

**State of Georgia
Department of Community Health**

**2023 External Quality Review Annual
Report**

March 2023



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**



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Glossary of Acronyms

ABA.....	Applied Behavioral Analysis
ADHD.....	Attention-Deficit/Hyperactivity Disorder
AHRQ.....	Agency for Healthcare Research and Quality
BH.....	Behavioral Health
BP.....	Blood Pressure
CAHPS®.1.....	Consumer Assessment of Healthcare Providers and Systems
CCM.....	Complex Case Management
CFR.....	Code of Federal Regulations
CHIP.....	Children’s Health Insurance Program
CMCS.....	Center for Medicaid and CHIP Services
CMO.....	Care Management Organization
CMS.....	Centers for Medicare & Medicaid Services
COMP.....	Comprehensive Support Waiver Program
COVID-19.....	Coronavirus Disease 2019
CY.....	Contract Year
DCH.....	Department of Community Health
ED.....	Emergency Department
EHR.....	Electronic Health Record
EPSDT.....	Early and Periodic Screening, Diagnostic and Treatment
EQR.....	External Quality Review
EQRO.....	External Quality Review Organization
ER.....	Emergency Room
FAR.....	Final Audit Report
FFS.....	Fee-for-Service
FFY.....	Federal Fiscal Year
FY.....	Fiscal Year
GA.....	Georgia
GF.....	Georgia Families
GF 360°.....	Georgia Families® 360°
HbA1c.....	Hemoglobin A1c
HCBS.....	Home and Community-Based Services
HEDIS®.2.....	Healthcare Effectiveness Data and Information Set
HMO.....	Health Maintenance Organization
HPV.....	Human Papillomavirus
HROB.....	High-Risk Obstetric
HSAG.....	Health Services Advisory Group, Inc.
IDSS.....	Interactive Data Submission System
IS.....	Information Systems
ISCAT.....	Information Systems Capabilities Assessment Tool

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

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

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
MES	Medicaid Enterprise System
MEST	Medicaid Enterprise System Transformation
MITA	Medicaid Information Technology Architecture
MLTSS	Managed Long-Term Services and Supports
MMIS	Medicaid Management Information System
MRRV	Medical Record Review Validation
MY	Measurement Year
NCQA	National Committee for Quality Assurance
NR	Not Reported
OB/GYN	Obstetrician/Gynecologist
PAHP	Prepaid Ambulatory Health Plan
PASRR	Pre-Admission Screening Annual Residential Review
PCCM	Primary Care Case Management
PCM	Prenatal Case Management
PCP	Primary Care Provider
PDSA	Plan-Do-Study-Act
PHE	Public Health Emergency
PIHP	Prepaid Inpatient Health Plan
PIP	Performance Improvement Project
PM	Performance Measure
PMV	Performance Measure Validation
PSV	Primary Source Verification
QAPI	Quality Assessment Performance Improvement
QI	Quality Improvement
QS	Quality Strategy
RSM	Right from the Start Medicaid
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SDoH	Social Determinants of Health
SFY	State Fiscal Year
SHCN	Special Health Care Needs
SMS	Short Message Service
SPA	State Plan Amendment
Tdap	Tetanus, Diphtheria, and Pertussis
TAY	Transition Age Youth

1. Executive Summary

Overview of 2022 External Quality Review

The CFR at 42 CFR §438.364 requires that states use an EQRO to prepare an annual technical report that describes the manner in which data from activities conducted for Medicaid CMOs, in accordance with the CFR, were aggregated and analyzed. The EQR activities included as part of this assessment were conducted consistent with the associated EQR protocols developed by CMS.¹⁻¹

To meet this requirement, the State of Georgia, DCH contracted with HSAG as its EQRO to perform the assessment and produce this annual report for EQR activities completed during the contract year July 1, 2021, through June 30, 2022 (CY 2022). In addition, this report draws conclusions about the quality of, timeliness of, and access to healthcare services that contracted CMOs provide. Effective implementation of the EQR-related activities will facilitate State efforts to purchase high-value care and to achieve higher performing healthcare delivery systems for their Medicaid and CHIP members.

