



State of Georgia  
Department of Community Health

# **2020 Validation of Performance Measures** *for* **Georgia Department of Community Health**

*Measurement Period: Calendar Year 2019*

*Validation Period: January–August 2020*

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### Validation Overview

The Centers for Medicare & Medicaid Services (CMS) requires that states, through their contracts with managed care organizations (MCOs), measure and report on performance to assess the quality and appropriateness of care and services provided to members. Title 42 of the Code of Federal Regulations (CFR) §438.350(a) requires states that contract with MCOs, prepaid inpatient health plans (PIHPs), prepaid ambulatory health plans (PAHPs), or a primary care case manager (PCCM) entity to have a qualified external quality review organization (EQRO) perform an annual external quality review (EQR) that includes validation of contracted entity performance measures (42 CFR §438.358[b][1][ii]). Health Services Advisory Group, Inc. (HSAG) conducted performance measure validation (PMV) for the Georgia Department of Community Health (DCH), validating the data collection and reporting processes used to calculate the performance measure rates by the MCOs (referred to by the State as care management organizations [CMOs]) in accordance with the CMS publication, *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, October 2019.<sup>1</sup> The purpose of the PMV is to assess the accuracy of performance measures reported by the MCOs and to determine the extent to which performance measures reported by the MCOs follow State specifications and reporting requirements.

Each year, DCH requires its CMOs to report rates for a set of performance measures selected by DCH for validation. To facilitate rate comparisons and voluntary reporting of data to CMS for the Children's Health Insurance Program Reauthorization Act (CHIPRA) core set measures (Child Core Set) and the Adult Core Set measures, DCH contracted with DXC Technology (DXC), formerly Hewlett-Packard Enterprise Services (HPE), as its Medicaid Management Information System (MMIS) vendor. DXC was responsible for calculating performance measure rates for the 2019 calendar year (CY) for the Medicaid and PeachCare for Kids<sup>®</sup>,<sup>2</sup> populations listed below. The DCH contracted with its EQRO, HSAG, to conduct the validation activities as outlined in the CMS publication, *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, October 2019.

- Fee-for-Service (FFS)
- PeachCare for Kids<sup>®</sup>
- Service Options Using Resources in a Community Environment (SOURCE) and Community Care Services Program (CCSP): Elderly and Disabled Waiver
- Comprehensive Services Waiver Program/New Options Waiver Program (CPNOW)
- Independent Care Waiver Program (ICWP)

<sup>1</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, October 2019. Available at:

<https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. Accessed on: Mar 24, 2020.

<sup>2</sup> PeachCare for Kids<sup>®</sup> is the name of Georgia's standalone Children's Health Insurance Program (CHIP).

## Georgia Department of Community Health Information

Basic information about DCH appears in Table 1, including the office location(s) involved in the 2020 validation of performance measures audit that covered the CY 2019 measurement period. Please note that, due to the coronavirus disease 2019 (COVID-19) pandemic, the site visit was conducted virtually with DCH and DXC.

**Table 1—Georgia Department of Community Health Information**

<b>DCH Location:</b>	2 Peachtree Street, NW, Atlanta, GA 30303
<b>DCH Contact:</b>	Carla Willis, PhD, DCH PQO Director
<b>DCH Contact Telephone Number:</b>	404.472.8958
<b>DCH Contact Email Address:</b>	<a href="mailto:Carla.willis@dch.ga.gov">Carla.willis@dch.ga.gov</a>
<b>MMIS Vendor Location:</b>	DXC Technology, 100 Crescent Centre, Ste. 1100, Tucker, GA 30084
<b>Vendor Contact:</b>	Michele Hunter, Services Information Developer IV
<b>Vendor Contact Telephone Number:</b>	469.808.4396
<b>Vendor Contact Email Address:</b>	<a href="mailto:Michele.hunter@dxc.com">Michele.hunter@dxc.com</a>
<b>Virtual Site Visit Date:</b>	August 5, 2020

## Audited Populations

**Fee-for-Service (FFS)**—the FFS population included Medicaid and PeachCare for Kids<sup>®</sup> members not enrolled in the Georgia Families (GF) or GF 360° managed care program. To be included in the FFS rates, a member had to be continuously enrolled in the FFS population for the entire measurement period. The FFS rates excluded dual-eligible members.

