to pinpoint which providers may need additional support to improve the quality of care delivered to members.

For the Prenatal and Postpartum Care measure, HSAG recommends that Peach State continue to review and analyze disparities and/or SDOH within its 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, access to, and timeliness of 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 are achieved.</td><td></td></tr>
<tr><td>✗</td><td>For Peach State’s GF population, 19 of 25 (76.0 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2024 50th percentile, demonstrating the need for Peach State to improve in this domain. Of note, eight of the 19 rates (50.0 percent) fell below the HEDIS MY 2024 25th percentile:
• Asthma Medication Ratio—19–50 Years
• Controlling High Blood Pressure
• Follow-Up After Emergency Department Visit for Mental Illness—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
• Glycemic Status Assessment for Patients With Diabetes—Glycemic Status (>9.0%)
• 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

HSAG recommends continued 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:</td><td>☒ Quality
☐ Timeliness
☐ Access</td></tr>
</table>

	Performance Impact on Quality Strategy Goals and Objectives	Performance Domain
	• 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 what obstacles are 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* 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 effectiveness of transitions of care, discharge planning, and handoffs to community settings for members with behavioral health needs. In addition, to improve the performance of *Initiation and Engagement of Substance Use Disorder Treatment* and *Metabolic Monitoring for Children and Adolescents on Antipsychotics*, HSAG recommends that Peach State evaluate current care coordination practices and ensure patients and providers are aware of treatment options. Furthermore, HSAG recommends that Peach State partner with providers to improve care coordination for children on antipsychotic medication.	
✗	For the PeachCare for Kids® population, Peach State fell below the 50th percentile for *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)*. HSAG recommends that Peach State continue to review and analyze disparities and/or SDOH within its population that continue to contribute to low immunization rates in adolescents and low prenatal and postpartum care	☒ Quality ☐ Timeliness ☐ Access

[49] Centers for Disease Control and Prevention. High Blood Pressure. Available at: https://www.cdc.gov/nccdphp/priorities/high-blood-pressure.html. Accessed on: Nov 10, 2025.
[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: Nov 10, 2025.

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
	rates. For the *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* 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 the PeachCare for Kids® population, Peach State fell below the HEDIS MY 2024 25th percentile for the *Asthma Medication Ratio—5–11 Years* and *12–18 Years,* and *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* measure indicators. This low performance suggests a need for better access to care and appropriate medication management for children with asthma. HSAG recommends that Peach State continue to explore which demographic regions or providers report lower *Asthma Medication Ratio* rates and address what obstacles are 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] For the *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* measure, HSAG recommends that Peach State engage providers to evaluate current practices and ensure patients and providers are aware of treatment options. Furthermore, HSAG recommends that Peach State partner with providers to improve care for children on antipsychotic medication. Finally, HSAG recommends that Peach State provide education to families with children on antipsychotic medication on available psychosocial services and address obstacles to accessing these services.	☒ Quality ☐ Timeliness ☐ Access
✗	HSAG determined that in all counties, Peach State was compliant with network adequacy requirements for 20 of the 65 required provider types. The DCH requires that at least 90 percent of the members in each county have access to a provider when contractual access standards are applied. Compliance was determined based on the CMO meeting the State's required time and distance standards according to county and urbanicity level. HSAG recommends that Peach State continue to develop its network to meet DCH's contractual minimum network requirements. In addition, HSAG recommends that Peach State develop and document processes to ensure members have access to needed or recommended care and services when access standards are not met.	☐ Quality ☐ Timeliness ☒ Access

[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: Nov 10, 2025.

Amerigroup 360°

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

Performance Impact on Quality Strategy Goals and Objectives		Performance Domain
✓	In the Quality of Care domain, Amerigroup 360° continued to demonstrate strength for HEDIS MY 2024, meeting or exceeding the 50th percentile for 17 of 22 (77.3 percent) measure rates related to quality of care that were comparable to benchmarks. Of these 17 measure indicator rates, 11 (64.7 percent) exceeded the 75th percentile.	☒ Quality ☐ Timeliness ☐ Access
✓	Amerigroup 360° demonstrated statistically significant improvement over the baseline performance for two of the three PIP topics: • *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* • *Increase the Increase the Percentage of Members Ages 12 to 17 Screened for Depression, on the Date of Encounter or 14 Days Prior to the Date of Encounter)*	☐ Quality ☒ Timeliness ☒ Access
✓	In the Access to Care domain, Amerigroup 360° continued to demonstrate strength for HEDIS MY 2024, meeting or exceeding the 50th percentile for 7 of 14 (50 percent) HEDIS and non-HEDIS measure rates related to access to care that were comparable to benchmarks. Of these seven measures, two measure rates (28.6 percent) were between the 75th and 89th percentile: *Child and Adolescent Well-Care Visits—Total* and *Chlamydia Screening in Women—16–20 Years*. In addition, *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* exceeded the 90th percentile. The *Developmental Screening in the First Three Years of Life; Oral Evaluation—Dental Services—Total (< Age 21);* and *Topical Fluoride for Children—Dental or Oral Health Services—Total* measure rates met or exceeded the CMCS national 50th percentile, further demonstrating strength.	☐ Quality ☒ Timeliness ☒ Access
✓	Parents/caretakers of child members enrolled in Amerigroup 360° had more positive experiences related to getting care quickly for their child and how well their child's doctors communicated, as the 2025 scores for *Getting Care Quickly* and *How Well Doctors Communicate* were statistically significantly higher than the 2025 NCQA child Medicaid national averages.	☐ Quality ☒ Timeliness ☒ Access
✗	In the Access to Care domain, Amerigroup 360°'s *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care,* as well as *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* 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 and well-child visits. HSAG recommends that Amerigroup 360° continue to consider whether disparities and/or SDOH within the Amerigroup 360° population contributed to lower access to care. HSAG also recommends that Amerigroup 360° continue to consider evaluating the feasibility of implementing appropriate interventions	☒ Quality ☐ Timeliness ☒ Access

	Performance Impact on Quality Strategy Goals and Objectives	Performance Domain
	to improve the quality of, access to, and timeliness of 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 are achieved.	
✗	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. Of note, four of these five (80 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 *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status (<8.0%).* These results demonstrate opportunities to improve members' quality of care related to managing medications and chronic conditions. HSAG recommends that Amerigroup 360° continue to conduct root cause analyses to determine the nature and scope of the issue (e.g., communication barriers between patients and providers, lack of education and awareness on the importance of medication, and other SDOH impacting members' ability to stay on the appropriate medication). HSAG also recommends that Amerigroup 360° consider implementing appropriate interventions to improve performance. Best practices include partnering with providers and local pharmacies to stress 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 *Asthma Medication Ratio*, HSAG recommends that Amerigroup 360° continue to explore which demographic regions or providers report lower *Asthma Medication Ratio* rates and address what obstacles are 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.[52]	☒ Quality ☐ Timeliness ☐ Access
✗	HSAG determined that in all counties, Amerigroup 360° was compliant with network adequacy requirements for 32 of the 65 required provider types. The DCH requires that at least 90 percent of the members in each county have access to a provider when contractual access standards are applied. Compliance was determined based on the CMO meeting the State's required time and distance standards according to county and urbanicity level. HSAG recommends that Amerigroup 360° continue to develop its network to meet DCH's contractual minimum network requirements. In addition, HSAG recommends that Amerigroup 360° develop and document processes to ensure members have access to needed or recommended care and services when access standards are not met.	☐ Quality ☐ Timeliness ☒ Access

[52] 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: Nov 10, 2025.

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.	Pages 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.	• Sections 1–9 • Appendix C • Appendix D • Appendix E • Appendix G
5.	All eligible Medicaid and Children's Health Insurance Program (CHIP) plans are included in the report. ***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).*	Page 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 ***TIP****: Include a description for all three activities noted under the regulation (1) how data were aggregated, (2) how they were was 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.*	Pages 1-3 – 1-11
7.	For **each** EQR-related activity conducted in accordance with § 438.358: • Objectives; • Technical methods of data collection and analysis;	• Appendix B • Page 4-1 • Page 5-1

Item #	Required Elements	Page Number
	• 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	• Page 6-1 • Page 7-1 • Pages 8-1 – 8-2
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. ***TIP***: • *Include a chart outlining each MCE's strengths and weaknesses for each EQR activity and designate a quality, timeliness, and access domain.* • *Highlight substantive findings concerning the extent to which each 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.* • *Consider using the Strengths-Weaknesses QAT Worksheet*	Section 9
9.	The technical report must **include recommendations** for improving the quality of health care services furnished by each MCO, PIHP, or PAHP. ***TIP***: • *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.* • *When determining recommendations, EQROs should consider whether the suggested actions are within the authority of the MCE (or state).*	• Pages 4-4; 4-6 – 4-8; 4-10 • Pages 5-2 – 5-15 • Pages 6-1 – 6-9 • Pages 7-2 – 7-10 • Section 9
10.	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. ***TIP***: • *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.*	Pages 1-11 – 1-12
11.	Ensure **methodologically appropriate, comparative information about all *MCE*s**, consistent with guidance included in the EQR protocols issued in accordance with [§ 438.352(e)](#). ***TIP***: • *Aggregate findings across MCEs for each EQR activity and show comparisons.*	Section 3

Item #	Required Elements	Page Number
	• *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.*	
12.	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. ***TIP:*** • *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.* • *Document assessments with the same specificity used when reporting on initial findings.*	Appendix E
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.	Page 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:*** • *Ensure the technical report is consistent with HIPAA (42 CFR §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
	PIP Report Requirements	
15.	The technical report must include information on the **validation of PIPs** that were underway during the preceding 12 months. ***TIP:*** • *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)	Section 4
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:*** • *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.*	Section 4

Item #	Required Elements	Page Number
17.	Validation of performance improvement projects PIPs: • **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.*	• Page 2 • Appendix B
18.	Validation of performance improvement projects PIPs: • **Technical methods of data collection and analysis** ***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.*	Appendix B
19.	Validation of performance improvement projects PIPs: • **Description of data obtained** ***TIP***: *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.*	• Page 4-1 • Appendix B
20.	Validation of performance improvement projects PIPs: • **Conclusions drawn from the data** ***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.*	Section 4
21.	The timeline for conducting the EQR activity: • 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.	Section 4
	Performance Measure Validation	
22.	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. **TIP**: • *Provide a validation of all performance measures in use during the 12-month period preceding the EQR review, regardless of the phase of the performance measure's implementation.* • *States often link the time-frame under review to a corresponding measurement or performance period such as state or federal fiscal year, or calendar year.*	• Section 3 • Section 5

Item #	Required Elements	Page Number
23.	Performance measure validation: • **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.*	Page 5-1 Appendix B
24.	Performance measure validation: • **Technical methods of data collection and analysis** ***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.*	Appendix B
25.	Performance measure validation: • **Description of data obtained** ***TIP***: *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.*	• Section 3 • Section 5 • Appendix B
26.	Performance measure validation: • **Conclusions drawn from the data including:** − 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) ***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.*	• Section 3 • Section 5
27.	The timeline for conducting the EQR activity: • 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.	• Pages 1-2 – 1-3 • Appendix B
	Compliance Review	
28.	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: 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	• Section 6 • Page 6-3 • Appendix B

Item #	Required Elements	Page Number
	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. ***TIP***: • *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 for each standard for each plan. A best practice is to list a compliance score of a numerical or semi-quantitative nature.* • *EQROs that assess domains, standards, and requirements that do not neatly overlap with the regulatory standards should provide a clear crosswalk of their activities to the standards under review. As a best practice, the technical report may include a table outlining the timeline for reviewing all standards for MCEs across the three-year review period.*	
29.	Review for compliance: • **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.*	• Page 6-1 • Appendix B
30.	Review for compliance: • **Technical methods of data collection and analysis** ***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.*	Appendix B
31.	Review for compliance: • **Conclusions drawn from the data** ***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.*	• Section 3 • Section 6
32.	The timeline for conducting the EQR activity: • 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.	• Pages 1-2 – 1-3 • Appendix B
	Validation of Network Adequacy	
33.	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**: (1) **collect reliable and valid network adequacy monitoring data**, (2) use sound **methods to assess the adequacy of its managed care networks**, and	• Section 8 • Appendix G

Item #	Required Elements	Page Number
	(3) **produce accurate results** to support MCP and state network adequacy monitoring efforts. 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.	
34.	**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).	• Section 8 • Appendix G
35.	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 the network adequacy indicators that were validated for each MCE (Worksheet 4.1 and Worksheet 4.2)[53]	• Section 8 • Appendix B • Appendix G
36.	A list of the data and documentation validated by the EQRO (Worksheet 4.3)	• Section 8 • Appendix B • Appendix G
37.	A **description of the EQRO's validation activities** including: • 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	• Section 8 • Appendix B • Appendix G
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)	• Appendix B • Page B-7 • Page B-16
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	• Section 8 • Section 9 • Appendix G
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)	Page 3-30
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).	Appendix E
42.	Review for NAV: • **Objectives**	• Page 8-1

[53] 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: Nov 1, 2025.

Item #	Required Elements	Page Number
	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.*	• Appendix B
43.	Review for NAV: • **Technical methods of data collection and analysis** ***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.*	• Pages 8-1 – 8-2 • Appendix B
44.	Review for NAV: • **Description of data obtained** **TIP**: *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.*	• Pages 8-1 – 8-2 • Appendix B
45.	Review for NAV: • **Conclusions drawn from the data** ***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.*	• Pages 8-2 – 8-4 • Section 3 • Section 9
46.	The timeline for conducting the EQR activity: • 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.	• Pages 1-2 – 1-3 • Appendix B
All Other Optional Activities		
Each remaining optional activity included in the technical report must include a description of the activity and the following information: • **Objectives** • **Technical methods of data collection and analysis** • **Description of data obtained** • **Conclusions drawn from the data.**		
Member Experience of Care Survey		
47.	Member Experience of Care Survey: • **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.*	• Page 3-31 • Page 7-1 • Appendix B

Item #	Required Elements	Page Number
48.	Member Experience of Care Survey: • **Technical methods of data collection and analysis** ***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.*	Appendix B
49.	Member Experience of Care Survey: • **Description of data obtained** ***TIP***: *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.*	• Page 7-1 • Appendix B
50.	Member Experience of Care Survey: • **Conclusions drawn from the data** ***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.*	• Section 3 • Section 9
51.	The timeline for conducting the EQR activity: • 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.	• Pages 1-2 – 1-3 • 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 CY 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.[54] 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).

[54] 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/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Nov 1, 2025.

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 2025–2026 submissions, the CMOs reported Remeasurement 1 data and were validated for steps 1 through 9 in the PIP Validation Tool as appropriate.

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

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

HSAG used the following methodology to evaluate PIPs conducted by the CMOs to determine PIP validity and to rate the percentage of compliance with CMS' protocol for conducting PIPs.

Each required step is evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scores each evaluation element within a given step as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designates evaluation elements pivotal to the PIP process as "critical elements." For a PIP to produce valid and reliable results, all critical elements must be *Met*.

In alignment with CMS EQR 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 CY 2025 validation, the CMOs submitted Remeasurement 1 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.[55] 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.

[55] 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 11, 2025.

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 2024 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 2024. 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.[56] 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**
	Conducted before the review to assess compliance with federal managed care regulations and DCH contract requirements: 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**
	• 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.

[56] 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/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Dec 11, 2025.

For this protocol activity,	HSAG completed the following activities:
	• 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 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**
	• 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**
	• 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**
	• 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 *Not Met*). • 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 2025 adult CAHPS scores were compared to 2025 NCQA national adult Medicaid averages, and the 2025 child and CHIP CAHPS scores were compared to 2025 NCQA national child Medicaid averages.[57, 58] In addition, HSAG compared the CMO-specific scores for the adult and child Medicaid and CHIP populations to the Georgia CMO program. Also, HSAG performed a trend analysis for each CMO and the overall statewide averages.[59] The 2025 scores were compared to their corresponding 2024 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

Three populations were surveyed for Amerigroup, CareSource, and Peach State: adult and child Medicaid and CHIP. One population was surveyed for Amerigroup 360°: GF 360° child Medicaid. Center for the Study of Services administered the 2025 CAHPS surveys for Amerigroup and Amerigroup 360°. SPH Analytics administered the 2025 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 and CHIP populations. 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, 2024; and child members included as eligible for the survey were 17 years of age or younger as of December 31, 2024.

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.[60] 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

[57] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2025.

[58] NCQA's Quality Compass benchmarks for the general child Medicaid population were used for comparative purposes, since NCQA does not publish separate benchmarking data for CHIP; therefore, caution should be exercised when interpreting these results.

[59] Trending was not performed for the CHIP population, as this was the first year that data was provided by the CMOs for this population.

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

and prior year's results. For additional detail, please refer to NCQA's *HEDIS Measurement Year 2024 Volume 3: Specifications for Survey Measures*.[61]

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 2025 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 2025 adult and child CAHPS scores were compared to their corresponding 2024 CAHPS scores.[62] A *t* test was performed to determine whether results in 2025 were statistically significantly different from results in 2024. 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 2025 than in 2024 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2025 than in 2024 are noted with downward triangles (▼). Scores in 2025 that were not statistically significantly different from scores in 2024 are not noted with triangles.

Additionally, each CMO's and the overall statewide averages' 2025 adult CAHPS scores were compared to the 2025 NCQA adult Medicaid national averages.[63] Each CMO's and the overall statewide averages' 2025 child and CHIP CAHPS scores were compared to the 2025 NCQA child Medicaid national averages.[64] Statistically significant differences are noted with arrows. Scores that were statistically significantly higher in 2025 compared to the 2025 NCQA national average are noted with upward arrows (↑). Scores that were statistically significantly lower in 2025 compared to the 2025 NCQA national average are noted with downward arrows (↓). Scores in 2025 that were not statistically significantly different from the 2025 NCQA national average are not noted with arrows.

To identify performance differences in member experience between the three CMOs, the 2025 adult, child, and CHIP CAHPS scores for Amerigroup, CareSource, and Peach State were compared to the Georgia CMO program average using standard tests for statistical significance.[65] 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 an upward arrow (↑). Conversely, a measure score that is statistically significantly lower than the State

[61] National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2024.

[62] Please exercise caution when reviewing the trend analysis results for the medical assistance with smoking and tobacco use cessation items, as the 2025 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2024 and 2025.

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

[64] Ibid.

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

Average is denoted with a downward arrow (↓). A measure score that is not statistically significantly different than the State Average is denoted with a horizontal arrow (↔).

How Conclusions Were Drawn

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

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

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

Network Adequacy Validation Methodology

Validation Overview

The DCH contracted with HSAG to conduct NAV for the three CMOs, and one contracted entity GF 360°. 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. HSAG conducted NAV, validating the systems and processes, data sources, methods, and results, according to the Centers for Medicare & Medicaid Services (CMS) *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity,* February 2023 (CMS EQR Protocol 4).[66]

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

[66] 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: May 20, 2025.

from 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 the 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 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 set forth by the State.

As the EQRO for DCH, HSAG was responsible for conducting the CY 2025 validation of network adequacy indicators, including confirming that during the preceding 12 months, each CMO had the 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 CMOs' and DCH's network adequacy monitoring efforts.

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).[67]

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

[67] 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, 2025.

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

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 *Met* elements
B. Total number of *Not Met* elements
Score = A / (A + B) x 100
Number of *Not Met* 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
10.0% to 49.9%	Low confidence
Less than 10% and/or any *Not Met* 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.