The DCH administers the Medicaid program, GF, and the CHIP program, referred to as PeachCare for Kids® in Georgia. Both programs include FFS and managed care components. During CY 2022, the DCH managed care program’s CMOs included four privately owned CMOs that contracted with DCH to deliver physical health and behavioral health services to Medicaid and PeachCare for Kids® members. Children in state custody, children receiving adoption assistance, and certain children in the juvenile justice system are enrolled in the GF 360° managed care program. The GF program serves all other Medicaid and CHIP managed care members not enrolled in the GF 360° program. The CMOs that contracted with DCH during CY 2021 are displayed in Table 1-1.

Table 1-1—Georgia Families CMOs in Georgia

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

Scope of External Quality Review Activities

To conduct this assessment, HSAG used the results of mandatory and optional EQR activities, as described in 42 CFR §438.358. The EQR activities included as part of this assessment were conducted consistent with the associated EQR protocols developed by CMS. 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

¹⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols*, October 2019. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. Accessed on: Dec 10 2022.

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 2023 EQR Annual Report, HSAG used findings from the PMV and compliance review EQR activities conducted from July 1, 2021, through June 30, 2022. PIP activities were conducted from July 1, 2021, through December 31, 2022. From these analyses, HSAG derived conclusions and makes recommendations about the quality of, timeliness of, and access to care and services provided by each Georgia CMO and the overall statewide GF program. For a detailed, comprehensive discussion of the strengths, weaknesses, conclusions, and recommendations for each CMO, please refer to the results of each activity in sections 4 through 7 of this report. Detailed information about each activity’s methodology is provided in Appendix B of this report. Table 1-2 identifies the EQR mandatory and optional activities included in this report.

Table 1-2—EQR Activities

Activity	Description	CMS EQR Protocol
Validation of PIPs	The purpose of PIP validation is to validate PIPs that have the potential to affect and improve member health, functional status, or satisfaction. To validate each PIP, HSAG obtained the data needed from each CMO’s PIP Summary Forms. These forms provided detailed information about the PIPs related to the steps completed and validated by HSAG for the 2022 validation cycle. HSAG verifies whether a PIP conducted by a CMO used sound methodology in its design, implementation, analysis, and reporting.	Protocol 1. Validation of Performance Improvement Projects
PMV	HSAG conducts the PMV for each CMO to assess the accuracy of PMs reported by the CMOs, determine the extent to which these measures follow DCH specifications and reporting requirements, and validate the data collection and reporting processes used to calculate the PM rates. The DCH identified and selected the specifications for a set of PMs that the CMOs were required to calculate and report for the measurement period of January 1, 2021, through December 31, 2021. HSAG assesses whether the PMs calculated by a CMO were accurate, valid and reliable, based on the measure specifications and State reporting requirements.	Protocol 2. Validation of Performance Measures

Activity	Description	CMS EQR Protocol
Compliance With Standards	This activity determines the extent to which a Medicaid and CHIP CMO is in compliance with federal standards and associated state-specific requirements, when applicable. HSAG conducted full compliance reviews that included all federal and Georgia-specific requirements for the review period of July 1, 2020, through June 30, 2021.	Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations
CAHPS Analysis*	This activity assesses member experience with a CMO, and its providers and the members' perceived quality of care.	Protocol 6. Administration or Validation of Quality-of-Care Surveys