**PeachCare for Kids<sup>®</sup> (PCK)**—PeachCare for Kids<sup>®</sup> is a comprehensive health care program for uninsured children living in Georgia and includes children/members ages 18 and under (eligible until their 19th birthday). To be included in the PeachCare for Kids<sup>®</sup> rates, a member had to be continuously enrolled in the population for the entire measurement period.

**SOURCE and CCSP—Elderly and Disabled Waiver**—This waiver includes benefit plans and aid categories to assist members who utilize the 259—Elderly and Disabled Waiver.

**CPNOW**—This waiver includes benefit plans and aid categories to assist members who utilize the following waivers: 252—Mental Retardation Waiver, 256—NOW—New Option Waiver Service, and 257—COMP—Comprehensive Services.

**ICWP**—This waiver includes benefit plans and aid categories to assist members who utilize the 251—Independent Waiver.

## Performance Measures Validated

HSAG validated rates for a set of performance measures selected by DCH for validation. All performance measures were selected from the National Committee for Quality Assurance’s (NCQA’s) *Healthcare Effectiveness Data and Information Set (HEDIS®)*<sup>3</sup> 2020 Volume 2, *Technical Specifications for Health Plans*, CMS’ *Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set)*, *Federal Fiscal Year (FFY) 2019 Reporting*, CMS’ *Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set)*, *FFY 2019 Reporting*, and the Agency for Healthcare Research and Quality’s (AHRQ’s) *Quality Indicator* measures. The measurement period was identified by DCH as CY 2019 for all measures.

Table 2 lists the performance measures that HSAG validated for each of the audited populations, the measure type, the methodology that was initially required for data collection (i.e., Admin, Hybrid), and the methodology used by DCH. Performance measures listed as Core Set and HEDIS were reported according to the age stratifications required by both sets of specifications if different. Please note that, due to the impact of COVID-19 on healthcare providers, DCH elected to rotate the hybrid measure rates reporting CY 2018 audited hybrid rates in place of CY 2019 hybrid rates in order to reduce the burden to providers. For hybrid measures that were not audited for CY 2018, DCH reported the rates administratively. All PeachCare for Kids® measures were reported administratively. The *Method Used* column displays the final methodology that was used (i.e., Rotated, Admin, Hybrid).

**Table 2—List of Performance Measures for CY 2019**

Performance Measure	Initial Required Method	Method Used	Measure Type	Populations				
				FFS	PCK	SOURCE & CCSP	CPNOW	ICWP
1 Adolescent Well-Care Visits (AWC)	Hybrid	Rotated, Admin*	HEDIS, Child Core Set	✓	✓			
2 Ambulatory Care—Emergency Department Visits (AMB)	Admin	Admin	HEDIS, Child Core Set	✓	✓	✓	✓	
3 Asthma Medication Ratio (AMR)	Admin	Admin	HEDIS, Child/Adult Core Sets	✓	✓			
4 Breast Cancer Screening (BCS)	Admin	Admin	HEDIS, Adult Core Set	✓				
5 Cervical Cancer Screening (CCS)	Hybrid	Rotated	HEDIS, Adult Core Set	✓				

<sup>3</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Performance Measure	Initial Required Method	Method Used	Measure Type	Populations					
				FFS	PCK	SOURCE & CCSP	CPNOW	ICWP	
6	Childhood Immunization Status (CIS)	Hybrid	Rotated, Admin*	HEDIS, Child Core Set	✓	✓			
7	Chlamydia Screening in Women (CHL)	Admin	Admin	HEDIS, Child/Adult Core Sets	✓	✓			
8	Comprehensive Diabetes Care—HbA1c (< 8.0%) (CDC)	Hybrid	Rotated	HEDIS	✓				
9	Controlling High Blood Pressure (CBP)	Hybrid	Admin	HEDIS, Adult Core Set	✓				
10	Developmental Screening in the First Three Years of Life (DEV)	Hybrid	Rotated, Admin*	Custom**	✓	✓			
11	Diabetes Short-Term Complications Admission Rate (PQI-01)	Admin	Admin	Adult Core Set	✓				
12	Emergency Department Utilization (EDU)	Admin	Admin	HEDIS			✓	✓	✓
13	Heart Failure Admission Rate (PQI-08)	Admin	Admin	Adult Core Set	✓				
14	Immunizations for Adolescents (IMA)	Hybrid	Rotated, Admin*	HEDIS, Child Core Set	✓	✓			
15	Inpatient Utilization—General Hospital/Acute Care (IPU)	Admin	Admin	HEDIS	✓	✓	✓	✓	✓
16	Live Births Weighing Less Than 2,500 Grams (PQI-09)	Admin	Admin	Custom***	✓	✓			
17	Plan All-Cause Readmissions (PCR)	Admin	Admin	HEDIS, Adult Core Set	✓		✓	✓	✓
18	Prenatal and Postpartum Care—Timeliness of Prenatal Care	Hybrid	Rotated, Admin*	HEDIS, Child Core Set	✓	✓			
19	Screening for Depression and Follow-Up Plan (CDF)	Admin	Rotated, Admin*	Child/Adult Core Sets	✓	✓			
20	Well-Child Visits in the First 15 Months of Life (W15)	Hybrid	Rotated, Admin*	HEDIS, Child Core Set	✓	✓			
21	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	Hybrid	Rotated, Admin*	HEDIS, Child Core Set	✓	✓			