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
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
Amerigroup	**Topic/Title: Amerigroup Community Service Center (CSC)** **Description:** The Amerigroup CSC 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 CSC serves as a comfortable and welcoming neighborhood healthcare information and education space that is open to the public, staffed by Amerigroup Georgia associates who provide support and assistance to the community. The Center continues to play a critical role in combating inequality and ensures that residents in the local community have access to experts who can share healthcare information in a culturally sensitive manner, helping them to make better-informed healthcare decisions for themselves and their families. The CSC is used to engage with members, the community, and local stakeholders. CBOs leverage CSC to host monthly meetings and workshops. • The CSC offers a calendar of monthly events open to Amerigroup members and the community that includes diaper day, baby food pantry, financial achievement club, cooking demo, and onsite health screenings such as mammograms.
	Topic/Title: Voice of the Customer Survey (CAHPS) **Description:** Amerigroup members regularly provide survey feedback to Amerigroup's National Call Center on customer service, responsiveness, and plan effectiveness in addressing their needs via the "Voice-Of-The Customer" (VOC) Survey process. This information is shared frequently to promote customer service best practices among member-facing teams. The Call Center team launched an initiative to enhance customer service and improve metrics as part of the 2025 "Voice-Of-The-Customer" study. Sharing these insights with the leadership team will benefit quality, operations, case management, member engagement, and the marketing teams, promoting success and satisfaction during the upcoming CAHPS survey period from February to May 2026.
	Topic/Title: Commitment to Delivering Personalized Pharmacy Care **Description:** Amerigroup is dedicated to enhancing pharmacy care by focusing on personalization, accessibility, and innovation. By leveraging data-driven insights and collaborating with local pharmacies, Amerigroup strives to improve medication adherence and patient outcomes. Amerigroup's commitment includes providing tailored support and streamlined services, ensuring that members receive the right medications at the right time for optimal health management. Examples of Amerigroup's commitment to transform pharmacy care include: *Community Pharmacy Total Care (CPTC) Program Overview* Formerly known as ZipDrug, the program was rebranded to Community Pharmacy Total Care (CPTC) in early 2024. Administered by CarelonRx, CPTC is designed to enhance

CMO	Best and Emerging Practices
	medication adherence, close HEDIS gaps, and improve health outcomes by connecting members with high-performing, independent community pharmacies. Leveraging data-driven insights, CPTC identifies members who may benefit from additional support and delivers personalized, pharmacist-led interventions to promote timely prescription fills and sustained adherence. This model not only supports better patient outcomes but also streamlines pharmacy operations by prioritizing convenience, individualized care, and holistic service delivery—ultimately contributing to a more efficient and patient-centered healthcare ecosystem. Information sharing between CarelonRx and participating pharmacies is facilitated through the proprietary Care Control platform, which offers real-time, comprehensive visibility into members' medication claims and utilization history. CarelonRx's pharmacy benefit specialists proactively engage targeted members and coordinate warm transfers to community pharmacies, supported by a dedicated program champion who manages inbound calls. *Custom Health* Custom Health helps members who take medication have the best possible health outcome. Custom Health connects patients with their circle of care, helps them take medications as prescribed with easy-to-use digital health tools, and goes beyond adherence to ensure that those medications are working as expected. The integrated healthcare delivery model includes personalized medication management, always-on clinical oversight, remote patient monitoring, and home-based care.
	Topic/Title: Enhancing Maternal Health through Digital Innovation **Description:** At Amerigroup, we are deeply committed to improving maternal health outcomes by leveraging innovative solutions and personalized support. One of the ways that Amerigroup revolutionizes maternal health engagement is through its **Digital Engagement Platform (DEP)**. Amerigroup's DEP engages maternal members by providing a user-friendly digital experience that integrates with the Amerigroup care management system. DEP enables care managers to effectively monitor and engage with pregnant members through personalized and holistic methods, aiming to achieve health goals and improve birth outcomes. While all members can access the DEP, those identified as high-risk through self-reports and claims data receive prioritized content and enrollment in OB Care Management. This innovative approach includes educational resources, pregnancy illustrations, fetal movement tracking, nutritional support, and direct communication with an OB care manager within the DEP.
	Topic/Title: Health Access: Bridging Gaps Through Equity and Inclusion **Description:** Amerigroup Community Care is dedicated to advancing health equity and improving healthcare outcomes through a comprehensive and inclusive approach. Amerigroup recognizes the importance of addressing whole health and is committed to enhancing health beyond traditional care systems for Amerigroup members, their families, and the broader community. Amerigroup's integrated model employs the whole-person concept, ensuring continuous and holistic care tailored to diverse needs. Amerigroup proudly holds NCQA accreditation with the **Multicultural Health Care distinction**, as well as credentials in **Health Equity** and **Health Equity Plus**. These accolades underscore Amerigroup's dedication to providing culturally and linguistically appropriate services (CLAS) and actively working to reduce healthcare disparities. By

CMO	Best and Emerging Practices
	focusing on the unique needs of diverse racial, ethnic, linguistic, and cultural groups, Amerigroup aims to mitigate health inequities and improve community health outcomes. Several initiatives demonstrating Amerigroup's commitment include: *Health Equity Council* The Health Equity Council provides a platform for Amerigroup providers and community leaders to offer advice and guidance to Amerigroup leadership on organizational strategy, policies, procedures, and community relations. This collaboration aims to improve children's health outcomes, support provider effectiveness, and ensure the overall success of the Medicaid program. Council members provide objective, independent input and information to the Amerigroup team. *SDOH Initiatives* To address and alleviate food insecurity, Amerigroup partnered with local vendors to sponsor a grocery store located inside a middle school, available to students and families year-round. Amerigroup's marketing team also hosts numerous food-related events throughout the Medicaid regions, such as mobile food pantries, pop-up markets, and farmers' markets. Additionally, Amerigroup engages the community through events such as Diaper Days, Baby Showers, Back-to-School events, Health Fairs, Repack the Backpack, and Snack Attacks. These events provide information about benefits, services, local community resources, and support for addressing the social determinants of health.
CareSource	**Topic/Title:** FQHC Collaboration with Technology to Increase Access to Care **Description:** A telehealth unit that is connected to an FQHC to provide on-demand, quality healthcare from certified providers. Equipped with advanced diagnostics, real-time scans, and vital sign monitoring to enable comprehensive patient examinations for acute, sick, and well visits.
	Topic/Title: Increased Access to Behavioral Health Through Mobile Provider **Description:** Members have access to behavioral health care through a mobile provider who has dedicated space in a tiny house. This nurse practitioner specializes in: • Medication management • Holistic treatment options • Women's/maternal mental health • Pediatric mental health
	Topic/Title: Closing the Digital Divide in Jones County **Description:** Enabling access to high-speed internet in rural county to improve health and socioeconomic outcomes via: • $40,000 donation to establish high-speed internet access points in Jones County. • $10,000 contribution to Jones County Family Connections to support 35 students in need of computers for post-secondary education. Computers provide the tools needed to pursue future careers in healthcare, robotics, and engineering.
	Topic/Title: Focusing on Cardiovascular Care **Description:** Providing additional access to cardiovascular health care via:

CMO	Best and Emerging Practices
	• A $20,000 investment in Evans Memorial Hospital's outpatient cardiopulmonary rehabilitation program so that more patients could get healthy and return to their lives more quickly. • Providing heart screenings to HBCU athletes who are disproportionately at risk for sudden cardiac arrest, the leading cause of death for student athletes in the US, yet do not have equal access to a procedure that is the standard of care at most Division I colleges. Partnership with 'Who We Play For' to address this health equity issue by providing student athletes on campus with heart screenings.
Peach State	**Topic/Title: Peach State Healthy Days in the Community** **Description:** Peach State Healthy Days in the Community is a collaborative initiative led by the Member Retention, Quality Improvement, and Community Relations teams to bring essential healthcare services directly to local communities. These events enable members to close care gaps without disrupting their daily routines, ensuring families can focus on their priorities while accessing wellness exams, sports physicals, flu immunizations, COVID-19 screenings, and other critical health services. Peach State Healthy Days supports the following key goals: • Improving member health outcomes • Providing value-added benefits • Strengthening community ties By making healthcare and resources accessible, Peach State reaffirms its commitment to building a healthier Georgia through teamwork, education, and care delivered where it's needed most.
	Topic/Title: Back to School Bash and Resource Fair **Description:** Peach State's Back to School Bash and Resource Fair, held at Albany State University's West Campus arena, drew over 1,000 attendees, with nearly 200 Peach State members present. The event was supported by various stakeholders and community partners, ensuring a well-rounded experience for all. Peach State partnered closely with the Phoebe Putney Health System to deploy its mobile medical unit. The 'mobile clinic' made it easier for members to access care and close important gaps. In total, this event welcomed nearly 40 community partners who provided valuable resources, shared helpful information, and donated extra school supplies This Back to School Bash and Resource Fair was not only the largest but also the most attended back to school event of the year, reflecting the strong community support and engagement that Peach State is committed to fostering for its members and their families.
	Topic/Title: Empowering Health: Launching the PSHP by Sharecare App **Description:** Through an ongoing partnership with Sharecare, Peach State launched the PSHP by Sharecare app to provide personalized health support to members. This innovative digital health tool offers access to wellness resources, empowering members to manage all aspects of their health in one convenient place. By using the PSHP by Sharecare app, members can access tailored health support, including personalized insights, 'Near Me' navigation, SNAP integration, and guided programs. To encourage members to take advantage of the app's benefits, Sharecare partnered with the Peach State, providing support at over 20 events across Georgia, which engaged

CMO	Best and Emerging Practices
	more than 6,000 participants. These events included the Back-to-School Bash, the Summer Splash Block Party, and Georgia Pathways Career Fairs. Peach State believes that reaching members through technology and user-friendly platforms will help educate and provide needed knowledge to members.
	Topic/Title: Addressing Health Inequities: City of Refuge Collaboration **Description:** Atlanta's Westside faces profound challenges, including systemic inequality, limited affordable housing, low household incomes, and educational disparities. In response, the Centene Foundation and Peach State invested $1.5 million over a four-year period to support the City of Refuge's Transformation Center. The 38,000-square-foot facility is slated to open in late 2025. The City of Refuge center will address immediate needs such as food, shelter, and healthcare while providing education, job training, and financial literacy programs to foster long-term independence. Key impacts include: • 8,929 medical services provided • 189,438 meals served • 135 women and children, and 43 men housed. • 225 students enrolled in vocational training • 70 graduates placed in jobs, earning a living wage • 26 individuals transitioned to stable housing, breaking the cycle of poverty. • 89 justice-involved individuals graduated from TYRO training with a 0 percent recidivism rate This initiative is transforming lives by addressing housing, health, youth development, and economic mobility.
	Topic/Title: Connecting Rural Communities: Georgia School-Based Health Center Expansion **Description:** Peach State and the Georgia Primary Care Association (GPCA) identified significant gaps in healthcare access in Georgia schools, which were exacerbated by the COVID-19 pandemic. To address this, Peach State and the Centene Foundation donated $1.1 million in 2023 to expand school-based health centers (SBHCs) through a three-year program. These grants, the first collaboration between Peach State, the Centene Foundation, and GPCA, support Federally Qualified Health Centers (FQHCs) in underserved areas, enhancing healthcare services for students. Key achievements include enhancements to facilities and the expansion of services through the introduction of new medical, dental, and telehealth equipment. In 2024, $300,000 in grants were awarded to five additional FQHCs for further improvements, focusing on equipment upgrades and staff expansion to support comprehensive care for Georgia's students.
Amerigroup 360°	**Topic/Title: GF360's Dedication to Empowering Young Mothers Throughout Their Journey** **Description:** In collaboration with Ready Set Push, Amerigroup GF360 is committed to supporting young mothers by offering comprehensive prenatal education and additional member support. This includes free childbirth and breastfeeding classes. Furthermore, Amerigroup provides a complimentary four-week online parenting course designed to offer practical guidance for caregivers. This initiative aims to promote healthy family dynamics and support child development, setting both young mothers and their children up for future success.

CMO	Best and Emerging Practices
	Topic/Title: Innovative Solutions to Enhance Member Engagement for Specialized Populations **Description:** The GOMO Engagement Hub is an interactive support system designed to assist members with personalized health-related messages, reminders, tips, and resources. It supports individuals from infancy through adulthood by centralizing resources and providing in-the-moment support. The Hub offers personalized resources tailored to age and location, secure messaging for important updates, and convenient access to necessary resources through text commands. The Hub features specific programs, including early intervention, which aids caregivers of young members in identifying autism or those with autism. Transition Age Youth (TAY), supports young adults with education and independent living resources, and Embracing Families helps caregivers access resources to maintain the family unit.
	Topic/Title: Providing Education and Support to Members and Stakeholders **Description:** The Amerigroup Resource Fairs serve as an online event that connects individuals with a diverse range of community resources and Amerigroup programs. This virtual initiative is crafted to provide participants with valuable information and support aimed at enhancing their overall well-being. By offering a platform that spotlights healthcare providers, social service organizations, and numerous other entities, the fairs act as a central hub for accessing essential resources and support, not only to a particular Region but statewide. Community Partners, The Division of Family and Children Services (DFCS), and a host of other organizations are invited to join, reflecting the event's inclusiveness. The resource fairs are conducted eight times a year, aiming to supply Amerigroup members, caregivers, and community partners with crucial information about regional resources. While open to all stakeholders, each fair focuses on a particular region to highlight available supports and services. This approach fosters informed decision-making and supports healthy outcomes within the community.
	Topic/Title: Increasing Access to Services **Description:** Amerigroup launched the Mobile Assessment Unit to enhance accessibility to medical, dental, and trauma assessments for foster care youth, with a particular focus on Fulton and DeKalb counties. This initiative aimed to address the Kenny A requirements by providing on-site services at local Department of Family and Children Services (DFCS) locations. The Mobile Assessment Unit addresses transportation and resource shortages by offering appointments in community settings, as well as providing walk-in appointments when available. Overall, this unit has shown effective scheduling and engagement with Amerigroup members.
	Topic/Title: Expanding Placement Opportunities **Description:** Amerigroup partnered with Murphy-Harpst to launch the Stepdown Home model, which adopts a house-parent approach in conjunction with behavior specialists to support members transitioning back to the community. This model offers trauma-informed care and prudent parenting using TBRI (Trust-Based Relational Intervention) as the evidence-based practice in a family-like setting. A therapist and a Care Coordinator (case manager) provide additional treatment and support, collaborating with DFCS case managers, potential future providers/placements, parents, and children, working together as a team to facilitate reunification or a stable transition to the community. The primary

CMO	Best and Emerging Practices
	target population consists of youth residing in hotels and DFCS offices, while the secondary target population comprises youth transitioning from a PRTF.

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 altered by HSAG except for minor formatting.

Amerigroup

Table D-1—Amerigroup's QS Quality Initiatives

DCH QS Aim, Goal, Objective and DCH Pillar	Amerigroup's Quality Initiative	Performance Metric
Goal 1: Improve Access to Care **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 **Objective 1.3:** Increase the percentage of members *Getting Needed Care* **DCH Pillar One:** Quality **DCH Pillar Three:** Access **DCH Pillar 4:** Experience	**Description of Quality Initiatives:** Initiatives aimed at increasing the number of members who receive "well and preventive visits" include: • Facilitate continuous member engagement and to offer targeted member incentives and value-added benefits that encourage members to complete their well-care visit(s), ultimately leading to care gap closure. Initiatives aimed at increasing members' "CAHPS - Getting Needed Care" include: • The call center team launched an initiative to enhance customer service and improve metrics as part of the 2025 "Voice-Of-The-Customer" study. Sharing these insights with the leadership team benefits quality, operations, case management, member engagement, and marketing teams, promoting success and satisfaction. • Conduct CAHPS root cause analysis annually prior to upcoming survey periods. • 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 that health plan updates are captured in the Knowledge	**Quality Strategy Metric(s):** • Well-Child Visits in the First 30 Months of Life (W30 and W30-CH) • Child and Adolescent Well-Care Visits (WCV and WCV-CH) • Adults Access to Preventive and Ambulatory Care (AAP) • CAHPS (CPC and CPC-CH)

DCH QS Aim, Goal, Objective and DCH Pillar	Amerigroup's Quality Initiative	Performance Metric
	Management System which is utilized by the member services team. • Utilizing community health workers to assist with SDOH gap closures, connect members with PCPs, and aid in appointment scheduling.	
Goal 2: Improve Wellness and Preventive Care **Objective 2.1:** Increase the percentage of children who receive preventive oral health services **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 who receive weight assessment and counseling for nutrition and physical activity **Objective 2.4:** Increase the percentage of children who receive developmental screening in the first three years of life **DCH Pillar One:** Quality **DCH Pillar Three:** Access	**Description of Quality Initiatives:** Initiatives aimed at increasing the "percentage of children who receive preventive oral health services" include: • Ongoing member engagement and education through live outreach calls, text messages, and/or face-to-face visits. • Continue to offer incentives that encourage members to complete dental visit. • Value-added benefit (oral care essentials kit) for ages 6-17 years with a completed dental visit. • Initiated member outreach analysis to help understand ways to improve member engagement. Initiatives aimed at increasing the "overall rate of immunizations and vaccinations across all ages and populations" include: • Facilitate continuous member engagement and education through live outreach calls, text messages, face-to-face visits, and/or letters. • Foster ongoing collaboration with providers by offering resources, education, engagement opportunities, and continuous support to improve compliance and close care gaps. • Continue to offer incentives that encourage members to receive their immunizations. Initiatives aimed at increasing "the percentage of children/ adolescents who receive weight assessment and counseling for nutrition and physical activity" include: • Facilitate continuous member engagement and education through live outreach calls, text messages, face-to-face visits, and/or letters. • Foster ongoing collaboration with providers by offering resources, education, engagement opportunities, and continuous support to improve compliance and close care gaps.	**Quality Strategy Metric(s):** • Oral Evaluation—Dental Services (OEV-CH) • Topical Fluoride for Children (TFL-CH) • Sealant Receipt on Permanent Molars (SFM-CH) • Childhood Immunization Status (CIS and CIS-CH) • Immunizations for Adolescents (IMA and IMA-CH) • Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC and WCC-CH) • Developmental Screening in the First Three Years of Life (DEV and DEV-CH)

DCH QS Aim, Goal, Objective and DCH Pillar	Amerigroup's Quality Initiative	Performance Metric
	• Continue to offer incentives that encourage members to complete their annual well-care visit. Initiatives aimed at increasing "the percentage of children who receive developmental screening in the first three years of life" include: • Facilitate continuous member engagement and education through live outreach calls, text messages, face-to-face visits, and/or letters. • Foster ongoing collaboration with providers by offering resources, education, engagement opportunities, and continuous support to improve compliance and close care gaps. • Continue to offer incentives that encourage members to complete their well-care visits.	
Goal 3: Improve Outcomes for Chronic Diseases **Objective 3.1:** Decrease the annual hospital admission rate for members with heart failure **Objective 3.2:** Increase the number of members participating in a remote monitoring program for management of chronic conditions **Objective 3.3:** Increase the percentage of members achieving appropriate asthma medication ratios **Objective 3.4:** Increase the number of members with a diagnosis of diabetes mellitus receiving nutritional counseling	**Description of Quality Initiatives:** Initiatives aimed at decreasing "the annual hospital admission rate for members with heart failure" include: • Remote patient monitoring program for blood pressure and weight – Members receive connected blood pressure monitors and scales reviewed by clinicians. Triggered alerts allow for early signs of fluid retention and abnormal blood pressure and heart rates, leading to timely interventions before hospitalization becomes necessary. • Transition-of-Care/Post-Discharge Programs – Nurse-led structured discharge follow-up and support within 48-72 hours of hospital discharge for medication review, identification of "red flags", and coordination of follow-up appointments. Ensuring patients understand their care plan and have care coordination. • Condition Care Heart Failure Management Program - A coordinated, patient-centered initiative designed to improve quality of life, reduce hospital admissions, and optimize clinical outcomes for members living with heart failure. The program combines proactive case management, evidence-based clinical protocols, and patient education to ensure continuous, personalized support across the care continuum.	**Quality Strategy Metric(s):** • 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 CBP-AD) • Asthma Medication Ratio (AMR) • Ages 5 to 18: AMR-CH • Ages 19 to 64: AMR-AD

DCH QS Aim, Goal, Objective and DCH Pillar	Amerigroup's Quality Initiative	Performance Metric
Objective 3.5: Increase the number of members with hypertension who are provided blood pressure device to monitor blood pressure **DCH Pillar One:** Quality **DCH Pillar Two:** Stewardship	Initiatives aimed at increasing "the number of members participating in a remote monitoring program for management of chronic conditions" include: • Case management referrals to remote patient monitoring programs for blood pressure and weight – Members receive connected blood pressure monitors and scales reviewed by clinicians. Triggered alerts enable the detection of early signs of fluid retention and abnormal blood pressure and heart rates, facilitating timely interventions before hospitalization becomes necessary. • Amerigroup offers an innovative remote monitoring program for managing chronic conditions, eliminating guesswork with medication. The goal of this program is to improve medication adherence rates, which helps members stay healthy at home. There is a dedicated team of over 200 pharmacists that oversees the medication management, vital signs, and patient-reported outcomes, allowing for early interventions and reducing health risks. The program aims to reduce medication errors, intervene before issues escalate, minimize hospital visits, deprescribe unnecessary medications, and increase member independence, delivering a personalized and effective care experience. Initiatives aimed at increasing "the percentage of members achieving appropriate asthma medication ratios" include: • 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 care coordination efforts, and collaborate 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. Members receive a card that can be used towards pest control services to support asthmatic triggers and reduce exacerbations.	