\*The PCK rates were reported using the administrative methodology.

\*\*The DCH used the FFY 2019 Child Core Set and applied the following modifications: All claims will have EP modifier 96110 and all claims that have a UA modifier must be excluded, as these indicate autism services.

\*\*\*The DCH used the AHRQ specification dated June 2018, except the rate was reported as a percentage and not per live births.

## Description of Validation Activities

### Pre-audit Strategy

HSAG conducted validation activities as outlined in the CMS PMV protocol. To complete the validation activities, HSAG obtained a list of the performance measures that DCH selected for validation for each of the audited populations.

HSAG then prepared a document request letter that was submitted to DCH outlining the steps in the PMV process. The document request letter included a request for source code for each performance measure (unless the measure passed NCQA’s certification for measure generation and rate calculation), a completed Information Systems Capabilities Assessment Tool (ISCAT), and any additional supporting documentation necessary to complete the audit. The letter also included an introduction to the medical record review validation (MRRV) process, a timetable for completion, and instructions for submission. HSAG responded to ISCAT-related questions during the pre-virtual site visit phase.

HSAG conducted a pre-virtual-site visit conference call with DCH and DXC, as well as DXC’s subcontractor, Inovalon, as the performance measure rate calculation vendor and the medical record review (MRR) vendor, to discuss the medical record procurement, abstraction, and rate calculation processes.

Approximately one month prior to the virtual site visit, HSAG provided DCH and DXC with an agenda describing the virtual site visit activities and indicating the type of staff needed for each session. HSAG also communicated with DCH and DXC regarding virtual site visit logistics and expectations, important deadlines, outstanding ISCAT documentation, and any questions from DCH and DXC regarding the process.

### Validation Team

The HSAG Performance Measure Validation team was composed of a lead auditor and validation team members. HSAG assembled the team based on the skills required for the validation and requirements of DCH. Table 3 lists the validation team members, their roles, and their skills and expertise.

**Table 3—Validation Team**

Name and Role	Skills and Expertise
Allen Iovannisci, MS, CHCA, CPHQ <i>Lead Auditor</i>	Certified HEDIS Compliance Auditor (CHCA); performance measure knowledge, data integration, systems review, and analysis.
Romy Franklin, MS <i>Healthcare Quality Manager, Data Science &amp; Advanced Analytics (DSAA)</i>	Liaison between audit team and clients; manages deliverables and timelines; coordinates source code review activities.

Name and Role	Skills and Expertise
Tammy Gianfrancesco, <i>Project Manager, DSAA</i>	Audit support team; assists with EQR PMV and HEDIS audit-related projects including implementation, project management, analysis, and reporting.

### Technical Methods of Data Collection and Analysis

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

- 2020 ISCAT:** The DCH completed and submitted the required and relevant portions of its ISCAT for HSAG’s review. HSAG used responses from the ISCAT to complete the pre-virtual site visit assessment of information systems.
- Medical record documentation:** DXC and its contracted MRR vendor, Inovalon, were responsible for completing the MRR section within the ISCAT. Due to the impact of COVID-19 on healthcare providers and DCH’s inability to procure clinical records, DCH elected to rotate the hybrid measure rates reporting CY 2018 audited hybrid rates in place of CY 2019 hybrid rates; therefore, MRRV documentation was not reviewed.
- Source code (programming language) for performance measures:** The DCH and DXC contracted with a software vendor, Inovalon, to generate and calculate rates for the performance measures under the scope of the audit. All of Inovalon’s HEDIS measures were certified by NCQA. For the measures for which the CMS Core Set or AHRQ specifications were used, HSAG conducted several webinar sessions with Inovalon to review the measure calculation processes and assess the extent to which these processes followed the required measure specifications.
- 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 DCH and DXC, HSAG conducted a review on the reasonableness and integrity of the rates for all of the audited populations. The review included trending with prior years’ rates if available, comparison against available national benchmarks, and cross-measure checks.

### Virtual Site Visit Activities

HSAG conducted a virtual site visit with DCH and DXC on August 5, 2020. HSAG collected information using several methods, including interviews, system demonstrations, review of data output files, primary source verification, observation of data processing, and review of data reports. The virtual site visit activities are described as follows:



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

HSAG conducted several interviews with key DCH and DXC staff members who were involved with performance measure reporting. Table 4 displays a list of key interviewees:

**Table 4—List of Interviewees**

Name	Title
<b>DCH</b>	
Dr. Kelvin Holloway	DCH Deputy Executive Director
Dr. Carla Willis	DCH PQO Director
Gail Thomas-Lockman	DCH PQO Quality Data Analyst
Joyce Wilson	DCH IT MMIS Director
Daphanie Calliste	DCH IT MMIS Manager
Star Daniels	DCH MMIS IT Business Analyst
Sandra Middlebrooks	DCH Sr. Contract Compliance Manager
Rama Rallapalli	DCH Encounters Manager

Name	Title
Yvonne Greene	DCH Policy Administration Director
Randall Solomon	DCH Member Enrollment Director
Anika Washington	DCH Eligibility Policy Manager
Michael Reeves	DCH Contract Compliance Manager
Quintin Gibbs	DCH Contract Compliance Officer
Leslie Austin	DCH Provider Enrollment Manager
<b>DXC</b>	
Talecia Hodge-Thompson	Technical Director: Systems Delivery Manager
Michele Hunter	DXC HEDIS Technical Functional Area Lead
Winner Laws	DXC HEDIS Project Manager
Franklin Martin	DXC Claims Project Manager
Teresa Milline	DXC Claims Operation Supervisor
Billie Webb	DXC Provider Enrollment Supervisor
Jorge Meza	DXC HEDIS Developer III
Miguel Rivas	DXC HEDIS Developer III
Steven Chupa	Inovalon Manager
<b>HSAG</b>	
Tom Miller	Executive Director, Audit Operations
Kim Elliot	Executive Director, State and Corporate Services

## Data Integration, Data Control, and Performance Measure Documentation

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

### Data Integration

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

- Acceptable
- Not acceptable

### Data Control

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

- Acceptable
- Not acceptable

### Performance Measure Documentation

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

- Acceptable
- Not acceptable

## Validation Results

Through the validation process, the audit team evaluated DXC's data systems for the processing of each type of data used for reporting the performance measure rates. General findings are indicated below.

### *Medical Service Data (Encounters and Claims)*

There were no changes to the medical services systems and practices in 2019. HSAG did not identify any issues with DCH's process for capturing and transferring medical service data. The DCH continued to contract with DXC to process claims and encounter data using Georgia's Medicaid Management Information System (GAMMIS). All claims and encounter data were sent to DXC using standard electronic protocols. The DCH accepted paper submissions; however, paper claims were only accepted from out-of-state providers and were not a significant part of overall claims received. When a paper claim was received, DXC used optical character recognition (OCR) technology to capture information on the claim. The OCR data were transmitted into electronic format and uploaded into GAMMIS, where the data followed the standard electronic claims process.

Encounter data were submitted to DXC daily from each of the CMOs using a secure file transfer protocol (SFTP) site. DXC ensured that each encounter file met minimum requirement thresholds. DXC audited each file to ensure record counts matched and encounters were error free. DXC evaluated each encounter file to verify that valid service codes and valid provider and member information were present. Encounter records not meeting these minimum requirement thresholds were rejected and sent back to the CMO for further investigation and resubmission. DXC advised that all encounters from the CMOs were greater than 99 percent complete and accurate for the 2018 submissions.