DCH QS Aim, Goal, Objective and DCH Pillar	Amerigroup's Quality Initiative	Performance Metric
	• Hypoallergenic pillowcase is a value-added benefit available to Amerigroup members diagnosed with Asthma. • Asthma medication ratio telephonic outreach to non-compliant members to help overcome barriers to compliance, with the goal of improving adherence to controller medications and decreasing the need for rescue medications. Initiatives aimed at increasing "the number of members with a diagnosis of diabetes mellitus receiving nutritional counseling" include: • Members enrolled in Amerigroup's Condition Care Disease Management programs for Diabetics are offered nutritional counseling by internal, Amerigroup-certified diabetic educators. Members who accept the referral are paired with the nutritional counselors to create member-centric education and nutritional goals that support a decrease in glycemic index ratios and reduce A1C levels. • To encourage nutritional counseling for diabetic members, Amerigroup's meal delivery partner integrates nutritional counseling as an option with meal delivery, providing seven days' worth of pre-chosen diabetic-friendly meals (14 meals) to members' homes. Amerigroup continues to raise awareness of these services through case management engagements and collaboration with healthcare providers, which reinforce the importance of nutritional counseling in diabetes management. • To increase nutritional counseling among diabetic members, Amerigroup offers a WW, formerly Weight Watchers, voucher program, which provides eligible members with a three-month voucher for the WW core membership, a self-guided digital program accessible through the WW app. By collaborating with healthcare providers, Amerigroup broadens awareness and eligibility for diabetic members, ensuring they understand how to leverage both nutritional counseling and the WW program for comprehensive care. Initiatives aimed at increasing "the number of members with hypertension who are provided a	

DCH QS Aim, Goal, Objective and DCH Pillar	Amerigroup's Quality Initiative	Performance Metric
	blood pressure device to monitor blood pressure" include: • Remote patient monitoring program for blood pressure and weight – Members receive connected blood pressure monitors and scales reviewed by clinicians. Triggered alerts enable the detection of early signs of fluid retention and abnormal blood pressure and heart rates, leading to timely interventions before hospitalization becomes necessary. • To increase participation in remote patient monitoring, Amerigroup developed comprehensive monthly reports for members with chronic conditions. These reports are used to outreach and actively engage members to participate in the program. Members are provided with personalized health insights, trends, and actionable recommendations. By clearly detailing program benefits, members are empowered to make informed healthcare decisions and adopt a proactive approach to managing their health.	
Goal 4: Improve Maternal and Newborn Care **Objective 4.1:** Increase the annual number of postpartum care visits **Objective 4.2:** Decrease the number of live births weighing less than 2,500 grams **Objective 4.3:** Increase the number of hospitals implementing the severe high blood pressure pregnancy safety bundle **Objective 4.4:** Increase the number of pregnant women receiving prenatal	**Description of Quality Initiatives:** Initiatives aimed at increasing "the annual number of postpartum care visits" include: • Amerigroup's internal Resource Mother program accommodates the State of Georgia's 12-month postpartum extension. Resource Mothers assist with locating providers, appointment scheduling, SDOH needs, and provide education on birth spacing and contraception. • Doula pilot program provides perinatal and postpartum services to targeted members in rural areas. • Partnered with a 24/7 virtual maternity and neonatal program. • Member postcard reminder mailers for Postpartum Visits between seven and 84 days. • 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. • Value-added benefit (spa package) with a completed postpartum visit.	**Quality Strategy Metric(s):** • Prenatal and Postpartum Care (PPC) • Under Age 21: PPC2-CH • Age 21 and Older: PPC2-AD • Live Births Weighing Less than 2,500 grams (LBW-CH)

DCH QS Aim, Goal, Objective and DCH Pillar	Amerigroup's Quality Initiative	Performance Metric
services within 30 days of enrollment **Objective 4.5:** Increase number of postpartum persons with a diagnosis of substance use disorder (SUD) or cardiovascular condition who had provider contact within 10 days post discharge **DCH Pillar One:** Quality **DCH Pillar Two:** Stewardship **DCH Pillar Three:** Access	Initiatives aimed at increasing "the number of pregnant women receiving prenatal services within 30 days of enrollment" and decreasing "the number of live births weighing less than 2,500 grams" include: • Amerigroup's internal Resource Mother program accommodates the State of Georgia's 12-month postpartum extension. Resource Mothers assist with locating providers, appointment scheduling, SDOH needs, and provide education on birth spacing and contraception. • Amerigroup launched a Maternity Digital Engagement Platform (DEP) that deploys educational content, pregnancy illustrations, fetal movement tracking, nutritional support, and interactive chat/ messaging with an OB care manager directly. • Partnered with a 24/7 virtual maternity and neonatal program. Members receive perinatal visits, lactation support, access to a virtual doula, and neonatal services. • Member postcard reminder mailers for prenatal visits. • 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. Initiatives aimed at increasing "the number of hospitals implementing the severe high blood pressure pregnancy safety bundle" include: • 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 (FC) who works closely with hospital maternal-child unit leadership (antepartum, labor and delivery, mother-baby or NICU) on internal processes and specific measures to reduce severe maternal mortality and morbidity, infant mortality, primary C-section, and improve	

DCH QS Aim, Goal, Objective and DCH Pillar	Amerigroup's Quality Initiative	Performance Metric
	patient outcomes. As part of this collaboration, the OB FC also discusses topics including, but not limited to: – Amerigroup maternity program details, including member benefits and enhanced services available to support a healthy pregnancy period. – The AIM safety bundles (with hospitals that are participating in QHIP and non-participating as well). – Resources for ordering blood pressure cuffs for patients who might need that equipment at home after discharge from the ED, triage, antepartum, or postpartum units. – The SB106 Department of Health program provides home visits for members with hypertension and/or gestational diabetes in the currently covered counties. – The availability of the Pomelo Care program provides virtual maternity care to members who 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 who are leaving the hospital to await the arrival of their baby. Initiatives aimed at increasing the "number of postpartum persons with a diagnosis of substance use disorder (SUD) or cardiovascular condition who had provider contact within 10 days post-discharge" include: • Amerigroup's internal Resource Mother program accommodates the State of Georgia's 12-month postpartum extension. Resource Mothers assist with locating providers, scheduling appointment, addressing SDOH needs, and provide resources to help manage conditions such as CAD or SUD. • Partnered with a 24/7 virtual maternity program that offers support to postpartum members who may have a diagnosis of SUD and CAD. This program includes virtual doulas that can assist members in managing these conditions.	

DCH QS Aim, Goal, Objective and DCH Pillar	Amerigroup's Quality Initiative	Performance Metric
	• Amerigroup continues to perform bimonthly integrated rounds led by Amerigroup's OB medical director. During these rounds, inpatient pregnant or postpartum members who have complex admissions or potentially unsafe discharges are reviewed. Amerigroup's behavioral health (BH) medical director, BH case managers, and clinical pharmacist attend rounds to provide collaboration, clinical expertise, and guidance to our care management and utilization management teams. • Before discharge, initiate inpatient advocacy to develop a comprehensive discharge plan and ensure the member is connected to an appropriate care team for post-acute care.	

Goal 5: Improve Behavioral Health Care Outcomes
 	
Objective 5.1: Decrease the annual behavioral health 30-day readmission rate
 	
Objective 5.2: Increase the number of adolescents and adults screened for follow-up for depression
 	
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
	Description of Quality Initiatives:
	
	Initiatives aimed at decreasing the "annual behavioral health 30-day readmission rate" include:
	• Partnership with Brave Health, a telehealth provider, to perform FUH appointments.
	• Post-discharge management (PDM) team was optimized to increase Amerigroup's capacity to outreach to members who have been discharged from behavioral health inpatient care, reminding them of follow-up appointments.
	• Deployed a "strike team" to help facilitate member engagement and education through live outreach calls.
	• Used the case management team to text message and/or complete face-to-face visits to encourage case management engagement.
	• Foster ongoing collaboration with providers by offering resources, education, engagement opportunities, and continuous support to improve compliance and close care gaps.
	
	Initiatives aimed at increasing the "number of adolescents and adults screened for follow-up for depression" include:
	• Reimbursing providers for submitting applicable codes that document depression screenings.
		Quality Strategy Metric(s):
		• Follow-Up After Hospitalization for Mental Illness (FUH)
		  − Ages 6 to 17: FUH-CH
		  − Age 18 and Older: FUH-AD
		• Screening for Depression and Follow-Up Plan
		  − Ages 12 to 17 Years: CDF-CH
		  − Age 18 and Older: CDF-AD
		• Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD and ADD-CH)
		• Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM and APM-CH)
		• Follow-Up After Emergency Department Visit for Substance Use (FUA)
		  − Ages 13 to 17: FUA-CH

DCH QS Aim, Goal, Objective and DCH Pillar	Amerigroup's Quality Initiative	Performance Metric
Objective 5.5: Increase the percentage of children, adolescents, and adults receiving follow-up after an emergency department visit for substance use **Objective 5.6:** Increase the percentage of children, adolescents, and adults receiving follow-up after an emergency department visit for mental illness **Objective 5.7:** Increase the use of first-line psychosocial care for children and adolescents on antipsychotics **Objective 5.8:** Increase the percentage of members who initiate and engage in substance use disorder treatment **Objective 5.9:** Increase the percentage of individuals receiving appropriate antidepressant medication management **DCH Pillar One:** Quality **DCH Pillar Two:** Stewardship **DCH Pillar Three:** Access	• Foster ongoing collaboration with providers by offering resources, education, engagement opportunities, and continuous support to improve compliance and close care gaps. • Facilitate continuous member engagement and education through live outreach calls, text messages, face-to-face visits, and/or letters. • Continue to offer incentives that encourage members to complete their annual well-care visit. Initiatives aimed at increasing "follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication" include: • Members referred to the case management team for outreach, education, screening, and coordination of any identified treatment needs with an appropriate provider. • Ongoing provider outreach and education with PCPs to encourage use of behavioral health professionals, as well as other therapeutic interventions, as clinically appropriate. • Facilitate continuous member engagement and education through live outreach calls, text messages, and/or face-to-face visits. Initiatives aimed at increasing the "number of children and adolescents on antipsychotics receiving metabolic monitoring" include: • Facilitate continuous family and member engagement and education. • Reimbursing providers for submitting the applicable G9001 code quarterly for care coordination with PCP. • Foster ongoing collaboration with providers by offering resources, education, engagement opportunities, and continuous support to improve compliance and close care gaps. Initiatives aimed at increasing the percentage of members receiving follow-up care after an emergency department visit for "substance use" and "mental illness" include: • Facilitate continuous family and member engagement and education, including the option for telehealth to receive timely follow-up care.	− Ages 18 and Older: FUA-AD) • Follow-Up After Emergency Department Visit for Mental Illness (FUM) − Ages 13 to 17: FUM-CH − Ages 18 and Older: FUM-AD • Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP and APP-CH) • Initiation and Engagement of Substance Use Disorder Treatment (IET and IET-AD) • Antidepressant Medication Management (AMM and AMM-AD)

<table>
<tr><th>DCH QS Aim, Goal, Objective and DCH Pillar</th><th>Amerigroup's Quality Initiative</th><th>Performance Metric</th></tr>
<tr><td></td><td>

Foster ongoing collaboration with providers by offering resources, education, engagement opportunities, and continuous support to improve compliance and close care gaps.
Case management team receives the ER surveillance report for timely follow-up with members.

Initiatives aimed at increasing the "use of first-line psychosocial care for children and adolescents on antipsychotics" include:

Foster ongoing collaboration with providers by offering resources, education, engagement opportunities, and continuous support to improve compliance and close care gaps.
Provider outreach based on pharmacy claims analysis to address gaps in care.
Case management auto-queue referral of members prescribed antipsychotics for outreach to offer members, families, and providers coordination of services, education, and resources as needed.

Initiatives aimed at increasing the "percentage of members who initiate and engage in substance use disorder treatment" include:

Auto-queue referral to case management for members identified with a substance use diagnosis. These members are outreach to offer education, resources, and referrals, as well as address any SDOH barriers to follow through with treatment.
Onsite case management visits for members who have ongoing compliance and/or treatment issues to encourage enrollment in case management services for additional support and assistance.
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 family life planning. Outreach is performed by peers who have lived experience.

</td><td></td></tr>
</table>

<table>
<tr><th>DCH QS Aim, Goal, Objective and DCH Pillar</th><th>Amerigroup’s Quality Initiative</th><th>Performance Metric</th></tr>
<tr><td></td><td>BH RISE program uses predictive analytics to intervene and provide support to members who are at risk of opioid and/or alcohol related negative health outcomes or abuse.
Utilization of peers to assist members who have a history of or are current substance abuse needs.
Foster ongoing collaboration with providers by offering resources, education, engagement opportunities, and continuous support to improve compliance and close care gaps.
Initiatives aimed at increasing the “percentage of individuals receiving appropriate antidepressant medication management” include:
Use of depression screeners as part of the case management enrollment process to identify depressive conditions and facilitate appropriate referrals and resources for care.
Use of Pyx Health as a vendor to support members dealing with depressive symptoms and encourage appropriate follow-up treatment.
Facilitate continuous family and/or member engagement and education, including the option for telehealth to receive timely follow-up care.
Education provided by case managers to members on antidepressant medication regarding the appropriate use and storage of medication.
Pharmacist outreach via calls and mailings to members recently started on an anti-depressant medication to provide education and address barriers to adherence.
Foster ongoing collaboration with providers by offering resources, education, engagement opportunities, and continuous support to improve compliance and close care gaps.</td><td></td></tr>
<tr><td>Goal 6: Improve Utilization of Care and Services

Objective 6.1: Decrease the rate of emergency department utilization among</td><td>Description of Quality Initiatives:
Initiatives aimed at decreasing the “rate of emergency department utilization among children 19 years of age and younger” and decreasing “30-day readmission rates among members 18 years of age and older” include:</td><td>Quality Strategy Metric(s):
Ambulatory Care: Emergency Department (ED) Visits among Children 19 Years and Under (AMB-CH)</td></tr>
</table>

DCH QS Aim, Goal, Objective and DCH Pillar	Amerigroup's Quality Initiative	Performance Metric
children 19 years of age and younger **Objective 6.2:** Decrease 30-day readmission rates among members 18 years of age and older **DCH Pillar One:** Quality **DCH Pillar Two:** Stewardship	• Early and frequent contact with members and hospitals. • Multi-disciplinary rounds with Amerigroup's medical directors, social workers, nurse case managers, and other supportive staff to support transition of care activities. • ER avoidance case management programs target members who are frequent utilizers and overutilizers of ER and inpatient services. CM's outreach members provide education on the appropriate care at the right time and in the right setting. • The provider success team works with several value-based contracted providers on potentially avoidable ER visits by: – Identifying patients eligible for outreach based on data, the type of campaign, and available staff resources. – Creating a comprehensive telephone script and patient checklist for outreach and training staff on usage. – Developing workflow for TOC patient outreach within 48 hours of discharge (including review of discharge instructions, medication reconciliation, scheduling with PCP/specialist as needed). – Establish/evaluate community partnerships for patient resources and referrals by the case management team.	• Plan All-Cause Readmissions (PCR-AD)
Goal 7: Improve Member Experience **Objective 7.1:** Increase annual CAHPS overall *Rating of Health Plan* **DCH Pillar Four:** Experience	**Description of Quality Initiatives:** Initiatives aimed at increasing the annual CAHPS overall "Rating of Health Plan" include: • The call center team has launched an initiative to enhance customer service and improve metrics as part of their 2025 "Voice-Of-The-Customer" ongoing survey process. Sharing these insights with the leadership team benefits quality, operations, case management, member engagement, and marketing teams, promoting success and satisfaction during the CAHPS survey period. • Conduct CAHPS root cause analysis annually prior to upcoming survey periods. • Identifying assignment errors and accurately assigning prospective members to the appropriate PCP.	**Quality Strategy Metric(s):** • CAHPS (CPC and CPC-CH)

DCH QS Aim, Goal, Objective and DCH Pillar	Amerigroup's Quality Initiative	Performance Metric
	• Working with the Service Experience Learning team (Enterprise) to ensure that health plan updates are captured in the Knowledge Management System, which is utilized by the member services team. • CAHPS education and survey awareness for health plan staff and providers, including guidance on addressing key drivers of the member/patient experience.	

CareSource

Table D-2—CareSource's QS Quality Initiatives

DCH QS Aim, Goal, Objective and DCH Pillar	CareSource's Quality Initiative	Performance Metric
Goal 1: Improve Access to Care **Objective 1.1:** Increase the number of children receiving well-child and preventive visits. **DCH Pillar One:** Quality **DCH Pillar Three:** Access	**Description of Quality Initiative:** Focused efforts on ensuring timely EPSDT activities, including well child visits, were met, including: • Wellness on Wheels mobile unit for well visit gap closure. • Lead screenings are available at the mobile unit. • Community events based on race/ethnicity. • Members are eligible to earn a reward for receiving a screening.	**Quality Strategy Metric(s):** • Lead Screening in Children • Child and Adolescent Well-Care Visits
Goal 2: Improve Wellness and Preventive Care **Objective 2.2:** Increase the overall rate of immunizations and vaccinations across all ages and populations **DCH Pillar One:** Quality	**Description of Quality Initiative:** Dedicated efforts to improve flu vaccination results by: • Creating pop-up flu clinics at community and mobile unit events. • Events are scheduled based on non-compliant volumes in geographic areas, as well as by race and ethnicity.	**Quality Strategy Metric(s):** • Adult Immunization Status

DCH QS Aim, Goal, Objective and DCH Pillar	CareSource's Quality Initiative	Performance Metric
DCH Pillar Three: Access		
Goal 1: Improve Access to Care **Objective 1.2:** Increase the number of adults receiving well and preventive visits **DCH Pillar One:** Quality **DCH Pillar Three:** Access	**Description of Quality Initiative:** • Collaboration with FQHCs to perform on-site diabetic eye exams, breast cancer screenings, refer the member out for necessary screening.	**Quality Strategy Metric(s):** • Eye Exam for Patient with Diabetes • Breast Cancer Screening
Goal 5: Improve Behavioral Health Care Outcomes **Objective 5.4:** Increase the number of children and adolescents on antipsychotics receiving metabolic monitoring **DCH Pillar One:** Quality **DCH Pillar Three:** Access	**Description of Quality Initiative:** Providing education on the necessity of metabolic monitoring for children and adolescents on antipsychotics by: • Outreaching VBR providers and educating via a flier on the importance of the measure. • Outreaching members to educate them on the importance of metabolic monitoring when taking an antipsychotic medication.	**Quality Strategy Metric(s):** • Metabolic Monitoring for Children and Adolescents on Antipsychotics

Peach State

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

DCH QS Aim, Goal, Objective and DCH Pillar	Peach State's Quality Initiative	Performance Metric
Goal 1: The CMO stated that the quality initiatives pertained to all DCH Quality Strategy Goals	**Description of Quality Initiative:** Provider Focused: • Provider education on HEDIS measures and guidelines, as well as tip sheets distributed	**Quality Strategy Metric(s):** • The CMO stated that the quality initiatives pertained to all DCH Quality Strategy metrics

DCH QS Aim, Goal, Objective and DCH Pillar	Peach State's Quality Initiative	Performance Metric
Objective: The CMO stated that the quality initiatives pertained to all DCH Quality Strategy objectives **DCH Pillar One:** Quality **DCH Pillar Two:** Stewardship **DCH Pillar Three:** Access **DCH Pillar Four:** Experience	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 electronic medical record (EMR) system receive a direct care gap feed to the EMR system. • Value-based care: Peach State offers a pay-for-performance (P4P) program that rewards providers for closing gaps in care related to cost-effectively improving health outcomes. • Performance Analytics Platform - Patient Analytics, Provider Analytics, and Centene Clinical Action (CCA): Peach State offers a suite of tools designed to contribute to both the health of members and the success of providers. The Performance Analytics Platform comprises of two tools: Patient Analytics and Provider Analytics. Together, Patient Analytics, Provider Analytics, and CCA address both the clinical and financial components of the care that is delivered to members. Member Focused: • Ongoing member outreach through methods including: – Live and automated calls – Emails – Text messages – Direct mailings – In-person events – Home visits by community health workers • Ongoing member education through – Brochures – The Plan's website – Social media sites – Handbooks – Other (approved) disease/condition educational materials. • Complex Case Management (CCM) Program: The Complex Care Management (CCM) Program is designed to improve the health outcomes and quality of life for members with complex medical and psychosocial needs. The program manages chronic conditions such as	