All claims and encounter data were submitted on industry standard forms using industry standard codes. Primary and secondary codes were distinguished within GAMMIS. Approximately 99 percent of claims were auto-adjudicated in measurement year 2019. Manually processed claims were subject to validation, ensuring financial and procedural accuracy.

The DCH continued to contract with OptumRx to administer pharmacy benefits to its FFS population. DXC provided eligibility data to OptumRx daily. DXC received daily adjudicated pharmacy claims files from OptumRx in a National Council for Prescription Drug Programs (NCPDP) electronic format. These files were uploaded to GAMMIS, and the data were then extracted from GAMMIS for measure calculation.

The DCH continued to have good oversight of DXC, monitoring this vendor regularly throughout the measurement year. HSAG did not note any deficiencies during its compliance review.

## **Enrollment Data**

HSAG did not have any concerns with DCH's process for capturing and handling Medicaid eligibility data. Using an SFTP site, DXC received enrollment data daily from different agencies and sources (i.e., System Uniform Calculation Consolidation Economic Support Services [SUCCESS]/Division of Family and Children Services [DFCS]; Policy Studies, Inc. [PSI]; Supplemental Security Income [SSI]; VIDA; and Web Portal Entry). The data were then loaded into GAMMIS. The SUCCESS system included eligibility data for Georgia Medicaid members, and the VIDA system provided eligibility data for CHIP/PeachCare for Kids<sup>®</sup> Planning for Healthy Babies (P4HB<sup>®</sup>) for the population with presumptive eligibility that providers entered using GAMMIS' portal. DXC's eligibility data processes were automated. DXC monitored file transmissions using a file control system to ensure that no data were lost during transfer. Transaction reports were created and reviewed. In addition, DXC performed a quarterly reconciliation to ensure that information from each source and vendor file was accurately transferred into GAMMIS.

During the Webex review, DXC demonstrated the GAMMIS system and enrollment process. HSAG reviewed membership queries to ensure all measures contained the appropriate member enrollees. Membership data files were extracted from GAMMIS and sent to the CMOs and OptumRx daily via the SFTP site. System-generated file transfer reports were created and provided to DCH for review. Once the files were received by the CMOs/OptumRx, a response file was provided to DXC to ensure that no eligibility data were lost during transfer.

The DCH/DXC stated that hospice members were removed from measure calculation based on claims data. For future reporting, DCH and DXC are working on a project to identify hospice members via aid codes.

There were no changes to the processing of enrollment data during the measurement year.

## **Provider Data**

There were no system or processing changes for DCH/DXC during 2019. HSAG conducted another review of the provider data system and had no concerns with DCH's process for managing practitioner data. The DCH/DXC used GAMMIS for housing provider information. The state-contracted providers enrolled online using the GAMMIS Web portal. Aperture, a credentialing verification organization (CVO), credentialed the providers. Upon verification, provider information was loaded into GAMMIS. GAMMIS populated the provider type and/or specialty based on the provider's license and credentialed provider specialty, and assigned a unique provider identification number to each provider. DXC processed individual provider data, and DCH's provider department processed facility provider data. Aperture, DXC, and DCH were all involved in verifying provider information to ensure data completeness and accuracy. Aperture sent denied provider applications to DCH, and DCH generated the denial letters that were sent to providers. HSAG reviewed the provider mapping document used by DXC's subcontractor, Inovalon, to produce performance measure rates. While HSAG had no concerns with the mapping, it identified opportunities for which additional data validation is required to ensure measure-appropriate data are used for measures that require provider specialty. The DCH did not require

rendering provider information to be submitted on claims from federally qualified health centers (FQHCs). However, the new rule that allows all FQHCs to be mapped to a primary care provider (PCP) specialty was implemented correctly this year. Not requiring the rendering provider information was no longer an issue for DCH as all FQHCs in Georgia met the FQHC regulatory guidelines. The DCH used Aperture to identify the FQHCs and credential them appropriately.

HSAG had no concerns with DCH's or DXC's ability to capture and use provider specialties appropriately.

### ***Medical Record Review Validation (MRRV)***

The DCH did not conduct MRRV for any measure due to the COVID-19 pandemic. The DCH either rotated rates from the previous year or reported current year administratively for all hybrid measures.