DCH QS Aim, Goal, Objective and DCH Pillar	Peach State's Quality Initiative	Performance Metric
	asthma, diabetes, COPD, coronary artery disease, and kidney disease, using an integrated, multidisciplinary team approach. • Over-the-Counter Medicine (OTC) Benefit – Peach State members may be eligible to receive up to $180/annually in health-related items mailed to their home or scheduled for pick-up at participating CVS stores.	
Goal 1: Improve Access to Care **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 **Objective 1.3:** Increase the percentage of members Getting Needed Care **DCH Pillar One:** Quality **DCH Pillar Three:** Access **DCH Pillar 4:** Experience	**Description of Quality Initiative:** Well Child Visits • Text messaging - Interactive SMS messages for well child visits. Educational and reminder messages are sent to each non-compliant member on a monthly basis. • Provider Outreach Initiative (POI) - The POI program is designed to close members' care gaps by embedding a Peach State associate into provider offices. The Peach State identified high-volume, low-compliance providers to help with scheduling appointments for needed care. • Value-added benefits (VAB) - Increase promotion of value-added benefits via events and social media. VABs are offered to enhance member health and well-being, while addressing some social determinants of health, such as food and housing. Examples include free fitness programs, educational classes, over-the-counter medications, and gift card rewards for timely preventive care. Child and Adult Well-Visits • Peach State Days - Collaboration with various provider offices across the state of Georgia to close gaps in care. Associates complete targeted outreach to members and schedule appointments. Incentives are offered for completed visits. • Mobile Events (ME) - Peach State coordinates mobile clinic events where members are seen on the providers' mobile units. The program targets children and adults with open care gaps for wellness, immunizations, and/or diabetes. • Care Gap reports - Care gap reports are shared with providers via the provider portal, face-to-face meetings, and emails for all members with open gaps.	**Quality Strategy Metric(s):** • 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)

<table>
<tr><th>DCH QS Aim, Goal, Objective and DCH Pillar</th><th>Peach State’s Quality Initiative</th><th>Performance Metric</th></tr>
<tr><td></td><td><u>Getting Needed Care</u>
Post-Visit Survey - Peach State conducted a post-visit survey pilot in collaboration with Centene Corporation and the system vendor, Medallia. Members were sent a survey to complete following a provider visit. When the Medallia system detected that a member’s response was not 5/5, the health plan was alerted and followed up with the member. Peach State utilized member feedback collected from the post-visit survey pilot to shape outreach campaigns.
Updated member-facing and provider-facing material to encourage members to sign a release form so that their PCP and specialists can share information and be informed about all care that the member receives.</td><td></td></tr>
<tr><td>Goal 2: Improve Wellness and Preventive Care

Objective 2.1: Increase the percentage of children who receive preventive oral health services

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 who receive weight assessment and counseling for nutrition and physical activity

Objective 2.4: Increase the</td><td>Description of Quality Initiative:
<u>Dental/Oral Health.</u>
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 and Girls Club membership.
Members can earn gift cards by completing at least one oral evaluation with a dentist annually.
Text messaging - Interactive SMS messages for dental visits. Educational and reminder messages are sent to each non-compliant member on a monthly basis.
<u>Immunizations</u>
Deep-dive Immunization Reports – Peach State continued to develop targeted reports that identify members with immunization gaps based on the type and number of overdue immunizations. These reports are designed to be used for more targeted member outreach.
Member rewards/incentives for timely completion of specific immunizations.
Mobile Events (ME) - Peach State coordinates mobile clinic events where children are seen on the providers’ mobile units. The program targets children and adults with open care gaps for wellness, immunizations, and/or diabetes.</td><td>Quality Strategy Metric(s):
Sealant Receipt on Permanent Molars (SFMCH)
Childhood Immunization Status (CIS and CIS-CH)
Immunizations for Adolescents (IMA and IMA-CH)
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC and WCC-CH)
Developmental Screening in the First Three Years of Life (DEV and DEV-CH)</td></tr>
</table>

DCH QS Aim, Goal, Objective and DCH Pillar	Peach State's Quality Initiative	Performance Metric
percentage of children who receive developmental screening in the first three years of life **DCH Pillar One:** Quality **DCH Pillar Three: Access**	Child/Adolescent Weight Management • Children/Adolescents Weight Program - Free gym memberships for qualified members ages 13-17, part of the A TEEN fitness program at participating gyms statewide, or members can exercise at home with video programs. All goals are two measures • Medical Record Audits – Peach State conducts medical record audits to determine provider compliance with the well visit guidelines. This includes ensuring age-appropriate immunizations, developmental screenings using an approved screening tool, documenting the BMI percentile, and performing an oral assessment with a referral to a dentist.	
Goal 3: Improve Outcomes for Chronic Conditions **Objective 3.1:** Decrease the annual hospital admission rate for members with heart failure **Objective 3.2:** Increase the number of members participating in a remote monitoring program for management of chronic conditions **Objective 3.3:** Increase the percentage of members achieving appropriate asthma medication ratios **Objective 3.4:** Increase the number of members with a diagnosis of diabetes	**Description of Quality Initiative:** Asthma • Asthma Medication Adherence - Peach State's pharmacy department conducts both member and provider outreach to ensure members receive the appropriate medications and have them refilled as necessary. • Peach State supplies free Hypoallergenic bedding sets to specific members diagnosed with asthma. • Asthma Disease Management - The asthma disease management program targets Medicaid members with uncontrolled asthma by integrating clinical coordination, social support, and community-based interventions to improve outcomes. Disease management and case management teams collaborate to conduct culturally responsive telephonic outreach, provide health literacy-based education, and assess environmental and social risk factors contributing to asthma exacerbations—such as substandard housing, mold exposure, and inconsistent access to medications. The program proactively screens for SDOH and connects members to housing support, transportation services, and community health workers. Hypertension • Provider incentive to bill applicable CPT II codes to close care gaps for CBP.	**Quality Strategy Metric(s):** • 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) − Ages 5 to 18: AMR-CH − Ages 19 to 64: AMR-AD

DCH QS Aim, Goal, Objective and DCH Pillar	Peach State's Quality Initiative	Performance Metric
mellitus receiving nutritional counseling **Objective 3.5:** Increase the number of members with HTN who are provided blood pressure device to monitor blood pressure **DCH Pillar One:** Quality **DCH Pillar Two:** Stewardship	• Hypertension Disease Management - The hypertension management program engages Medicaid members with poorly controlled blood pressure through a hybrid model of clinical coordination, culturally relevant education, and social determinants of health (SDOH) -informed support. Members receive individualized outreach to address medication adherence, dietary habits, and comorbid conditions such as diabetes and obesity. SDOH screenings identify barriers such as limited access to healthy food, transportation, and pharmacy deserts. Diabetes • In Home Eye Exams – Peach State partnered with a vendor to conduct in-home (Digital) DRE exams. • Diabetes Disease Management - This program serves Medicaid members with diabetes by delivering culturally appropriate, whole-person care that integrates disease management with SDOH interventions. Telephonic and virtual coaching focuses on medication adherence, nutritional counseling, and foot and eye care. The program includes routine SDOH assessments to identify challenges such as food insecurity, housing instability, and access to medical supplies or endocrinologists. • Provider Incentive to bill applicable CPT II codes to close care gaps for specific measures related to diabetes. • Members were mailed in-home lab kits, to increase lab (HbA1c) completion rates. Heart Failure Admission • 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.	
Goal 4: Improve Maternal and Newborn Care	**Description of Quality Initiative:** PPC and LBW measures: • High Risk OB (HROB) Case Management - The HROB Program is intended to improve birth	**Quality Strategy Metric(s):** • Prenatal and Postpartum Care (PPC)

DCH QS Aim, Goal, Objective and DCH Pillar	Peach State's Quality Initiative	Performance Metric
Objective 4.1: Increase the annual number of postpartum care visits **Objective 4.2:** Decrease the number of live births weighing less than 2,500 grams **Objective 4.3:** Increase the number of hospitals implementing the severe high blood pressure pregnancy safety bundle **Objective 4.4:** Increase the number of pregnant women receiving prenatal services within 30 days of enrollment **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 **DCH Pillar One:** Quality **DCH Pillar Two:** Stewardship **DCH Pillar Three:** Access	outcomes by increasing the number of recommended prenatal care visits through ensuring access to other needed medical, nutritional, social, educational, and other services. • Baby Store Rewards – Pregnant women/new moms earn gifts for completing necessary services and screenings. New Mommy Store, which provides new mothers with baby items such as diapers, wipes, and baby clothing (for completed visits, including prenatal and postpartum visits). Electric breast pump for new mothers at no cost to make breastfeeding easier and provide the best nutrition for babies. • Text messages to members encouraging early prenatal visits and providing information on the baby store rewards for compliance. • Community Baby showers- Peach State continues to hold quarterly Baby Showers throughout the state to provide members with information on prenatal and post-delivery care. These events also provide members with the opportunity to participate in a raffle and win prizes. • Member outreach calls to postpartum (PP) members: – To remind them of their follow-up postpartum care appointment and assess high-risk members' additional needs. – Who delivered via c-section to remind them of their follow-up visit need. • The MOM (Making Outcomes Memorable) program offers support to qualified pregnant members. The program includes Mom's Meals. Mom's Meals 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. • Quality Practice Advisor assigned to OBGYN offices to conduct ongoing education related to all services for pregnant members. • CPT II Code Initiative – Providers earn incentives for applicable CPT II submission for specific codes related to prenatal/postpartum care and screenings.	– Under Age 21: PPC2-CH – Age 21 and Older: PPC2- AD • Live Births Weighing Less than 2,500 grams (LBW-CH)

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

Goal 5: Improve Behavioral Health Care Outcomes
 	
Objective 5.1: Decrease the annual behavioral health 30-day readmission rate
 	
Objective 5.2: Increase the number of adolescents and adults screened for follow-up for depression
 	
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
 	
Objective 5.5: Increase the percentage of children, adolescents, and adults receiving follow-up after an emergency department visit for substance use
 	
Objective 5.6: Increase the percentage of children, adolescents, and adults receiving follow-up care after an
	Description of Quality Initiative:
	
	Screening for Depression and Follow-Up Plan
	• Provider education is provided through monthly provider relations hosted online seminars, newsletters, and individual provider meetings. The goal is to help providers understand all components of the measure to close care gaps and support the member.
	
	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM and APM-CH)
	• Quality Practice Advisors (QPAs) provide a list of members on antipsychotics who need routine lab monitoring to their assigned PCPs for member outreach.
	• Members can earn gift cards by completing metabolic screening.
	• Peach State partnered with a vendor to provide one-way text messages to members, reminding them of the importance of completing their bloodwork. Members are informed that yearly blood tests help their doctors track their health and medications and catch potential problems before they occur. The members' PCP information is included along with a link to find a doctor.
	
	'Follow-Up' FUH, FUM and FUA Measures
	• Behavioral Health Case Management (BHCM) Program – The program targets all members with a BH diagnosis. Members accessing inpatient services are automatically referred for care management enrollment and assistance.
	• 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. Peach State interacts with these members to create optimal health opportunities to treat or avoid the inception of or worsening of substance use disorder (SUD).
	• The Health Assistance, Linkage, and Outreach (HALO) program involves case management outreach to members using the SBIRT model. The focus is on members at risk for developing a SUD or who currently have an SUD diagnosis.
		Quality Strategy Metric(s):
		• Follow-Up After Hospitalization for Mental Illness (FUH)
		  – Ages 6 to 17: FUH-CH
		  – Age 18 and Older: FUH-AD
		• Screening for Depression and Follow-Up Plan
		  – Ages 12 to 17 Years: CDFCH
		  – Age 18 and Older: CDF-AD
		• 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)
		  – Ages 13 to 17: FUA-CH
		  – Ages 18 and Older: FUA
		• Follow-Up After Emergency Department Visit for Mental Illness (FUM)
		  – Ages 13 to 17 FUM-CH
		  – Ages 18 and Older: FUM-AD
		• Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP and APP-CH)

DCH QS Aim, Goal, Objective and DCH Pillar	Peach State's Quality Initiative	Performance Metric
emergency department visit for mental illness **Objective 5.7:** Increase the use of first-line psychosocial care for children and adolescents on antipsychotics **Objective 5.8:** Increase the percentage of members that initiate and engage in substance use disorder treatment **Objective 5.9:** Increase the percentage of individuals receiving appropriate antidepressant medication management. **DCH Pillar One:** Quality **DCH Pillar Two:** Stewardship **DCH Pillar Three:** Access	• Peach State implemented a performance improvement project (PIP) to improve the FUH-7 rate. The PIP intervention selected for testing was 'embedding' a Peach State associate in a participating facility to assist with identifying Peach State members and educating them on the need for FUH-7 after discharge. • Telephonic outreach to members who have been discharged from a mental health hospital or emergency room visit for specific mental health reasons. A licensed clinician conducts outreach. This associate completes a designated assessment, which targets medication and post-discharge follow-up appointments. • Provider educational through tools on the PSHP.com website, as well as microlearning activities. The education is provided to both BH providers and PCPs. <u>Antidepressant Medication Management</u> • Depression Disease Management Program - Peach State provides individuals diagnosed with depression with a customized program that includes education and connections to community services through the depression disease management program. • One-way text messages- Peach State partnered with a vendor to send text messages to applicable members, encouraging them to take charge of their health by scheduling regular check-ins with their mental health provider, discussing their health, and reviewing any medications they may be taking. Members are informed that virtual care may be an option, and their PCPs information is included, along with a link to find a doctor. <u>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP and APP-CH)</u> • Provider education that includes email blasts, newsletters, and individual provider relations meetings. QPAs and Practice Quality Liaisons (PQLs) distribute educational material to and discuss APP.	• Antidepressant Medication Management (AMM and AMM-AD)

DCH QS Aim, Goal, Objective and DCH Pillar	Peach State's Quality Initiative	Performance Metric
	• Provide peer-to-peer education with providers who are prescribing Antipsychotics without psychosocial care.	
Goal 6: Improve Utilization of Care and Services **Objective 67.1:** 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 **DCH Pillar One:** Quality **DCH Pillar Two**: Stewardship	**Description of Quality Initiative:** <u>Plan All-Cause Readmissions</u> • Hospital Discharge Planning Program- Aims to reduce hospital readmission rates and improve quality of care, coordination of care, and patient health outcomes. The Peach State Discharge Planning Program is designed to assist the members by implementing timely, appropriate, safe, and cost-effective discharge plans. • Post-Hospital Outreach - This program offers structured follow-up for members identified as being at high risk for hospital readmission. Care managers connect with hospital staff and members to ensure a seamless transition to outpatient care. Services include: – Review and coordination of post-acute care plans. – Health education on discharge diagnosis, medication, and condition management. – Follow-up appointment scheduling and transportation coordination. – Identification of barriers to adherence (e.g., health literacy, social needs) and proactive solutions. This program ensures whole-person discharge planning, particularly for members from underserved communities who may face disproportionate challenges in recovery. The goal is to reduce readmission rates for engaged members. <u>Ambulatory Care: Emergency Department (ED) Visits among Children 19 Years and Under</u> • ER Case Management Program - The ER Care Manager Outreach involves targeted outreach to members with frequent ER visits, conducting assessments, and providing education on appropriate ER usage, including alternatives such as PCPs, urgent care, and the Nurse Advice Line. Care managers focus on enrolling members with high emergency room utilization in the ER Care Management (ER CM) program, which includes several key components. The Nurse Advice Line Outreach Program engages	**Quality Strategy Metric(s):** • 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 DCH Pillar	Peach State's Quality Initiative	Performance Metric
	new members assigned to a primary care physician (PCP) by reaching out within 30 days to assess, educate, and connect them to appropriate services. The proactive outreach manager (POM) targets members who visit the ER three or more times within 90 days, providing education on urgent care, the 24-hour Nurse Advice Line, and the importance of PCP follow-ups.	
Goal 7: Improve Member Experience **Objective 7.1**: Increase annual CAHPS overall Rating of Health Plan **DCH Pillar Four:** Experience	**Description of Quality Initiative:** • Post-Visit Survey - Peach State conducted a post-visit survey pilot in collaboration with Centene Corporate and the system vendor, Medallia. Members were sent a survey to complete following a provider visit. When the Medallia system detected that a member's response was not 5/5, Peach State was alerted and followed up with the member. Peach State utilized member feedback collected from the post-visit survey pilot to shape outreach campaigns. • Text messaging – In the first quarter, Peach State outreach to members via postcard/text to alert them that surveys are being distributed to a sample population. This is done as a CAHPS preconditioning initiative. This effort is ongoing in February and March annually.	**Quality Strategy Metric(s):** • CAHPS (CPC and CPCCH)

Amerigroup 360°

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

DCH QS Aim, Goal, Objective and DCH Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
Goal 1: Improve Access to Care **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 **Objective 1.3:** Increase the percentage of members *Getting Needed Care* **DCH Pillar One:** Quality **DCH Pillar Four:** Experience	**Description of Quality Initiatives:** Initiatives aimed at increasing the number of members who receive "well and preventive visits" include: • Collaboration with Kare Mobile and Help a Child Smile to deliver "Mobile" clinics at DFCS offices, offering preventative and dental services. • Utilization of care gap reports and incentives to motivate providers to promote well-visits. • Ongoing communication and education for members about the importance of well-visits via text messages, mailers, and care coordination initiatives. Initiatives aimed at increasing members "CAHPS - Getting Needed Care" include: • Working alongside DFCS to obtain daily updates on member placements and contact information, allowing us to coordinate care promptly and efficiently. • Reviewing PCP assignment data to identify errors and align with members' current address. • Continuously expanding telehealth options to ensure members have access to appropriate care throughout the state.	**Quality Strategy Metric(s):** • Well-Child Visits in the First 30 Months of Life (W30 and W30-CH) • Child and Adolescent Well-Care Visits (WCV and WCV-CH) • Adults Access to Preventive and Ambulatory Care (AAP) • CAHPS (CPC and CPC-CH)
Goal 2: Improve Wellness and Preventive Care **Objective 2.1:** Increase the percentage of children who receive preventive oral health services **Objective 2.2:** Increase the overall rate of immunizations and vaccinations	**Description of Quality Initiative:** Initiatives aimed at increasing the "percentage of children who receive preventive oral health services" include: • Collaboration with Kare Mobile and Help a Child Smile to deliver "Mobile" clinics at DFCS offices, offering preventative and dental services. • Member incentives for compliance with preventative oral health services. • Value-added benefit (oral care essentials kit) for ages 6-17 with a completed dental visit. Initiatives aimed at increasing the "the overall rate of immunizations and vaccinations across all ages	**Quality Strategy Metric(s):** • Oral Evaluation—Dental Services (OEV-CH) • Topical Fluoride for Children (TFL-CH) • Sealant Receipt on Permanent Molars (SFM-CH) • Childhood Immunization Status (CIS and CIS-CH) • Immunizations for Adolescents (IMA and IMA-CH)

DCH QS Aim, Goal, Objective and DCH Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
across all ages and populations **Objective 2.3:** Increase the percentage of children/adolescents who receive weight assessment and counseling for nutrition and physical activity **Objective 2.4:** Increase the percentage of children who receive developmental screening in the first three years of life **DCH Pillar One:** Quality **DCH Pillar Three:** Access	and populations, increasing the percentage of children/adolescents who receive who receive weight assessment and counseling for nutrition and physical activity, and increasing the percentage of children who receive developmental screening in the first three years of life" include: • Facilitate continuous member engagement and education through care coordination, text messages, and/or face-to-face visits. • Foster ongoing collaboration with providers by offering resources, education, engagement opportunities, and continuous support to improve compliance and close care gaps. • Continue to offer incentives that encourage members and guardians to complete all aspects of the annual well-visit.	• Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC and WCC-CH) • Developmental Screening in the First Three Years of Life (DEV and DEV-CH)
Goal 3: Improve Outcomes for Chronic Diseases **Objective 3.2:** Increase the number of members participating in a remote monitoring program for management of chronic conditions **Objective 3.3:** Increase the percentage of members achieving appropriate asthma medication ratios **Objective 3.4:** Increase the number of members with a diagnosis of diabetes	**Description of Quality Initiative:** Initiatives aimed at increasing the number of members participating in a remote monitoring program for management of chronic conditions and increasing the number of members with hypertension who are provided a blood pressure device: • Remote Monitoring Program: Available for eligible members with chronic conditions, this program enables the monitoring of vital signs from home. The objective is to reduce medication errors, intervene proactively before issues escalate, decrease hospital visits, deprescribe unnecessary medications, and enhance member independence, ultimately providing a personalized and effective care experience. • Pharmacies and nurse case managers are educated on the program; however, based on our specialty population, the service has low utilization. Initiatives aimed at addressing asthma medication ratios:	**Quality Strategy Metric(s):** • 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: AMR-AD

DCH QS Aim, Goal, Objective and DCH Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
mellitus receiving nutritional counseling **Objective 3.5:** Increase the number of members with hypertension who are provided blood pressure device to monitor blood pressure **DCH Pillar One:** Quality **DCH Pillar Two:** Stewardship	• The Asthma Condition Care Management program is designed to support and educate members living with chronic asthma. GF360 has a dedicated team of nurse case managers who collaborate closely with members and their guardians to address compliance barriers and tackle the social determinants of health (SDOH). • Value added benefits for pest control services and hypoallergenic bedding to minimize asthmatic triggers and reduce exacerbations. • Asthma medication ratio telephonic outreach to non-compliant members to help overcome barriers to compliance, with the goal of improving compliance with controller medications and decreasing the need for rescue medications. Initiatives aimed at increasing the number of members with diabetes who receive nutritional counseling include: • Members enrolled in Condition Care Disease Management programs for diabetes are offered nutritional counseling. • Address compliance barriers, including social determinants of health, and empower members/guardians to communicate effectively with care teams. • Value-added benefits designed to promote a healthy lifestyle: "Fresh Food Connect – Georgia" a program offering options to ensure access to healthy and nutritious foods, gym memberships, health and wellness vouchers, and subscriptions to "Diabetes Living" Magazine. • Healthy Rewards to incentivize members for diabetes screening and for maintaining reasonable control.	
Goal 4: Improve Maternal and Newborn Care **Objective 4.1:** Increase the annual number of postpartum care visits	**Description of Quality Initiative:** Initiative aimed at increasing the annual number of postpartum care, decreasing the number of live births weighing less than 2,500 grams, and increasing the number of pregnant women receiving prenatal services within 30 days of enrollment visits: • A dedicated GF360 nurse case manager reaches out to members as soon as a	**Quality Strategy Metric(s):** • Prenatal and Postpartum Care (PPC) • Under Age 21: PPC2-CH • Age 21 and Older: PPC2-AD

DCH QS Aim, Goal, Objective and DCH Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
Objective 4.2: Decrease the number of live births weighing less than 2,500 grams **Objective 4.3:** Increase the number of hospitals implementing the severe high blood pressure pregnancy safety bundle **Objective 4.4:** Increase the number of pregnant women receiving prenatal services within 30 days of enrollment **Objective 4.5:** Increase number of postpartum persons with a diagnosis of substance use disorder (SUD) or cardiovascular condition who had provider contact within 10 days post discharge **DCH Pillar One:** Quality **DCH Pillar Two:** Stewardship **DCH Pillar Three:** Access	pregnancy is reported to provide education and support on the importance of prenatal and postpartum visits. Additionally, education on maintaining a healthy lifestyle and diet is provided, along with assistance in addressing any social determinants of health (SDOH) barriers. This approach ensures personalized guidance and resources, fostering healthier outcomes for both mothers and infants. • Healthy Rewards and value-added benefits for members with completed prenatal and postpartum visits. • The Read Set Push program provides additional education to promote a healthy lifestyle, emphasizing the importance of postpartum visits for mothers and well-child visits for infants. • 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. Initiatives aimed at increasing the number of hospitals implementing the severe high blood pressure pregnancy safety bundle include: • 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. • Amerigroup has partnered with Philips in support of Georgia's SB106 "Healthy Babies Act" to enhance access to remote perinatal care. This initiative provides Medicaid-covered pregnant and postpartum individuals with maternal hypertension or diabetes access to remote patient monitoring and personalized health coaching across 50 counties in Georgia. • Providing an OB Facility Consultant (FC) who works closely with hospital maternal-child unit leadership (antepartum, labor and delivery, mother-baby or NICU) on internal processes and specific measures to reduce severe maternal mortality and morbidity, infant	• Live Births Weighing Less than 2,500 grams (LBW-CH)

<table>
<tr><th>DCH QS Aim, Goal, Objective and DCH Pillar</th><th>Amerigroup 360°'s Quality Initiative</th><th>Performance Metric</th></tr>
<tr><td></td><td>mortality, primary C-section, and improve patient outcomes.

Initiatives aimed at increasing the "number of postpartum persons with a diagnosis of substance use disorder (SUD) or cardiovascular condition who had provider contact within 10 days post-discharge" include:
• GF360 nurse case manager assists with locating providers, appointment scheduling, SDOH needs, and provides resources to help manage conditions such as CAD or SUD.
• Amerigroup continues to perform bimonthly integrated rounds led by our OB medical director. During these rounds, inpatient pregnant or postpartum members who have complex admissions or potentially unsafe discharges are reviewed. Amerigroup 360's BH medical director, BH case managers, and clinical pharmacist attend rounds to provide collaboration, clinical expertise, and guidance to our care management and utilization management teams.
• Before discharge, initiate inpatient advocacy to develop a comprehensive discharge plan and ensure the member is connected to an appropriate care team for post-acute care.</td><td></td></tr>
<tr><td>Goal 5: Improve Behavioral Health Care Outcomes

Objective 5.1: Decrease the annual behavioral health 30-day readmission rate

Objective 5.2: Increase the number of adolescents and adults screened for follow-up for depression

Objective 5.3: Increase follow-up care for children prescribed attention-</td><td>Description of Quality Initiative:
Initiatives aimed at decreasing the annual behavioral health 30-day readmission rate:
• The GF360 Post Discharge Manage (PDM) team contacts members within five days post-discharge, focusing on overcoming barriers to proper aftercare, including addressing SDOH and arranging follow-up care.
• PDM supports members by identifying outpatient providers, scheduling appointments, and ensuring both natural and professional support systems are in place.
• Partnership with telehealth providers with access and ability to perform FUH appointments.

Initiatives aimed at increasing the number of adolescents and adults screened for follow-up for depression:</td><td>Quality Strategy Metric(s):
• Follow-Up After Hospitalization for Mental Illness (FUH)
• Ages 6 to 17: FUH-CH
• Age 18 and Older: FUH-AD
• Screening for Depression and Follow-Up Plan
• Ages 12 to 17 Years: CDF-CH
• Age 18 and Older: CDF-AD
• Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD)</td></tr>
</table>

<table>
<tr><th>DCH QS Aim, Goal, Objective and DCH Pillar</th><th>Amerigroup 360°'s Quality Initiative</th><th>Performance Metric</th></tr>
<tr><td>deficit/hyperactivity disorder (ADHD) medication

Objective 5.4: Increase the number of children and adolescents on antipsychotics receiving metabolic monitoring

Objective 5.5: Increase the percentage of children, adolescents, and adults receiving follow-up after an emergency department visit for substance use

Objective 5.6: Increase the percentage of children, adolescents, and adults receiving follow-up after an emergency department visit for mental illness

Objective 5.7: Increase the use of first-line psychosocial care for children and adolescents on antipsychotics

Objective 5.8: Increase the percentage of members who initiate and engage in substance use disorder treatment

Objective 5.9: Increase the</td><td>• Foster ongoing collaboration with providers by offering resources, education, engagement opportunities, and continuous support to improve compliance and close care gaps.
• Reimbursing providers for submitting applicable codes that document depression screenings and follow-up.

Initiatives aimed at increasing the number of children and adolescents on antipsychotics receiving metabolic monitoring:
• Care coordinators provide support and guidance to members and guardians on the importance of metabolic monitoring while on antipsychotic medication.
• Reimbursing providers for submitting the applicable G9001 code quarterly for care coordination with PCP.
• Provider outreach based on pharmacy claims analysis to address gaps in care.

Initiatives aimed at increasing follow-up care for children prescribed ADHD medication:
• Text message outreach reminders and education for members receiving ADHD medication.
• Provide education and support to primary care physicians, who primarily prescribe ADHD medication, as well as guidance on when and how to refer members to behavioral health professionals for assistance in managing their condition.
• The care coordination team receives daily reports on members with "new ADHD medication fills." This process highlights the need for education and support, which they provide to members and guardians during outreach.

Initiatives aimed at increasing the percentage of children, youth, adolescents, and adults receiving follow-up after an emergency department visit for substance abuse and mental illness:
• Daily feed from CHOA identifying members who are presented in ED for mental health or substance abuse, allows for daily outreach by the care coordination team to facilitate follow-up.</td><td>Medication (ADD and ADD-CH)
• Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM and APM-CH)
• Follow-Up After Emergency Department Visit for Substance Use (FUA)
• Ages 13 to 17: FUA-CH
• Ages 18 and Older: FUA-AD)
• Follow-Up After Emergency Department Visit for Mental Illness (FUM)
• Ages 13 to 17: FUM-CH
• Ages 18 and Older: FUM-AD
• Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP and APP-CH)
• Initiation and Engagement of Substance Use Disorder Treatment (IET and IET-AD)
• Antidepressant Medication Management (AMM and AMM-AD)</td></tr>
</table>

DCH QS Aim, Goal, Objective and DCH Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
percentage of individuals receiving appropriate antidepressant medication management **DCH Pillar One:** Quality **DCH Pillar Two:** Stewardship **DCH Pillar Three:** Access	• Increase access and availability of telehealth providers for follow-up visits. • Ongoing collaboration with providers by offering resources, education, engagement opportunities, and continuous support to improve compliance and close care gaps Initiatives aimed at increasing the use of first-line psychosocial care for children and adolescents on antipsychotics: • Ongoing provider support, education, and engagement. • Care coordination efforts to encourage, educate, and facilitate psychosocial support. • Authorization for antipsychotics mandates confirmation of psychosocial care being utilized before prescribing the medication. Initiatives aimed at increasing the percentage of members who initiate and engage in substance abuse treatment: • Foster ongoing collaboration with providers by offering resources, education, engagement opportunities, and continuous support to improve compliance and close care gaps. • Dedicated GF360 nurse case manager to provide support and education to members identified as needing treatment for substance abuse. Initiatives aimed at increasing the percentage of individuals receiving appropriate antidepressant medication management: • Care coordination and text messaging campaign educating members on the importance of medication adherence. • Continue provider faxing program to alert of member noncompliance and encourage follow-up. • Member outreach by pharmacists/technicians to provide medication education and address any barriers to adherence. • 60-day supply is available to assist with member compliance.	
Goal 6: Improve Utilization of Care and Services	**Description of Quality Initiatives:** Initiatives aimed at decreasing ED utilization for individuals 19 years of age and younger, and	**Quality Strategy Metric(s):** • Ambulatory Care: Emergency Department

DCH QS Aim, Goal, Objective and DCH Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
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 **DCH Pillar One**: Quality **DCH Pillar Two:** Stewardship	decreasing 30-day readmission rates among members 18 years of age and older: • Early and frequent contact with members and hospitals. • Appropriate and timely referrals for post-acute services. • PDM (Post-Discharge Management) care coordination programs to support members with transitions from inpatient hospitalization to outpatient services. • Utilization Review Daily Rounds include robust interdisciplinary collaboration with medical directors and nurses to identify potential risk factors that increase the propensity for complications among members after discharge. Members are referred to case management teams to support transitional care needs, aiming to reduce complications and readmissions later.	(ED) Visits among Children 19 Years and Under (AMB-CH) • Plan All-Cause Readmissions (PCR-AD)
Goal 7: Improve Member Experience **Objective 7.1:** Increase annual CAHPS overall *Rating of Health Plan* **DCH Pillar Four**: Experience	**Description of Quality Initiatives:** Initiatives aimed at increasing the annual CAHPS overall Rating of the Health Plan: • Inclusion of CAHPS education and a live survey of low-performing questions during the member Health Education Advisory Committee (HEAC) meetings. • Provider CAHPS education and guidance on how to address key drivers of the member/patient experience. • Annual and ongoing root cause analysis of study indicators identified as areas of low performance for both Adult and Child CAHPS results. • Provide education and resources on benefits to members/caregivers immediately upon member enrollment.	**Quality Strategy Metric(s):** • 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 CY 2024 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

<table>
<tr><th colspan="3">Recommendation—Performance Measure Validation</th></tr>
<tr><td>Goal 1: Improve Access to Care

Goal 4: Improve Maternal and Newborn Care

DCH Pillar One: Quality
DCH Pillar Three: Access

BCS - Goal, Objective, Pillar and Metric listed in this section are from DCH 2021–2023 Quality Strategy.</td><td>Objective 1.2: Increase the number of adults receiving well- and preventive visits

Objective 4.1: Increase the annual number of postpartum care visits

Objective 1.2.c: Increase the number of breast cancer screenings for qualified women to perform at or above the HEDIS 75th percentile by the end of CY 2023</td><td>Metric(s):
• Adults Access to Preventive and Ambulatory Care (AAP)
• Prenatal and Postpartum Care (PPC)</td></tr>
<tr><td colspan="3">Opportunity for Improvement: 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: Adults' Access to Preventive/Ambulatory Health Services—Total, Breast Cancer Screening, and Prenatal and Postpartum Care—Postpartum Care.</td></tr>
<tr><td colspan="3">Recommendation: HSAG recommends that Amerigroup continue its efforts to improve 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 to remove barriers to care that contribute 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 identify which providers may require additional support to enhance the quality of care delivered to members. Amerigroup should continue its efforts to expand the 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 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.</td></tr>
<tr><td colspan="3">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)</td></tr>
</table>

Recommendation—Performance Measure Validation
Why the Challenge Exists: *Adults' Access to Preventive/Ambulatory Health Services—Total* • There are numerous challenges in increasing access to preventive and ambulatory health services for members, including transportation difficulties, limited provider availability, and inconvenient clinic hours, which hinder attendance at health appointments. Socioeconomic factors often lead individuals to prioritize immediate needs over healthcare, while language barriers, cultural differences, and mistrust in the healthcare system further deter them from engaging. *Breast Cancer Screening* • Access to breast cancer screenings is challenged by factors such as transportation issues, limited appointment availability, and inconvenient clinic hours, making it difficult for individuals to schedule and attend screenings. Socioeconomic challenges often lead them to prioritize addressing more immediate needs over screening. Additionally, cultural barriers, language differences, and distrust in the healthcare system can discourage participation. Limited awareness about the importance of early detection and a lack of familiarity with the screening process also contribute to low engagement. Overcoming these barriers necessitates a multifaceted strategy, including increasing awareness and education, expanding clinic hours, improving transportation access, providing culturally sensitive care, and leveraging community partnerships to enhance screening uptake and accessibility. *Prenatal and Postpartum Care—Postpartum Care* • Access to postpartum care for members is often impeded by factors such as transportation challenges, limited availability of healthcare providers, and inconvenient appointment times, which can disrupt follow-up care. Socioeconomic pressures may lead new mothers to prioritize other needs over their own healthcare. Language barriers, cultural differences, and distrust in the healthcare system may also contribute to low engagement in postpartum visits. Additionally, a lack of awareness about the importance of postpartum care can result in missed opportunities for addressing issues such as mental health, physical recovery, and family planning. Addressing these barriers requires a comprehensive approach that includes enhancing awareness and education about the importance of postpartum care, extending clinic hours, improving transportation access, providing culturally competent support, and involving community resources to support new mothers during the postpartum period.
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): • Developing a specialized analytics tool aimed at providing comprehensive insights for key demographic information for both members and providers (i.e., race, ethnicity, age, and ZIP Code, etc.) This tool is designed to monitor monthly changes, identify gaps in pregnancy care, and uncover opportunities for targeted provider engagement. Additionally, we are exploring the possibility of extending the tool's capabilities to encompass measures such as adult access to care and breast cancer screenings. • Began ongoing cross-functional team meetings, including provider success, case management, whole health/health equity, medical directors, and quality management, to optimize our plan/process to ensure that Amerigroup continues to foster collaboration with network providers, offer resources, education, engagement opportunities, and continuous support to improve compliance and close care gaps. • PQIP Essentials (PQIP-E) to address provider groups with smaller panel sizes. Like PQIP, these providers are offered ongoing support, and scorecards are reviewed to monitor progress and effectiveness. • Implementation of a national quality team to support and engage with non-value provider-based groups. • Utilization of the vendor to assist with the completion of SDOH assessments with members, as appropriate. Members with identified needs are connected with resources to close SDOH loops. • Community Resource Link connects Amerigroup members with community partners to support various needs, including financial assistance, food insecurity, legal aid, and transportation concerns.

Recommendation—Performance Measure Validation
• Implementing the PDSA cycle through a PIP to enhance the management of pregnant women with hypertension and pre-eclampsia. Our goal is to increase the number of mothers who receive a blood pressure check within 3-10 days post-delivery. • Conducted an analysis on outreach initiatives to identify opportunities for enhanced member engagement. Developed a quality Improvement plan to address these opportunities, with a commitment to evaluate and refine our strategy continually. • Developing a strategy to increase provider participation in data connectivity for supplemental data, thus enabling the capture of real-time data directly from their electronic medical records (EMR). • Amerigroup Resource Mothers (Community Health Workers) who provide support to Amerigroup postpartum members, attend community, marketing, and other members-facing events to connect with members, provide education on the Resource Mother program, and assist members with minimizing SDOH factors that impact health outcomes. • Amerigroup, in partnership with a care partner and DPH, launched a pilot program for remote non-stress test fetal monitoring. The initiative aims to improve maternal experience and birth outcomes by providing access to remote monitoring of fetal movement for Medicaid-eligible pregnant and postpartum women, particularly in rural and underserved counties.
Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): **PMV results showed:** **Metric:** *Adults' Access to Preventive/Ambulatory Health Services—Total* MY 2023: 67.16% MY 2024: 73.22% **Metric:** *Breast Cancer Screening (BCS)* MY 2023: 47.88% MY 2024: 49.04% **Metric:** *Prenatal and Postpartum Care—Postpartum Care* MY 2023: 69.83% MY 2024: 69.34%
Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: *Adults' Access to Preventive/Ambulatory Health Services—Total & Breast Cancer Screening* • Currently, the initiatives above are newly implemented and/or in process; as such, Amerigroup does not yet have performance data to assess their outcomes. Amerigroup is committed to monitoring progress closely and will evaluate effectiveness in due course. *Prenatal and Postpartum Care—Postpartum Care* • The remote fetal monitoring program did not yield improvements due to a lack of provider participation
Identify any barriers to implementing initiatives: • Constraints with the availability of advanced analytics resources to support the volume of ongoing high-priority data analytics needs. • A challenge to implementing the remote fetal monitoring program included potential issues with unreliable and inconsistent high-speed internet access, particularly in rural areas, which could hinder effective monitoring.

Recommendation—Performance Measure Validation
HSAG Assessment:

<table>
<tr><th colspan="3">Recommendation—Performance Measure Validation</th></tr>
<tr><td>Goal 3: Improve Outcomes for Chronic Diseases

Goal 5: Improve Behavioral Health Care Outcomes

DCH Pillar One: Quality
DCH Pillar Two: Stewardship
DCH Pillar Three: Access</td><td>Objective 3.3: Increase the percentage of members achieving appropriate asthma medication ratios

Objective 3.4: Increase the number of members with a diagnosis of diabetes mellitus receiving nutritional counseling

Objective 3.5: Increase the number of members with HTN who are provided blood pressure device to monitor blood pressure

Objective 5.6: Increase the percentage of children, adolescents, and adults receiving follow-up care after an emergency department visit for mental illness

Objective 5.8: Increase the percentage of members that initiate and engage in substance use disorder treatment</td><td>Metric(s):
• Asthma Medication Ratio (AMR)
• Ages 5 to 18: AMR-CH
• Ages 19 to 64: AMR-AD
• Hemoglobin A1c Control for Patients With Diabetes (HBD and HBD-AD)
• Controlling High Blood Pressure (CBP and CBP-AD)
• Follow-Up After Emergency Department Visit for Mental Illness (FUM)
• Age 18 and Older: FUM-AD
• Initiation and Engagement of Substance Use Disorder Treatment (IET and IET-AD)</td></tr>
<tr><td colspan="3">Opportunity for Improvement: 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:
• 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</td></tr>
<tr><td colspan="3">Recommendation: HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics, including 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.
• Evaluating and expanding current and/or new member outreach and engagement initiatives.
• Offering provider education and engagement opportunities, such as webinars and newsletters, on best practices for chronic condition management.</td></tr>
</table>

Recommendation—Performance Measure Validation
• 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 the Asthma Medication Ratio, HSAG recommends that Amerigroup 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. The low performance of the Follow-Up After Emergency Department Visit for Mental Illness 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 identify potential reasons for low follow-up visit rates and review providers' practices in scheduling patients for follow-up visits prior to 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. To improve the performance of the Initiation and Engagement of Substance Use Disorder Treatment measure, HSAG recommends that Amerigroup evaluate its current care coordination practices and ensure that patients and providers are aware of available treatment options.
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: **<u>Chronic Conditions</u>** • Members with chronic conditions face numerous barriers in accessing and maintaining adequate healthcare, which can significantly impact their health outcomes. There are several key reasons for the persistence of these issues. Access to care remains limited, especially for those in rural or underserved areas, where a lack of nearby healthcare facilities or specialists hinders the ability to receive timely and appropriate care. Transportation challenges further exacerbate this issue, as many individuals struggle to attend medical appointments regularly, which hinders their ability to manage their conditions effectively. Health education also plays a critical role, as a lack of understanding about their conditions or the importance of ongoing care often leads to poor disease management, non-compliance with treatment plans, and delayed care-seeking. Additionally, low health literacy affects a person's ability to comprehend medical instructions, utilize healthcare services effectively, and communicate needs to providers, limiting their capacity to manage their health. Mental health issues, such as depression and anxiety, interfere with an individual's motivation and capacity to pursue necessary medical care and adhere to treatment plans. The complexity of healthcare navigation adds another layer of difficulty, as the system can be daunting for those managing multiple health issues, with complex scheduling, referrals, and uncoordinated care across different providers complicating access to consistent care. Balancing personal, family, and work obligations often means that healthcare takes a backseat, affecting individuals' ability to stay on track with medical appointments and adhere to treatment. Cultural and language barriers also contribute to the problem, as differences in cultural beliefs and language can lead to misunderstandings, discomfort, and reduced trust in healthcare providers, resulting in suboptimal care. Lastly, the low use of specific diagnostic codes, like CAT II for blood pressure and A1c results, by healthcare providers can lead to incomplete patient data, which adversely affects care planning and monitoring. **<u>Behavioral Health Measures</u>** • Challenges exist for members in securing timely follow-up after emergency department visits for mental illness and engaging in substance use disorder (SUD) treatment due to a variety of systemic and personal barriers. Limited access to mental health and SUD treatment providers and shortages of specialists often result in delayed appointments and difficulty initiating treatment. Transportation issues further hinder access to care. Additionally, stigma and mistrust in the healthcare system can deter individuals from