### ***Supplemental Data***

There were no changes to the supplemental data process from the previous year's review. The DCH continues to use the standard supplemental data source Georgia Registry of Immunization Transactions and Services (GRITS) for the measurement year to capture immunization and lead screenings. This supplemental data source was maintained by the State. Records received were downloaded in standard format, and no mapping was required.

HSAG reviewed all supporting documents provided for this data source and did not identify any issues with DCH's processes for collecting and integrating these data for reporting. GRITS was approved to use for 2019 performance measure rate reporting.

HSAG had no concerns with the supplemental data process.

### ***Data Integration***

HSAG continued to have some concerns associated with DCH's data integration and rate calculation process. The DCH delegated data integration and rate calculation to DXC, and DXC contracted with Inovalon for data integration, measure calculation, and report production for the current reporting period. DXC continued to extract claim, encounter, provider, and membership data from GAMMIS and load these data into its ad hoc subsystem. The data were then loaded into Inovalon's Quality Spectrum Insight (QSI) software using the QSI file layouts for each specific file type. Supplemental data were appropriately converted to the QSI format prior to data integration. QSI's built-in supplemental data reporting utility provided a summary-level report of the impact the supplemental data have on the reported rates. For the current reporting year, DXC used the GRITS standard data source to supplement its measure rates.

Supplemental data were subject to several verification processes to ensure data completeness and accuracy prior to submitting the data to Inovalon. Data reconciliation processes were in place to ensure

that no data were lost during transfer. DXC provided record counts to Inovalon via email after each upload, and Inovalon produced a balancing report to verify the number of records uploaded to QSI. In addition, Inovalon performed several quality checks on the received data to ensure accuracy. As part of vendor oversight, weekly meetings were held between DXC and Inovalon to discuss and collaborate on solving any data quality issues.

All HEDIS measures under the scope of the audit were certified by NCQA. For the non-HEDIS AHRQ and CMS Core Set measures, HSAG performed code walkthroughs and primary source verification to ensure the data were complete. Primary source verification was performed on-site for the *Chlamydia Screening in Women (CHL)*, *Developmental Screening in the First Three Years of Life (DEV)*, and *Live Births Weighing Less Than 2,500 Grams (PQI-09)* measures. There were no concerns identified with the primary source records reviewed or the quality of the data presented.

All hybrid measures were either rotated using the previous year's hybrid rate or reported administratively using the current year's administrative only rate. See Table 6 below for the designation and rotation strategy for each measure and population.

There were no concerns with the final rate review, and all measures received an "R" designation.

HSAG had no concerns with the data integration performed by DXC/DCH.

## Performance Measure Specific Findings

Based on all validation activities, HSAG determined validation results for each performance measure rate. HSAG provided an audit result for each performance measure as defined below in Table 5.

**Table 5—Designation Categories for Performance Indicators**

<b>Report (R)</b>	The organization followed the specifications and produced a reportable rate or result for the measure.
<b>Not Reportable (NR)</b>	The calculated rate was materially biased, or the organization chose not to report the measure, or the organization was not required to report the measure.

According to the protocol, the validation designation for each indicator is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be non-compliant 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 biased the reported performance indicator by more than 5 percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, and the indicator could be given a designation of R. Audit elements and their scoring designations (i.e., *Met*, *Not Met*, and *Not Applicable [N/A]*) can be found in Appendix A—Data Integration and Control Findings, and Appendix B—Denominator and Numerator Validation Findings.

Table 6 displays the key review findings and final audit results for each of the audited performance measures. For additional information regarding performance measure rates, see *Appendix C, Performance Measure Results*.

**Table 6—Key Review Findings and Audit Results for DCH (FFS, PCK, COMP/NOW, SOURCE and CCSP, and ICWP Populations)**

Performance Measure		Key Review Findings	Audit Results
1	<i>Adolescent Well-Care Visits (AWC)</i>	Fee-For-Service: Rotated PeachCare for Kids®: Current year Administrative Only	R
2	<i>Ambulatory Care—Emergency Department Visits (AMB)</i>	No Concerns	R
3	<i>Asthma Medication Ratio (AMR)</i>	No Concerns	R
4	<i>Breast Cancer Screening (BCS)</i>	No Concerns	R
5	<i>Cervical Cancer Screening (CCS)</i>	Fee-For-Service: Rotated	R
6	<i>Childhood Immunization Status (CIS)</i>	Fee-For-Service: Rotated PeachCare for Kids®: Current year Administrative Only	R
7	<i>Chlamydia Screening in Women (CHL)</i>	No Concerns	R