Recommendation—Performance Measure Validation
seeking necessary follow-up and treatment. Poor coordination between emergency and outpatient services often results in missed opportunities for ongoing care. For many members, complex social and economic circumstances, compounded by language barriers and low health literacy, make it challenging to prioritize healthcare. Furthermore, a lack of awareness about the importance of follow-up care, combined with insurance and financial constraints, can prevent members from accessing the necessary services, creating substantial obstacles to effective treatment engagement.
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): • Amerigroup implemented a remote patient monitoring (RPM) program for members with hypertension. The program is structured to address hypertension management by focusing on reducing disparities and enhancing chronic condition care. By utilizing ongoing data analysis and stratification among Amerigroup's membership, Amerigroup identifies and addresses the specific needs of its population. To facilitate at-home blood pressure management, the program provides hypertensive members with cellularly-connected monitoring devices, ensuring they have the tools necessary for consistent self-measurement and data sharing with healthcare providers. Members also receive personalized communication on their health status to support management of their chronic condition. • Conducted an analysis on outreach initiatives to identify opportunities for enhanced member engagement. Developed a QIP to address these opportunities, with a commitment to evaluate and refine our strategy continually. • Developing a strategy to increase provider participation in data connectivity for supplemental data, thus enabling the capture of real-time data directly from their electronic medical records (EMR). • Developing a specialized analytics tool aimed at providing comprehensive insights for key demographic information for both members and providers (i.e., race, ethnicity, age, and ZIP Code, etc.). This tool is designed to monitor monthly changes, identify gaps in pregnancy care, and uncover opportunities for targeted provider engagement. Additionally, Amerigroup is exploring the possibility of extending the tool's capabilities to encompass measures such as adult access to care and breast cancer screenings. • Began ongoing cross-functional team meetings, including provider success, case management, whole health/health equity, medical directors, and quality management, to optimize our plan/process to ensure that Amerigroup continues to foster collaboration with network providers, offer resources, education, engagement opportunities, and continuous support to improve compliance and close care gaps. • Implementation of the national quality team to support and engage with non-value provider-based groups • Providing a 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. • Community Pharmacy Total Care (CPTC) Program actively engages targeted members, facilitating warm transfers to community pharmacies to deliver personalized pharmacy-led interventions. This approach aims to enhance medication adherence through additional support. • Utilization of internal "strike team" to support member outreach, improve appointment success rates, and complete necessary follow-up after discharge appointments. The team engages with members post-ER visits, offering case management, ER usage education, and alternative care recommendations. Amerigroup also uses a dedicated ER avoidance queue to identify and promptly contact frequent ER users. • Partnership with a telehealth provider group to assist members with therapy and/or med management services. • 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. • Addition of FTE to PDM program to help identify and address potential barriers to compliance with treatment and make timely and appropriate referrals to providers.

Recommendation—Performance Measure Validation
• Implementing the PDSA cycle through a QIP to increase screenings for behavioral health and substance use disorders for prenatal and postpartum women. Through this QIP, Amerigroup monitors, evaluates, and determines the effectiveness of expansion.
Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): **PMV results showed:** **Metric:** *Asthma Medication Ratio—5–11 Years* MY 2023: 57.12% MY 2024: 56.83% **Metric:** *Asthma Medication Ratio—12–18 Years* MY 2023: 57.88% MY 2024: 60.58% **Metric:** *Controlling High Blood Pressure* MY 2023: 58.39% MY 2024: 52.80% **Metric:** *Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)* MY 2023: 47.93% MY 2024: 54.26% **Metric:** *Hemoglobin A1c Control for Patients With Diabetes—HbA1c Poor Control (>9.0%)* (*Lower rate is better*) MY 2023: 44.53% MY 2024: 39.90% **Metric:** *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—18–64 Years* MY 2023: 21.01% MY 2024: 23.81% **Metric:** *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—18–64 Years* MY 2023: 31.65% MY 2024: 33.77% **Metric:** *Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—18–64 Years* MY 2023: 39.48% MY 2024: 40.54% **Metric:** *Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment—Total—18-64 Years* MY 2023: 7.46%

Recommendation—Performance Measure Validation
MY 2024: 9.24%
Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: The Strike Team was temporarily suspended due to staffing issues but is expected to resume by the end of Q4 2025. Monitor and assess outcomes upon the program's restart.
Identify any barriers to implementing initiatives: Constraints with the availability of advanced analytics resources to support the volume of ongoing high-priority data analytics needs.
HSAG Assessment:

Recommendation—Performance Measure Validation		
Goal 2: Increase Wellness and Preventive Care **DCH Pillar One:** Quality **DCH Pillar Two:** Stewardship	**Objective 2.2:** Increase the overall rate of immunizations and vaccinations across all ages and populations	**Metric:** • Immunizations for Adolescents (IMA and IMA-CH)
Opportunity for Improvement: In the Access to Care domain for the PeachCare for Kids® population, Amerigroup fell below the HEDIS MY 2023 50th percentile for *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)*, suggesting opportunities for adolescents to receive the recommended immunization screenings.		
Recommendations: HSAG recommends that Amerigroup continue its efforts to improve 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 to remove barriers to care that contribute to low performance (e.g., issues related to accessing care, lack of transportation, refusal or hesitancy in receiving immunizations, or the need for improved community outreach and education). HSAG also recommends stratifying data by provider panel size to identify which providers may require additional support to enhance the quality of care delivered to members. Amerigroup should continue its efforts to expand the 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 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.		
CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)		
Why the Challenge Exists: The IMA Combo 2 measure is challenging due to low participation among members receiving HPV vaccinations, which stems from several factors. Accessibility is often a primary barrier, with limited availability of appointments or healthcare providers, particularly in rural or underserved areas. Transportation difficulties can further inhibit access to vaccination sites. Additionally, there may be a lack of awareness or understanding about the importance of the HPV vaccine in preventing certain cancers, leading to lower prioritization among parents and adolescents. Misinformation and misconceptions about vaccine safety and efficacy can also contribute to vaccine hesitancy. Cultural beliefs and language barriers may impede effective communication between healthcare providers and patients, complicating vaccine acceptance. Furthermore, logistical issues such as tracking and ensuring completion of the multi-dose HPV series pose challenges. Addressing these issues requires ongoing targeted outreach, education, and support to improve vaccination rates.		

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): • Conducted an analysis on outreach initiatives to identify opportunities for enhanced member engagement. Developed a Quality Improvement Plan to address these opportunities, with a commitment to evaluate and refine Amerigroup's strategy continually. • Developing a strategy to increase provider participation in data connectivity for supplemental data, thus enabling the capture of real-time data directly from electronic medical records (EMR). • As shown in the data below, the rate for adolescent immunizations increased by 5.59 points from MY23; however, despite Amerigroup's best efforts, vaccine hesitancy remains a significant barrier. Amerigroup will continue to evaluate current strategies and explore additional opportunities for improvement; however, it is ultimately the parent/caregiver's right to make that decision for their child.
Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): **PMV results showed:** **Metric:** *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* MY 2023: 30.66% MY 2024: 36.25%
Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: • Currently, the initiatives above are newly implemented and/or in process, and as such, Amerigroup does not yet have performance data to assess their outcomes. Amerigroup is committed to monitoring progress closely and will evaluate effectiveness in due course.
Identify any barriers to implementing initiatives: • Currently, there are no distinct barriers to implementing the initiatives.
HSAG Assessment:

CareSource

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

Recommendation—Performance Measure Validation		
Goal 1: Improve Access to Care **Goal 2: Improve Wellness and Preventive Care**	**Objective: 1.2** Increase the number of adults receiving well and preventive visits.	**Metrics(s):** • Adults' Access to Preventive/Ambulatory Health Services—Total

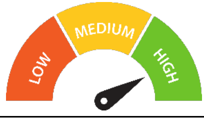
Recommendation—Performance Measure Validation		
Goal 4: Improve Maternal and Newborn Care **DCH Pillar One:** Quality **DCH Pillar Three:** Access	**Objective: 2.2** Increase the overall rate of immunizations and vaccinations. across all ages and populations **Objective: 4.1** Increase the annual number of postpartum care visits	• Immunizations for Adolescents—Combination 2 • Prenatal and Postpartum Care—Postpartum Care
Opportunity for Improvement: 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: *Adults' Access to Preventive/Ambulatory Health Services—Total, Immunizations for Adolescents—Combination 2,* and *Prenatal and Postpartum Care—Postpartum Care.* In addition, 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 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 preventive care for children.		
Recommendation: 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 that fall below expected benchmarks. CareSource should also continue its efforts to remove barriers to care that contribute to less access to preventive care and services compared 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 identify which providers may require additional support to enhance 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.[68] For the *Immunizations for Adolescents—Combination 2* measure, HSAG recommends that CareSource continue to build upon performance improvement interventions already implemented for ensuring that adolescents receive medically appropriate preventive vaccinations. Best practices that CareSource may also consider testing to improve immunization and well-care visits rates include: • Offering provider education and engagement opportunities, such as webinars and newsletters, on best practices for children's vaccination and well-care visits. • Sharing health education material with the population served.		

[68] Institute for Healthcare Improvement. How to Improve: Model for Improvement. Available at: https://www.ihi.org/resources/how-improve-model-improvement. Accessed on: Oct 30, 2025.

Recommendation—Performance Measure Validation
• Offering member incentives, such as gift cards, for accessing timely preventive and immunization services.[69] • Evaluating and expanding current and/or new member outreach and engagement initiatives. For the *Prenatal and Postpartum Care* measure, HSAG recommends that CareSource continue to review and analyze disparities and/or SDOH within its 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 non-compliant members to help close care gaps and ensure timely postpartum care. 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.
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: **Adult Access to Health Services:** • Health literacy to understand the necessity of importance of prevention • Members not making adult well visits for themselves a priority • Healthcare is only used for sick visits versus prevention • Competing priorities and limited availability of well visits during preferred scheduling windows **Immunizations for Adolescents:** • Parent/guardian hesitancy allowing the immunization • Adolescent vaccine hesitancy • Adolescents declining vaccination **Postpartum Care:** • Lack of reliable transportation • Distance to healthcare providers • Need for childcare • Mental health challenges • Work obligations • Appointment availability • Understanding the Importance of the postpartum visits • UTR and if scheduled, no shows
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): **Adult Access to Health Services:** • Member rewards are offered for preventative activities.

[69] 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, 2025.

Recommendation—Performance Measure Validation
• Members are educated on the importance of well visits through member newsletters and social media posts, in addition to discussions in the Member Advisory Council. **Immunizations for Adolescents:** • Member rewards are offered for receiving targeted vaccinations. • Members are educated on the importance of well visits through member newsletters and social media posts, in addition to discussions in both the teen and adult versions of the Member Advisory Council. **Postpartum Care** • CareSource contracts with a telehealth nurse practitioner to offer virtual postpartum appointments to members who are having a challenging time returning to see their OB timely. • CareSource sends a postpartum postcard to members immediately after delivery to educate them on the importance of postpartum care and scheduling the appointment, postpartum warning signs based on the CDC's "Hear Her" Campaign, and when to seek immediate medical attention, and a reminder of the 12-month postpartum coverage extension. • CareSource sends a text message to members after delivery with a link to the CareSource pregnancy webpage and a video message stressing the importance of postpartum care. • CareSource's Mom and Baby Beginnings Care Management program outreaches to 100 percent of pregnant members, offering care management services and support. Having a dedicated care manager increases the likelihood that members receive regular and ongoing medical care. • CareSource launched the MyLife app, which was initially piloted for pregnant members. The MyLife app is a user-friendly mobile application designed to provide pregnant members with personalized resources, education, and support throughout their pregnancy. The app is designed to enhance maternal health outcomes, promote wellness, and empower women during this crucial period.
Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): **PMV results showed:** **Metric:** *Adults' Access to Preventive/Ambulatory Health Services—Total* • 2023: 68.41% • 2024: 76.15% **Metric:** *Immunizations for Adolescents—Combination 2* • 2023: 27.98% • 2024: 27.49% **Metric:** *Prenatal and Postpartum Care—Postpartum Care* • 2023: 73.97% • 2024: 79.08%
Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: Continued vaccine hesitancy among both members and guardians for adolescent immunizations led to a slight decline of 0.49 percent between 2023 and 2024, following a 0.01 percent increase from 2022 to 2023.
Identify any barriers to implementing initiatives:

Recommendation—Performance Measure Validation
Incorrect addresses or phone numbers impedes direct communication with members.
HSAG Assessment: 

Recommendation—Performance Measure Validation		
Goal 3: Improve Outcomes for Chronic Diseases **Goal 5:** Improve Behavioral Health Care Outcomes **DCH Pillar One:** Quality **DCH Pillar Two:** Stewardship **DCH Pillar Three:** Access	**Objective 3.5:** Increase the number of members with hypertension who are provided blood pressure device to monitor blood pressure **Objective 5.6:** Increase the percentage of children, adolescents, and adults receiving follow-up after an emergency department visit for mental illness**:** **Objective 3.4:** Increase the number of members with a diagnosis of diabetes mellitus receiving nutritional counseling **Objective 5.8:** Increase the percentage of members who initiate and engage in substance use disorder treatment**:** **Objective 5.7:** Increase the use of first-line psychosocial care for children and adolescents on antipsychotics	**Metric(s):** • 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 • 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—Initiation of SUD Treatment—Total—18–64 Years • Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total and Blood Glucose and Cholesterol Testing—Total
Opportunity for Improvement: 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: • *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* • *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—Initiation of SUD Treatment—Total—18–64 Years* • *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total and Blood Glucose and Cholesterol Testing—Total*		
Recommendation: HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics, including race, ethnicity, age, and ZIP Code. HSAG		

Recommendation—Performance Measure Validation
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. • 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 capture HbA1c values and blood pressure readings correctly. The low performance of the Follow-Up After Emergency Department Visit for Mental Illness measure indicator suggests that CareSource should focus its efforts on managing care for patients discharged after an ED visit for mental illness more effectively. HSAG recommends that CareSource conduct focus groups with practitioners to identify 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. To improve the performance of the Initiation and Engagement of Substance Use Disorder Treatment and Metabolic Monitoring for Children and Adolescents on Antipsychotics 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
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: **Controlling High Blood Pressure:** • Some providers do not submit CPTII Codes. • Lack of medication adherence can hinder effective blood pressure control. • Making appointments and no-shows. • Continued decisions to maintain poor lifestyle choices, even given education. **Follow-Up After ED for Mental Health** Many hospitals have expressed that they lack the necessary staff and time to facilitate these follow-up appointments. Additionally, some hospitals are hesitant to engage in discussions about coordination due to the relatively low number of CareSource members they serve. Furthermore, some providers are unwilling to participate in the Georgia Health Information Network (GaHIN) system, which would enable them to receive alerts when a member is in the emergency department. Providers have indicated that without a state mandate, they do not feel obligated to participate in these initiatives. **HbA1c Control**: • Some providers do not submit CPTII Codes. • Continued decisions to maintain poor lifestyle choices, even given education. • Lack of education on diet and exercise. **Initiation/Engagement of SUD Treatment**

Recommendation—Performance Measure Validation
The initiation requirement for starting treatment is within 14 days (approximately two weeks) of being diagnosed with a substance use disorder (SUD). This timeline presents significant challenges, particularly when the primary care provider (PCP) or primary behavioral health provider (BHP) is not the one who made the diagnosis. VBR providers have raised concerns and have ultimately rejected the VBR for this measure. They would like to receive a list of members impacted by the measure. CareSource can provide this list, but only after a claim has been submitted. This timing makes it impossible for providers to meet the 14-day follow-up requirement for treatment. **Metabolic Monitoring for Children and Adolescents on Antipsychotics** • Parents, guardians, and even some healthcare providers may not fully understand the importance of metabolic monitoring for children on antipsychotics, leading to missed opportunities for necessary assessments. • Children and adolescents may not have regular follow-up appointments due to scheduling conflicts, transportation issues, or a lack of available providers, resulting in gaps in monitoring.
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): **Controlling High Blood Pressure:** • Provider education on CPTII code submission. • Member well visit rewards are available. **Follow-Up After ED for Mental Health** • Currently receiving a weekly census for members diagnosed with a mental illness and providing outreach to assure members have a follow-up appointment with their PCP or BH provider within 30 days. ED follow-up flier was created to use in all member events/mailings. Information on 988 and care management was published in the newsletter as resources. • Continue to educate providers and hospitals on telehealth services. • Continue to encourage providers on the importance of being registered with the GaHIN to be alerted when their members are in the ED. **HbA1c Control**: • Provider education on CPTII code submission. • Member well visit rewards are available. **Initiation/Engagement of SUD Treatment** • A quarterly forum to educate a bigger audience of providers on BH HEDIS measures. • Continue VBR incentives with those providers willing to collaborate on the IET measure. • Continue to educate providers and hospital on telehealth services. • Continue to educate providers on SBIRT screenings and the importance of starting treatment timely for SUD diagnosis. **Metabolic Monitoring for Children and Adolescents on Antipsychotics** • Provider education on the necessity of monitoring.

Recommendation—Performance Measure Validation

- Member education on the necessity of monitoring.

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

Metric: *Controlling High Blood Pressure*
- 2023: 59.37%
- 2024: 62.53%

Metric: *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—18–64 Years*
- 2023: 23.72%
- 2024: 23.95%

Metric: *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—18–64 Years*
- 2023: 37.55%
- 2024: 37.72%

Metric: *Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)*
- 2023: 42.58%
- 2024: 52.31%

Metric: *Hemoglobin A1c Control for Patients With Diabetes—HbA1c Poor Control (>9.0%) (Less is Better)*
- 2023: 50.12%
- 2024: 39.66%

Metric: *Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—18–64 Years*
- 2023: 9.40%
- 2024: 11.02%

Metric: *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total and Blood Glucose and Cholesterol Testing—Total*
- 2023: 27.76%
- 2024: 29.65%

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

Identify any barriers to implementing initiatives:
Follow-Up After ED for Mental Health
- If a member did not attend a hospital that the provider was affiliated with or if the providers are unwilling to be a part of GaHIN, they receive no notice.

Initiation/Engagement of SUD Treatment

Recommendation—Performance Measure Validation
• Providers want CareSource to provide a list of members that are attributed to them based on diagnosis. Due to claim lag and HIPAA this makes it very difficult to accomplish. **Metabolic Monitoring for Children and Adolescents on Antipsychotics** • Private psychiatrists do not have labs available at their practice. Education on collaboration with labs, PCP and BH providers was discussed as an essential key to meet the members' needs.
HSAG Assessment:

Recommendation—Performance Measure Validation		
Goal 5: Improve Behavioral Health Care Outcomes **DCH Pillar One:** Quality	**Objective 5.7:** Increase the use of first-line psychosocial care for children and adolescents on antipsychotics	**Metric(s):** • Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total
Opportunity for Improvement: In the Quality domain for CareSource's PeachCare for Kids® population, Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total fell below the HEDIS MY 2023 50th percentile, indicating that first-line psychosocial interventions may be underutilized in children and adolescents on antipsychotic medications.		
Recommendation: 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.		
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: • Providers' lack of awareness of this HEDIS measure or needed increase provider education on the measure.		
Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation): • Monthly virtual education to PCPs to inform on the measure and use care coordination codes to collaborate with BH providers. • Creation of the APP HEDIS flier to give providers a reference - GA-MED-P-2831501 approved 5/22/24 by the DCH. • Provide quarterly forums to PCPs on APP and other BH HEDIS measures.		
Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): **PMV results showed:** **Metric:** *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total*		

Recommendation—Performance Measure Validation

- 2023: 53.69%
- 2024: 60.93%

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

Identify any barriers to implementing initiatives:

- There were no barriers identified by providers.
- The only barrier identified by members was transportation to a pharmacy.
- Members were reeducated on the benefits of Medicaid transportation and the ability to use for pharmacy. Our CareSource website was updated with easier access to information on transportation, including links to the DCH website.