Performance Measure		Key Review Findings	Audit Results
8	<i>Comprehensive Diabetes Care—HbA1c Control (&lt; 8.0%) (CDC)</i>	Fee-For-Service: Rotated	R
9	<i>Controlling High Blood Pressure (CBP)</i>	Fee-For-Service: Reported Administrative since Hybrid was not reported in 2019; therefore, rotation was not an option.	R
10	<i>Developmental Screening in the First Three Years of Life (DEV)</i>	Fee-For-Service: Rotated PeachCare for Kids®: Current year Administrative Only	R
11	<i>Diabetes Short-Term Complications Admission Rate (PQI-01)</i>	No Concerns	R
12	<i>Emergency Department Utilization (EDU)</i>	No Concerns	R
13	<i>Heart Failure Admission Rate (PQI-08)</i>	No Concerns	R
14	<i>Immunizations for Adolescents (IMA)</i>	Fee-For-Service: Rotated PeachCare for Kids®: Current year Administrative Only	R
15	<i>Inpatient Utilization—General Hospital/Acute Care (IPU)</i>	No Concerns	R
16	<i>Live Births Weighing Less Than 2,500 Grams (PQI-09)</i>	No Concerns	R
17	<i>Plan All-Cause Readmissions (PCR)</i>	No Concerns	R
18	<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC)</i>	Fee-For-Service: Rotated PeachCare for Kids®: Current year Administrative Only	R
19	<i>Screening for Depression and Follow-Up Plan (CDF)</i>	No Concerns	R
20	<i>Well-Child Visits in the First 15 Months of Life (W15)</i>	Fee-For-Service: Rotated PeachCare for Kids®: Current year Administrative Only	R
21	<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)</i>	Fee-For-Service: Rotated PeachCare for Kids®: Current year Administrative Only	R

## Appendix A. Data Integration and Control Findings

### Documentation Worksheet

<b>Name:</b>	Georgia Department of Community Health and DXC Technology
<b>Virtual Site Visit Date:</b>	August 5, 2020
<b>Reviewers:</b>	Allen Iovannisci, MS, CHCA, CPHQ

**Table A-1—Data Integration and Control Findings for Georgia Department of Community Health**

Data Integration and Control Element	Met	Not Met	N/A	Comments
<b>Accuracy of data transfers to assigned performance measure data repository.</b>				
The State accurately and completely transfers data from the transaction files (e.g., membership, provider, encounter/claims) into the performance measure data repository used to keep the data until the calculations of the performance measure rates have been completed and validated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Samples of data from the performance measure data repository are complete and accurate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Accuracy of file consolidations, extracts, and derivations.</b>				
The State’s processes to consolidate diversified files and to extract required information from the performance measure data repository are appropriate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance measure database.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Computer program reports or documentation reflect vendor coordination activities, and no data necessary to performance measure reporting are lost or inappropriately modified during transfer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If the State uses a performance measure data repository, its structure and format facilitates any required programming necessary to calculate and report required performance measures.</b>				
The performance measure data repository’s design, program flow charts, and source codes enable analyses and reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Data Integration and Control Element	Met	Not Met	N/A	Comments
<b>Assurance of effective management of report production and of the reporting software.</b>				
Documentation governing the production process, including State production activity logs and the State staff review of report runs, is adequate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescribed data cutoff dates are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The State retains copies of files or databases used for performance measure reporting in case results need to be reproduced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The reporting software program is properly documented with respect to every aspect of the performance measure data repository including building, maintaining, managing, testing, and report production.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The State's processes and documentation comply with the State standards associated with reporting program specifications, code review, and testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## Appendix B. Denominator and Numerator Validation Findings

### Reviewer Worksheets

<b>Name:</b>	Georgia Department of Community Health and DXC Technology
<b>Virtual Site Visit Date:</b>	August 5, 2020
<b>Reviewers:</b>	Allen Iovannisci, MS, CHCA, CPHQ

**Table B-1—Denominator Validation Findings for Georgia Department of Community Health**

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

**Table B-2—Numerator Validation Findings for Georgia Department of Community Health**

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



## Appendix C. Performance Measure Results

Appendix C contains DCH's audited CY 2019 performance measure results.