HSAG Assessment:

Recommendation—CAHPS–Adult

Goal 7: Improve Member Experience **DCH Pillar Four:** Experience	**Objective 7.1:** Increase annual CAHPS overall Rating of Health Plan	• **Metric(s):**AHRQ CAHPS overall Rating of Health Plan

Opportunity for Improvement: 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 Discussing Cessation Medications and Discussing Cessation Strategies 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 Customer Service was statistically significantly lower than the 2023 score.

Recommendation: HSAG recommends that CareSource focus on increasing response rates to the CAHPS survey, aiming for more than 100 respondents for each measure. This can be achieved by educating and engaging all employees to enhance their knowledge of CAHPS, utilizing customer service techniques, oversampling, and continuing to raise member and provider awareness throughout 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.

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 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.

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):

Recommendation—CAHPS–Adult

- Provide educational materials on the provider and member websites to promote awareness of programs and resources available, including an interactive health library that promotes healthy habits for tobacco screening and cessation.
- Provider education materials are included in the provider newsletters to promote the importance of clinical best practices, enhance the member and provider experience, and facilitate provider collaboration and coordination of care across settings.
- Implemented CareSource Population Health Workgroup meetings on a Bi-Monthly basis to engage internal and external partners on improving healthy behaviors:
  - Discuss global aims, initiatives, and strategies in relation to tobacco usage and prevention.
  - Share ideas across stakeholders, voice of customer, status updates, metric monitoring, and outcomes all while encouraging general discussion to fulfill our population health management (PHM) objectives (i.e., empower members to achieve and maintain wellness, improve the health outcomes of identified communities and groups).
  - Identifying key drivers and areas for improvement.
  - Identifying interventions to implement.
  - Developing action and work plans.
  - Monitoring intervention performance metrics and outcome.

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

PMV results showed: Metric: *Discussing Cessation Medications*

- 2023: 31.1%
- 2024: 32.5%

Metric: *Discussing Cessation Strategies*

- 2023: 24.7%
- 2024: 28.0%

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

Identify any barriers to implementing initiatives:

- 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.

HSAG Assessment:

Peach State

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

<table>
<tr><th colspan="3">Recommendation—Performance Measure Validation</th></tr>
<tr><td>Goal 4: Improve Maternal and Newborn Care

DCH Pillar One: Quality
DCH Pillar Two: Stewardship
DCH Pillar Three: Access</td><td>Objective 4.1: Increase the annual number of postpartum care visits

Objective 4.2: Decrease the number of live births weighing less than 2,500 grams.

Objective 4.3: Increase the number of hospitals implementing the severe HBP pregnancy safety bundle

Objective 4.4: Increase the number of pregnant women receiving prenatal services within 30-days of enrollment

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</td><td>Metric(s):
• Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care. (PPC CH and AS)
• Live Births Weighing Less Than 2,500 Grams (LBW-CH)</td></tr>
<tr><td colspan="3">Opportunity for Improvement: 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: Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care.</td></tr>
<tr><td colspan="3">Recommendation: 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 that fall below expected benchmarks. Peach State should also continue its efforts in identifying 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 identify which providers may require additional support to enhance the quality of care delivered to members. For the Prenatal and Postpartum Care measure, HSAG recommends that Peach State continue to review and analyze disparities and/or SDOH within its 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, timeliness, 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.</td></tr>
</table>

Recommendation—Performance Measure Validation
For the *Immunizations for Adolescents—Combination 2* measure, HSAG recommends that Peach State continue to build upon performance improvement interventions already implemented for ensuring that adolescents receive medically appropriate preventive vaccinations.
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)
• Timely access to postpartum care remains a significant challenge, often influenced by limited member awareness regarding the importance of the postpartum visit. Additionally, lack of childcare usually prevents new mothers from attending postpartum visits, posing a significant barrier to accessing essential follow-up care. Insights gathered through Resource Mother engagement indicate that many members perceive postpartum care as necessary only when seeking contraceptive services, reflecting a gap in understanding of its broader health benefits. • Socioeconomic factors, including limited individual and family support, lower levels of education, and reduced health literacy, continue to be closely associated with missed postpartum visits. Similarly, delays in initiating prenatal care are frequently attributed to a lack of awareness about the critical role of early prenatal engagement in promoting maternal and infant health outcomes.
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): • Deployment of Proactive Outreach Management (POM) campaign, which highlights the extended Medicaid coverage to 12 months. • Enhanced value-added benefits (VABs) to increase postpartum visits by providing additional rewards when the visit is completed. • Leverage ongoing engagement within the High-Risk OB Care Management Program by implementing a proactive follow-up model that extends through the first 84 days postpartum which includes personalized outreach, digital reminders, and care coordination touchpoints designed to reinforce the importance of postpartum care and support members in overcoming barriers to visit completion. • Educated providers on the value of early identification by sharing notification of pregnancy (NOP) data and outcomes to reinforce timely engagement in prenatal care. • Incentivize early submission of NOP to enable timely outreach, identify high-risk pregnancies sooner, and increase member engagement in care management programs. • Launched a texting campaign to promote prenatal care, followed by telephonic outreach and home visits for members who do not have a scheduled prenatal visit. • Delivered personalized support by using updated care manager scripts to uncover childcare barriers and connect members with targeted solutions based on their specific needs.
Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): **PMV results showed:** **Metric:** *Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care. (PPC) - Timeliness of Prenatal Care* 2023: 74.45% 2024: 84.18% **Metric:** *Postpartum Care* 2023: 74.21% 2024: 76.16%

Recommendation—Performance Measure Validation
Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: Peach State launched a texting campaign to encourage newly pregnant members to schedule prenatal visits within 42 days of receiving confirmation of their pregnancy. Despite its intent, the campaign did not significantly improve visit rates, indicating that texting alone was insufficient to drive timely engagement. In 2025, enhancements to the initiative include telephonic outreach and home visits to those members who do not respond to follow-up outreach or schedule care.
Identify any barriers to implementing initiatives: None.
HSAG Assessment:

Recommendation—Performance Measure Validation		
Goal 3: Improve outcome for Chronic Diseases **Goal 5:** Improve Behavioral Health Care Outcomes **DCH Pillar One:** Quality **DCH Pillar Two:** Stewardship **DCH Pillar Three:** Access	**Objective 3.1:** Decrease the annual hospital admission rate for members with heart failure **Objective 3.2:** Increase the number of members participating in a remote monitoring program for management of chronic conditions **Objective 3.3:** Increase the percentage of members achieving appropriate asthma medication ratios **Objective 3.4:** Increase the number of members with a diagnosis of diabetes mellitus receiving nutritional counseling **Objective 3.5**: Increase the number of members with HTN who are provided blood pressure device to monitor blood pressure **Objective: 5.1:** Decrease the annual behavioral health 30- day readmission rate. **Objective 5.2:** Increase the number of adolescents and adults screened for follow-up for depression **Objective 5.4:** Increase the number of children and	**Metric(s):** • Hemoglobin A1c Control for Patients With Diabetes <8 (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: AMR-AD • PQI-08: Heart Failure Admission Rate (PQI08-AD) • Follow-Up After Hospitalization for Mental Illness (FUH-CH and AD) • Screening for Depression and Follow-Up Plan (CDF CH and AD) • Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD- ADD and ADD CH) • Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM and APM-CH) • Follow-Up After Emergency Department Visit for Substance Use (FUA-CH and AD) • Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH and AD) • Use of First-Line Psychosocial Care for Children and

Recommendation—Performance Measure Validation		
	adolescents on antipsychotics receiving metabolic monitoring. **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. **Objective5.5:** Increase the percentage of children, adolescents, and adults receiving follow-up after an emergency department visit for substance use **Objective 5.6:** Increase the percentage of children, adolescents, and adults receiving follow-up care after an emergency department visit for mental illness. **Objective 5.7:** Increase the use of first-line psychosocial care for children and adolescents on antipsychotics. **Objective 5.8:** Increase the percentage of members that initiate and engage in substance use disorder treatment. **Objective 5.9:** Increase the percentage of individuals receiving appropriate antidepressant medication management.	Adolescents on Antipsychotics (APP and APP-CH) • Initiation and Engagement of Substance Use Disorder Treatment (IET and IETAD) • Antidepressant Medication Management (AMM and AMM-AD)
Opportunity for Improvement: 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: • *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*		

Recommendation—Performance Measure Validation
• *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.
Recommendation: HSAG recommends targeted interventions based on identified disparities through ongoing data analysis and stratification across key demographics, including 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. • 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 offered educational opportunities to discuss the importance of well-managed asthma, controller medications, and data collection on medication prescriptions. The low performance of the Follow-Up After Emergency Department Visit for Mental Illness and Follow-Up After Emergency Department Visit for Substance Use 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 identify 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. Finally, to improve the performance of Initiation and Engagement of Substance Use Disorder Treatment and Metabolic Monitoring for Children and Adolescents on Antipsychotics, 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.
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:
• Shared Challenges related to Managing Chronic Conditions (Diabetes, Hypertension, and Asthma):
  − Reactive Care Patterns: Members are often identified following emergency department visits or hospitalizations, highlighting a need for more proactive care strategies.
  − Persistent Care Gaps: Delays in routine monitoring, medication adherence, and follow-up appointments continue to hinder effective disease management.

Recommendation—Performance Measure Validation
− Impact of Social Determinants of Health (SDOH): Environmental and socioeconomic barriers—such as exposure to mold, smoking, food insecurity, and limited access to transportation—negatively affect members' ability to manage their conditions. − Late-Year Identification: Many members with care gaps were identified in Q3–Q4, reducing the window for meaningful intervention. • Challenges related to the *Follow-Up After Emergency Department Visit for Mental Illness* and *Follow-Up After Emergency Department Visit for Substance Use* include delayed discharge notifications, outdated member contact information, limited communication about the importance of follow-up care, and low member responsiveness to outreach efforts.
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 uses the multidisciplinary, interdepartmental Performance Outcomes Steering Committee (POSC) to discuss monthly data. The data presented at POSC include metrics by compliance status for specific services/diagnoses, as well as race, age, gender, and geographic location (DRAGG). Analysis using DRAGG allows the Plan to conduct more targeted/focused initiatives. Strategies implemented often follow the PDSA methodology for improvement initiatives. Initiatives are adopted, abandoned, or adapted according to the results of intervention tracking and the monthly measurement results progress. **<u>Overarching Initiatives:</u>** • Launched supplemental wellness initiatives and a self-onboarding experience through Wellframe, including an educational video, to promote engagement in programs focused on caregiver support, physical activity, stress management, smoking cessation, and weight loss. • Expanded the digital platform by offering additional chronic condition programs (e.g., diabetes, hypertension, chronic kidney disease) and enabling members to engage in multiple programs—including the welcome program—over 60 days to deepen participation and improve outcomes. **<u>Diabetes</u>** • Conducted timely post-discharge outreach within 3–10 days to improve care continuity and support member recovery. • Established a care gap workgroup (Q3–Q4) to proactively address overdue diabetes screenings and follow-ups. • Distributed glucose meters and testing supplies to enhance home monitoring and increase member engagement. • Promoted sustainable behavior change through lifestyle programs such as Mom's Meals and gym membership benefits. **<u>Hypertension</u>** • Model the hypertension care gap workgroup after the diabetes initiative to proactively close overdue blood pressure monitoring gaps. • Empower members through the distribution of blood pressure monitors and education to support effective home monitoring and self-management. • Improve access to primary and specialty care by coordinating preventive care appointments with staff-assisted scheduling. **<u>Asthma</u>** • Collaborate with public health and school-based programs to expand access to asthma care in underserved communities. • Implement SDOH-informed interventions, including environmental assessments and tailored education, to reduce ER visits and readmissions.

Recommendation—Performance Measure Validation
• Reinforce member self-management through continued use of standardized asthma action plans and education. **Initiatives for** **Follow-Up After Emergency Department Visit for Mental Illness** **Follow-Up After Emergency Department Visit for Substance Use** To strengthen member engagement and continuity of care through a multi-touch approach: • Conduct on-site visits to network providers—including outpatient behavioral health clinics, primary care practices, inpatient facilities, and narcotic treatment programs—to deliver education on substance use disorder (SUD)-related HEDIS measures, emphasize the role of preventive care in sustaining remission, and promote ongoing member engagement. • Leveraged digital care management tools to expand outreach, deliver condition-specific education, and enhance care coordination. • Distributed educational flyers before discharge to reinforce the importance of follow-up care and provide direct access to Care Managers. • Motivated participation in post-discharge activities by offering a $100 Walmart gift card to members who complete key follow-up steps. • Initiated proactive engagement by connecting with members during their inpatient stay to prepare them for post-discharge support. • Identified and engaged members with substance use concerns early in their treatment journey to ensure targeted support and care coordination from the outset. • Peach State partnered with BRAVE Health, an outpatient behavioral health telehealth provider, to improve access to care and ensure earlier post-discharge appointments following ED visits. • BH CM conducts telephonic outreach by a licensed clinician, which includes completion of a designated assessment, targeting medication and post-discharge follow-up appointments. • Health Assistance, Linkage, and outreach (HALO). CM outreach to members using the SBIRT model. The focus is on members at risk for developing a substance use diagnosis (SUD) or currently have a SUD diagnosis. • MyStrength by Teledoc is a digital mental health member-facing online self-management tool. It's a flexible and comprehensive digital program with proven tools and dedicated support for stress, depression, sleep, and more. It offers evidence-based support for many types of emotional and physical challenges. **<u>Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total</u>** • Peach State provides a list of members on antipsychotics who need routine lab monitoring to their assigned PCPs for member outreach, as well as providing education on the measures to support improved compliance and outcomes. • Peach State partnered with a vendor to provide one-way text messages to members, reminding them of the importance of completing their bloodwork. Members are informed that yearly blood tests help their doctors track their health and medications, and catch potential problems before they occur. The members' PCP information is included along with a link to find a doctor and have the option to connect with a CM. • Peach State provided one-way text messages to members, reminding them of the importance of completing their bloodwork. Members are informed that yearly blood tests help their doctors track their health and medications, and catch problems before they occur. The member's PCP information is included along with a link to find a doctor and have the option to connect with a CM.
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: *Controlling High Blood Pressure*
2023: 55.72%
2024:58.15%

Metric: *Asthma Medication Ratio (AMR)*
Ages 5 – 11 years
2023: 59.70%
2024: 61.50%

Ages 12-18 years (AMR-CH)
2023: 64.29%
2024: 61.73%

Ages 19 – 50
2023:49.74%
2024: 43.55%

Ages 51 – 64 Years (AMR-AD)
2023: 51.61%
2024: 56.41%

Metric: *Follow-Up After Emergency Department Visit for Mental Illness*
7-Day Follow-Up—18–64 Years
2023: 23.02%
2024: 32.06%

30-Day Follow-Up—18–64 Years
2023: 36.42%
2024: 40.84%

Metric: *Follow-Up After Emergency Department Visit for Substance Use*
7-Day Follow-Up—13–17 Years
2023:4.55%
2024: 12.18%

30-Day Follow-Up—13–17 Years
2023: 4.55%
2024: 20.19%

Metric: *Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)* and *HbA1c Poor Control (>9%)*

	<8
2023: 52.07%	40.63%
2024: 36.50%	57.91%

Metric: *Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment—Total—18–64 Years*
2023:6.57%
2024: 8.56

Recommendation—Performance Measure Validation
Metric: *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total (APM-E)* 2023: NQ 2024: 33.55%
Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: • As it relates to managing chronic conditions initiatives (Diabetes, Asthma, and Hypertension), the following initiatives did not have the desired outcomes: − Late-Year Outreach: Identifying members in Q3–Q4 limited the time for effective intervention and follow-up. − Follow-Up Scheduling Barriers: Despite outreach efforts, timely follow-up (especially within 30 days post-discharge) was hindered by issues with appointment availability, transportation, and member disengagement. − Low Member Engagement: Some members did not respond to outreach or follow through with care plans, indicating a need for more personalized or incentivized engagement strategies. − Regarding Initiatives for Follow-Up After Emergency Department Visit for Mental Illness and Follow-Up After Emergency Department Visit for Substance Use, initial outreach efforts—primarily phone calls and follow-up letters—proved ineffective due to low response rates and outdated contact information, resulting in missed opportunities for timely care coordination. Additionally, delays in discharge notifications limited the ability to intervene early, reducing the likelihood of members receiving follow-up care within the recommended 7- and 30-day timeframes.
Identify any barriers to implementing initiatives:
HSAG Assessment:

Recommendation—CAHPS–Adult		
Goal 1: Improve Access to Care **DCH Pillar One: Quality** **DCH Pillar Four: Experience**	**Objective: 1.3:** Increase the percentage of members *Getting Needed Care*	**Metric:** • CAHPS (CPC and CPC CH)
Opportunity for Improvement: 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 *Discussing Cessation Strategies* was statistically significantly lower than the 2023 NCQA adult Medicaid national average.		
Recommendation: HSAG recommends that Peach State focus on increasing response rates to the CAHPS survey, aiming for more than 100 respondents for each measure. This can be achieved by educating and engaging all employees to expand their knowledge of CAHPS, utilizing customer service techniques, oversampling, and continuing to raise awareness among members and providers 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 establish provider materials aimed at promoting smoking cessation and the available options to stop smoking, including medication assistance.		
CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)		

Recommendation—CAHPS–Adult
Why the Challenge Exists: Providers may not always discuss tobacco use cessation medications during visits with members. Also, many members do not have the opportunity to engage with staff, such as pharmacy coordinators, to learn about tobacco cessation methods/medications. Another challenge is that few members respond to the question in the CAHPS survey.
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 help members be aware of CAHPS and respond to the survey upon receipt, Peach State conducted a CAHPS preconditioning text campaign to outreach to members before the fielding of CAHPS. Members received messages encouraging them to respond to CAHPS throughout the survey fielding period. • For the upcoming CAHPS fielding period in Q1 2026, Peach State will oversample the Medicaid adult population by 221 percent to help ensure all measures are reportable. • To help members be aware of options to assist with tobacco cessation, Pharmacy coordinators and support staff advise providers about available services and provide them with resources. Staff also provide providers with information about free programs that support tobacco cessation for their members. Peach State also updated the website to include a news article titled “You Can Quit Smoking: Here’s How.” • To help members be aware of options to assist with tobacco cessation, Peach State distributes an anniversary text message campaign to membership, which features an option for members to select Smoking Cessation Support from a Benefits Menu. Upon selection, the member is sent a message that reads: YOU can quit smoking, vaping, and using smokeless tobacco today! The Georgia Tobacco Quit Line (GTQL) is a FREE public health service available to help Georgians quit smoking, vaping, and stop using all forms of tobacco products. Visit https://dph.georgia.gov/readytoquit or call (877) 270-STOP (877-270-7867) for more information. • Peach State Health Plan implemented a post-care survey pilot to create opportunities for Peach State to resolve member concerns proactively. Survey respondents shared feedback on experiences relevant to CAHPS measures and provider-related issues that often lead to grievances. Due to the small number of member respondents, the pilot ended on March 31, 2025. Peach States continues to analyze other performance metrics to monitor member experience.
Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): **PMV results showed:** **Metric:** Discussion *of Smoking Cessation Medication* 2023: 40.5% 2024: 61.5% **Metric:** *Getting Needed Care - Adult* 2023: 84.2% 2024: 81.1% **Metric:** *Getting Needed Care - Child* 2023: 86.7% 2024: 90.0%
Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: None
Identify any barriers to implementing initiatives: None
HSAG Assessment:

Recommendation—CAHPS–Adult

Amerigroup 360°

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

<table>
<tr><th colspan="3">Recommendation—Performance Measure Validation</th></tr>
<tr><td>Goal 4: Improve Maternal and Newborn Care

DCH Pillar One: Quality
DCH Pillar Three: Access</td><td>Objective 4.1: Increase the annual number of postpartum care visits

Objective 4.4:Increase the number of pregnant women receiving prenatal services within 30 days of enrollment</td><td>Metric(s):
• Prenatal and Postpartum Care-PPC</td></tr>
<tr><td colspan="3">Opportunity for Improvement: In the Access to Care domain, Amerigroup 360°'s Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care measure indicator rates fell below the 25th percentile. This performance highlights opportunities to enhance the timeliness and accessibility of prenatal and postpartum care services.</td></tr>
<tr><td colspan="3">Recommendation: 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, timeliness, 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.</td></tr>
<tr><td colspan="3">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)</td></tr>
<tr><td colspan="3">Why the Challenge Exists: <u>Prenatal and Postpartum Care Challenges</u>
Amerigroup 360º continues to provide focused care to ensure pregnant members receive the appropriate care throughout their pregnancy; however, there are numerous barriers that can impede access to appropriate pregnancy care. Several of these challenges include, but are not 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 visits are unnecessary).
• SDOH 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.
• Providers often fail to use the appropriate billing codes.</td></tr>
<tr><td colspan="3">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):
• A dedicated GF360 nurse case manager reaches out to members as soon as a pregnancy is reported to provide education and support on the importance of prenatal and postpartum visits. Additionally, education</td></tr>
</table>

Recommendation—Performance Measure Validation
on maintaining a healthy lifestyle and diet is provided, along with assistance in addressing social determinants of health (SDOH) barriers. This approach ensures personalized guidance and resources, fostering healthier outcomes for both mothers and infants. • Healthy rewards and value-added benefits for members with completed prenatal and postpartum visits. • The Read Set Push program provides additional education to promote a healthy lifestyle, emphasizing the importance of postpartum visits for mothers and well-child visits for infants. • 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. • Developing partnerships to provide telehealth appointments for new and expecting moms. • Developing a strategy to increase provider participation in data connectivity for supplemental data, thus enabling capture of real-time data directly from their electronic medical records (EMR.
Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): **PMV results showed:** **Metric:** *Prenatal and Postpartum Care – Timeliness of Prenatal Care* 2023: 68.54% 2024: 72.73% **Metric:** *Prenatal and Postpartum Care – Postpartum Care* 2023: 67.42% 2024: 56.71%
Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: Although members have access to Healthy Rewards upon completing prenatal and postpartum visits, few take advantage of these incentives. This indicates that the rewards may not be sufficiently motivating members to pursue the necessary care. Amerigroup 360° will continue to offer these incentives, but we will also provide additional education and support focused on marketing and accessing these benefits.
Identify any barriers to implementing initiatives: No specific barriers to implementing the above initiatives.
HSAG Assessment:

Recommendation—Performance Measure Validation		
Goal 3: Improve Outcomes for Chronic Diseases **Goal 5:** Improve Behavioral Health Care Outcomes **DCH Pillar One:** Quality	**Objective 5.9:** Increase the percentage of individuals receiving appropriate antidepressant medication management **Objective 3.3:** Increase the percentage of members achieving appropriate asthma medication ratios	**Metric(s):** • **Metric:** *Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)* • **Metric:** *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*

Recommendation—Performance Measure Validation		
	Objective 3.4: Increase the number of members with a diagnosis of diabetes mellitus receiving nutritional counseling	• **Metric:** *Asthma Medication Ratio—12–18 Years* • **Metric:** *Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)*

Opportunity for Improvement: 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: *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%).* 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 appropriate medications). HSAG recommends that Amerigroup 360° consider implementing proper interventions to improve performance. Best practices include partnering with providers and local pharmacies to emphasize timely 90-day prescription refills, when applicable, to support medication adherence; providing medication reminders; enhancing coordination of care to ensure children who are prescribed behavioral health medications are managed appropriately; and educating members and/or guardians on the importance of medication adherence. Regarding Asthma Medication Ratio, HSAG recommends that Amerigroup 360° 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.

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:

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) / Antidepressant Medication Management—Effective Acute Phase Treatment (AMM):

- GF360 members 18 and over, who are aging out of foster care, often belong to a transient population with significant social determinants of health needs, where mental health disorders can obstruct their ability to seek and sustain treatment.
- Prescribers are not educating members about the importance of medication adherence, potential side effects, consequences of stopping the medication, and the need for follow-up appointments.
- Cultural beliefs and stigma surrounding mental health can cause misunderstandings or discomfort within healthcare settings, affecting both the quality and accessibility of care.

Asthma Medication Ratio—12–18 Years (AMR)

- Frequent changes in caregivers or living situations can disrupt medication routines and continuity of care.
- Barriers to accessing medication, such as transportation issues or changes in providers.
- Simply forgetting to take medication regularly without established routines or reminders.

Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%).

- As they transition out of foster care, these individuals often face housing instability and changes in support networks, which can disrupt their diabetes management routines.
- They may lose access to consistent healthcare services or face challenges in navigating the adult healthcare system, which can impact their ability to obtain necessary medical attention and prescriptions.

Recommendation—Performance Measure Validation
• Some may not have received adequate education about managing their diabetes effectively, leading to poor self-care practices.
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): **Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)** • Amerigroup's Community Pharmacy Total Care (CPTC) program actively engages targeted members, facilitating warm transfers to community pharmacies to deliver personalized pharmacy-led interventions. This approach aims to enhance medication adherence through additional support. • Care coordinators provide ongoing education and support to members and/or guardians to encourage medication adherence. **Antidepressant Medication Management—Effective Acute Phase Treatment (AMM)** • Care coordination and text messaging campaign educating members on the importance of medication adherence. • Continue the provider faxing program to alert of member noncompliance and encourage follow-up • Member outreach by pharmacists/technicians to provide medication education and address any barriers to adherence. • 60-day supply is available to assist with member compliance. **Asthma Medication Ratio—12–18 Years (AMR)** • The Asthma Condition Care Management program is designed to support and educate members living with chronic asthma. GF360 has a dedicated team of nurse case managers who collaborate closely with members and their guardians to address compliance barriers and tackle the social determinants of health (SDOH). • Value added benefits for pest control services and hypoallergenic bedding to minimize asthmatic triggers and reduce exacerbations. • Asthma medication ratio telephonic outreach to non-compliant members to help overcome barriers to compliance, improve compliance with controller medications, and decrease the need for rescue medications. **Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%).** • Members enrolled in condition care disease management programs for diabetes are offered. • Address compliance barriers, including social determinants of health, and empower members/guardians to communicate effectively with care teams. • Value Added benefits designed to promote a healthy lifestyle: "Fresh Food Connect – Georgia" a program offering options to ensure access to healthy and nutritious foods, gym memberships, health and wellness vouchers, and subscriptions to "Diabetes Living Magazine. • Healthy Rewards to incentivize members for diabetes screening and maintaining reasonable control. • Amerigroup's Community Pharmacy Total Care (CPTC) Program actively engages targeted members, facilitating warm transfers to community pharmacies to deliver personalized pharmacy-led interventions. This approach aims to enhance medication adherence through additional support
Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): **PMV results showed:** **Metric:** *Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)* 2023: 45.92% 2024: 52.75%

Recommendation—Performance Measure Validation
Metric: *Antidepressant Medication Management—Effective Acute Phase Treatment (AMM)* 2023: 41.07% 2024: 38/17% **Metric:** *Antidepressant Medication Management— Effective Continuation Phase Treatment (AMM)* 2023: 23.21% 2024: 22.90% **Metric:** *Asthma Medication Ratio—12–18 Years (AMR)* 2023: 55.88% 2024: 60.00% **Metric:** *Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%).* 2023: 31.82% 2024: 37.25%
Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: No initiative has been identified as ineffective at this time. GF360 aims to collect five data points to assess effectiveness, but no intervention has yet reached that stage.
Identify any barriers to implementing initiatives: No barriers to implementing initiatives have been identified.
HSAG Assessment:

Recommendation—CAHPS–Child		
Goal 7: Improve Member Experience **DCH Pillar Four:** Experience	**Objective 7.1:** Increase annual CAHPS overall *Rating of Health Plan*	**Metric(s):** • CAHPS - Rating of Health Plan
Opportunity for Improvement: 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 significantly lower than the 2023 NCQA child Medicaid national average for one measure, *Rating of Health Plan*.		
Recommendation: 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.		
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 may experience frustration due to long wait times, limited specialist availability, and difficulties in finding in-network providers, particularly when benefits are unclear or services seem inaccessible.		

Recommendation—CAHPS–Child
• Issues such as perceived poor quality of care, unresponsive customer service, and lack of clear communication regarding coverage can lead to dissatisfaction with the healthcare experience. • Complex health plan navigation, frequent provider changes, and insufficient member engagement or involvement in decision-making further contribute to reduced satisfaction levels.
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): • 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. • Annual and ongoing root cause analysis of study indicators identified as areas of low performance for both Adult and Child CAHPS results. • Provide education and resources on benefits to member/caregivers immediately upon member enrollment. • Ongoing efforts are being made to maintain an accurate provider directory for member use. • Continued focus on ensuring specialists and providers are accessible throughout the State.
Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): **PMV results showed:** **Metric:** *Rating of the Health Plan* – CAHPS 2023: 64.20% 2024: 64.02%
Identify any initiatives that did not result in improvement and identify reasons that improved performance was not achieved: No initiative has been identified as ineffective at this time. GF360 aims to collect five data points to assess effectiveness, but no intervention has yet reached that stage.
Identify any barriers to implementing initiatives: Currently, there are no distinct barriers to implementing the initiatives.
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 2024 Rate (Performance)	MY 2024 Percentile Compared to Target
Goal 1.1: Improve Access to Care						
• Prenatal and Postpartum Care: Postpartum Care	70.62%	At or above the HEDIS 50th Percentile	69.28%	72.82%	74.46%	Not Met
• Well-Child Visits in the First 30 Months of Life	First 15 Months: 56.83% 15-30 Months: 73.26%	At or above the HEDIS 50th Percentile	First 15 Months: 66.35% 15-30 Months: 59.22%	First 15 Months: 59.91% 15-30 Months: 69.47%	First 15 Months: 63.99% 15-30 Months: 72.67%	Met Met
• Child and Adolescent Well-Care Visits	Total: 50.96%	At or above the HEDIS 50th Percentile	Total: 47.94%	Total: 53.13%	Total: 57.66%	Met
• Adults' Access to Preventive/Ambulatory Health Services	20-44 Years: 73.02% 45-64 Years: 78.50%	At or above the HEDIS 50th Percentile	20-44 Years: 66.14% 45-64 Years: 74.11%	Total: 68.83%	Total: 75.23%	Within Range

Performance Metric	MY 2020 Rate *(Baseline Rate)*	Target Percentile	MY 2022 Rate *(Performance)*	MY 2023 Rate (Performance)	MY 2024 Rate (Performance)	MY 2024 Percentile Compared to Target
• CAHPS *Getting Needed Care*	Adult CAHPS: 80.85%	At or above the CAHPS 67th percentile	Adult CAHPS: 76.39%	79.19%	77.28%	
	Child CAHPS: 86.06%		Child CAHPS: 81.22%	83.62%	88.02%	
• Chlamydia Screening in Women—16–20 Years	16-20 Years: 61.24%	At or above the HEDIS 50th Percentile	16-20 Years: 59.58%	16-20 Years: 62.39%	16-20 Years: 63.05%	
	21-24 Years: 66.70%		21-24 Years: 63.54%	21-24 Years: 66.36%	21-24 Years: 66.36%	
Goal 1.2: Increase Wellness and Preventive Care						
• Oral Evaluation—Dental Services—Total	*New Measure*	At or above the CMCS 75th percentile	42.13%	45.29%	49.92%	
• Childhood Immunization Status	Combination 7: 62.04%	At or above the HEDIS 90th percentile	Combination 7: 53.92%	Combination 7: 53.13%	Combination 7: 61.18%	

Performance Metric	MY 2020 Rate *(Baseline Rate)*	Target Percentile	MY 2022 Rate *(Performance)*	MY 2023 Rate (Performance)	MY 2024 Rate (Performance)	MY 2024 Percentile Compared to Target
• Immunizations for Adolescents	Combination 1: 85.73%	At or above the HEDIS 90th percentile	Combination 1: 83.63%	Combination 1: 81.39%	Combination 1: 82.58%	
	Combination 2: 35.09%		Combination 2: 30.80%	Combination 2: 29.79%	Combination 2: 31.70%	
• Breast Cancer Screening	53.26%	At or above the HEDIS 75th percentile	48.39%	49.57%	53.62%	
• Cervical Cancer Screening	63.66%	At or above the HEDIS 75th percentile	60.16%	59.88%	59.23%	
Goal 1.3: Improve Outcomes for Chronic Disease						
• Glycemic Status Assessment for Patients With Diabetes	33.34%	At or above the HEDIS 50th percentile	39.84%	43.38%	55.43%	
• PQI 08: Heart Failure Admission Rate	Total: 7.13	At or above the CMCS 75th percentile	Total: 7.17	NR	NR	**NC**
• Controlling High Blood Pressure	Total: 45.83%	At or above the HEDIS 50th percentile	Total: 50.57%	Total: 57.36%	Total: 57.77%	

Performance Metric	MY 2020 Rate *(Baseline Rate)*	Target Percentile	MY 2022 Rate *(Performance)*	MY 2023 Rate (Performance)	MY 2024 Rate (Performance)	MY 2024 Percentile Compared to Target
Goal 1.5: Improve Behavioral Health Care Outcomes						
• Screening for Depression and Follow-Up Plan: Ages 12 to 17	2.15%	At or above the CMCS national 50th percentile	3.83%	5.49%	7.09%	**NC**
• Screening for Depression and Follow-Up Plan: Age 18 and Older	3.29%	At or above the CMCS national 50th percentile	18-64 Years: 2.36% 65 Years and Older: NC	18-64 Years: 3.35% 65 Years and Older: 3.23%	18-64 Years: 3.85% 65 Years and Older: 9.09%	**NC**
Goal 1.6: Enhance Member Experience						
• CAHPS Overall *Rating of Health Plan*	Adult: 75.27%	Increase by 5% by MY 2025	Adult: 74.25%	76.22%	75.56%	●
	Child: 86.79%		Child: 85.00%	86.65%	86.42%	●
Goal 2.1: Increase Appropriate Utilization of Services						
• Emergency Department Utilization: Total	34.91	At or above the HEDIS 50th percentile	513.71	518.90	NR	●
• Plan All-Cause Readmissions	Total Observed Readmissions: 7.96%	At or above the CMCS national 50th percentile	Total Observed Readmissions: 7.11%	Total Observed Readmissions: 6.98%	Total Observed Readmissions: 7.75%	**NC**
	PCR O/E Ratio Total: 0.99		PCR Ratio Total: 0.9008	PCR O/E Ratio Total: 0.8837	PCR O/E Ratio Total: 1.0729	●

Performance Metric	MY 2020 Rate *(Baseline Rate)*	Target Percentile	MY 2022 Rate *(Performance)*	MY 2023 Rate (Performance)	MY 2024 Rate (Performance)	MY 2024 Percentile Compared to Target
Goal 3.1: Improve Health and Well-Being of Persons Receiving Community-Based Services						
• Plan All-Cause Readmissions	Total Observed Readmissions: 7.96% PCR O/E Ratio Total: 0.99	At or above the HEDIS 50th percentile	Total Observed Readmissions: 7.11% PCR O/E Ratio Total: 0.9008	Total Observed Readmissions: 6.98% PCR O/E Ratio Total: 0.8837	Total Observed Readmissions: 7.75% PCR O/E Ratio Total: 1.0729	**NC** ●

**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.

Appendix G. NAV Indicator Validation Ratings

The network adequacy validation 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 validated for the reporting period of Q4 2024 (October 1, 2024–December 31, 2024). These results represent the most recently produced reported results, which are a cumulative summary of each CMO's network as of December 31, 2024, inclusive of enrollment and provider network data within the preceding 12 months. The detailed indicator validation ratings are included in the following table.

State	Plan	Standard Type	Indicator Name	Validation Rating
GA	Amerigroup	Time and Distance	Dental Sub-Specialty Providers: One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	Amerigroup	Time and Distance	Dental Sub-Specialty Providers: One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	Amerigroup	Time and Distance	General Dental Providers: One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	Amerigroup	Time and Distance	General Dental Providers: One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	Amerigroup	Time and Distance	Hospitals: One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	Amerigroup	Time and Distance	Hospitals: One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	Amerigroup	Time and Distance	Mental Health Providers One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	Amerigroup	Time and Distance	Mental Health Providers: One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	Amerigroup	Time and Distance	Obstetric Providers: Two (2) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	Amerigroup	Time and Distance	Obstetric Providers: Two (2) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	Amerigroup	Time and Distance	PCPs: Two (2) within eight (8) miles (Urban)	High confidence
GA	Amerigroup	Time and Distance	PCPs: Two (2) within fifteen (15) miles (Rural)	High confidence
GA	Amerigroup	Time and Distance	Pediatricians: Two (2) within eight (8) miles (Urban)	High confidence
GA	Amerigroup	Time and Distance	Pediatricians: Two (2) within fifteen (15) miles (Rural)	High confidence
GA	Amerigroup	Time and Distance	Pharmacies: One (1) 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 (Rural)	High confidence

State	Plan	Standard Type	Indicator Name	Validation Rating
GA	Amerigroup	Time and Distance	Pharmacies: One (1) twenty-four (24) hours a day, seven (7) days a week within fifteen (15) minutes or fifteen (15) miles (Urban)	High confidence
GA	Amerigroup	Time and Distance	Specialists: (by type): One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	Amerigroup	Time and Distance	Specialists: (by type): One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	Amerigroup	Time and Distance	Therapy: (Physical Therapists, Occupational Therapists and Speech Therapists) One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	Amerigroup	Time and Distance	Therapy: (Physical Therapists, Occupational Therapists and Speech Therapists) One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	Amerigroup	Time and Distance	Vision Providers: One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	Amerigroup	Time and Distance	Vision Providers: One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	CareSource	Time and Distance	Dental Sub-Specialty Providers: One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	CareSource	Time and Distance	Dental Sub-Specialty Providers: One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	CareSource	Time and Distance	General Dental Providers: One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	CareSource	Time and Distance	General Dental Providers: One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	CareSource	Time and Distance	Hospitals: One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	CareSource	Time and Distance	Hospitals: One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	CareSource	Time and Distance	Mental Health Providers One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	CareSource	Time and Distance	Mental Health Providers: One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	CareSource	Time and Distance	Obstetric Providers: Two (2) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	CareSource	Time and Distance	Obstetric Providers: Two (2) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	CareSource	Time and Distance	PCPs: Two (2) within eight (8) miles (Urban)	High confidence
GA	CareSource	Time and Distance	PCPs: Two (2) within fifteen (15) miles (Rural)	High confidence

State	Plan	Standard Type	Indicator Name	Validation Rating
GA	CareSource	Time and Distance	Pediatricians: Two (2) within eight (8) miles (Urban)	High confidence
GA	CareSource	Time and Distance	Pediatricians: Two (2) within fifteen (15) miles (Rural)	High confidence
GA	CareSource	Time and Distance	Pharmacies: One (1) 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 (Rural)	High confidence
GA	CareSource	Time and Distance	Pharmacies: One (1) twenty-four (24) hours a day, seven (7) days a week within fifteen (15) minutes or fifteen (15) miles (Urban)	High confidence
GA	CareSource	Time and Distance	Specialists: (by type): One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	CareSource	Time and Distance	Specialists: (by type): One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	CareSource	Time and Distance	Therapy: (Physical Therapists, Occupational Therapists and Speech Therapists) One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	CareSource	Time and Distance	Therapy: (Physical Therapists, Occupational Therapists and Speech Therapists) One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	CareSource	Time and Distance	Vision Providers: One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	CareSource	Time and Distance	Vision Providers: One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	Peach State Health Plan	Time and Distance	Dental Sub-Specialty Providers: One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	Peach State Health Plan	Time and Distance	Dental Sub-Specialty Providers: One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	Peach State Health Plan	Time and Distance	General Dental Providers: One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	Peach State Health Plan	Time and Distance	General Dental Providers: One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	Peach State Health Plan	Time and Distance	Hospitals: One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	Peach State Health Plan	Time and Distance	Hospitals: One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	Peach State Health Plan	Time and Distance	Mental Health Providers One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence

State	Plan	Standard Type	Indicator Name	Validation Rating
GA	Peach State Health Plan	Time and Distance	Mental Health Providers: One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	Peach State Health Plan	Time and Distance	Obstetric Providers: Two (2) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	Peach State Health Plan	Time and Distance	Obstetric Providers: Two (2) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	Peach State Health Plan	Time and Distance	PCPs: Two (2) within eight (8) miles (Urban)	High confidence
GA	Peach State Health Plan	Time and Distance	PCPs: Two (2) within fifteen (15) miles (Rural)	High confidence
GA	Peach State Health Plan	Time and Distance	Pediatricians: Two (2) within eight (8) miles (Urban)	High confidence
GA	Peach State Health Plan	Time and Distance	Pediatricians: Two (2) within fifteen (15) miles (Rural)	High confidence
GA	Peach State Health Plan	Time and Distance	Pharmacies: One (1) 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 (Rural)	High confidence
GA	Peach State Health Plan	Time and Distance	Pharmacies: One (1) twenty-four (24) hours a day, seven (7) days a week within fifteen (15) minutes or fifteen (15) miles (Urban)	High confidence
GA	Peach State Health Plan	Time and Distance	Specialists: (by type): One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	Peach State Health Plan	Time and Distance	Specialists: (by type): One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	Peach State Health Plan	Time and Distance	Therapy: (Physical Therapists, Occupational Therapists and Speech Therapists) One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	Peach State Health Plan	Time and Distance	Therapy: (Physical Therapists, Occupational Therapists and Speech Therapists) One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence
GA	Peach State Health Plan	Time and Distance	Vision Providers: One (1) within forty-five (45) minutes or forty-five (45) miles (Rural)	High confidence
GA	Peach State Health Plan	Time and Distance	Vision Providers: One (1) within thirty (30) minutes or thirty (30) miles (Urban)	High confidence