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

Georgia Managed Care Program Findings and Conclusions

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


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



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



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


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

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

Program Strengths	
Domain	Conclusion
 Quality	<p>The CMOs scored 98.6 percent for the compliance review standard Adequate Capacity and Availability of Services and 86.8 percent for the Coverage and Authorization of Services standard, indicating that the CMOs have policies and procedures that support members’ access to care and services and processes to receive authorization for services, when applicable. PM results in the Quality of Care domain indicate that the CMOs’ policies have been implemented. The CMOs’ performance for <i>Asthma Medication Ratio—5–11 Years</i> continued to demonstrate strength, as all three CMOs and the GF Average met or exceeded the 75th percentile; all three CMOs and the GF Average met or exceeded the 50th percentile for <i>Asthma Medication Ratio—12–18 Years</i>. The PM results are also an indicator that the CMOs’ contracted providers were effectively managing members with asthma, which may help reduce the need for rescue medication as well as costs associated with ED visits, inpatient hospital admissions, and missed days of school or work. The CMOs’ PM rates and the GF Average continued to meet or exceeded the CMCS national 50th percentile for <i>Diabetes Short-Term Complications Admission Rate</i> and <i>Heart Failure Admission Rate</i>, demonstrating that the CMOs’ members were able to access a PCP to help them manage their chronic conditions, thereby reducing unnecessary inpatient utilization.</p> <p>In addition, in the Quality of Care domain, all three CMOs and the PeachCare for Kids® Average met or exceeded the 90th percentile for <i>Asthma Medication Ratio—5–11 Years</i> and <i>12–18 Years</i> age stratifications, suggesting that the CMOs’ contracted PeachCare for Kids® providers were effectively managing members with asthma, which also may help reduce the need for rescue medication as well as costs associated with ED visits, inpatient hospital admissions, and missed days of school or work.</p> <p>Overall, the CMOs scored high on compliance review standards focused on care coordination, access to care, and use of practice guidelines. The CMOs scored 100 percent for the Coordination and Continuity of Care standard, 86.8 percent for the Coverage and Authorization of Services standard, and 100 percent for the Practice Guidelines standard. The implementation of policies and procedures that resulted in the high compliance scores are demonstrated in the PM Quality of Care domain results, with all three CMOs and the PeachCare for Kids® Average having met or exceeded the 50th percentile for <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>; of note, Amerigroup met or exceeded the 75th percentile. Further, two of three CMOs and the PeachCare for Kids® Average met or exceeded the 50th percentile for <i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase</i>. For the <i>Continuation and Maintenance Phase</i> indicator, one CMO met or exceeded the 75th percentile and one CMO and the PeachCare for Kids® Average met or exceeded the 90th percentile. This performance suggests that the CMOs were appropriately monitoring their members with behavioral health needs, supporting provider use of evidence-based practice guidelines, and assuring that when needed, members have access to coordinated care.</p>

Program Strengths	
Domain	Conclusion
 Access	<p>Overall, access to preventive and well-care was a strength for the CMOs. The compliance review results showed that overall, the CMOs scored high for standards pertaining to Adequate Capacity and Availability of Services (98.6 percent), Coverage of Authorization of Services (86.8 percent), and Practice Guidelines (100 percent). The policies and procedures related to these compliance standards resulted in similar high PM results in the Access to Care domain. The CMOs' performance on health and preventive screening measures continued to be a strength, as two of three CMOs and the GF Average met or exceeded the 50th percentile for <i>Cervical Cancer Screening</i>, <i>Childhood Immunization Status—Combination 7</i>, and <i>Immunizations for Adolescents—Combination 1</i>; all three CMOs and the GF Average also met or exceeded the 50th percentile for both <i>Chlamydia Screening in Women</i> age stratifications. Additionally, two of three CMOs and the GF Average met or exceeded the 50th percentile for <i>Child and Adolescent Well-Care Visits—Total</i>. All three CMOs and the GF Average met or exceeded the 50th percentile for <i>Well-Child Visits in the First 30 Months of Life—First 15 Months of Life—Six or More Well-Child Visits</i>, and two of three CMOs and the GF Average met or exceeded the 50th percentile for <i>Age 15 Months—30 Months—Two or More Well-Child Visits</i>. Furthermore, two of three CMOs and the GF Average met or exceeded the CMCS national 50th percentile for <i>Percentage of Eligibles Who Received Preventive Dental Services</i>. All three CMOs and the GF Average met or exceeded the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life</i>, indicating that the CMOs' child members 1–3 years of age were receiving appropriate developmental screenings, which helps identify children who were at risk of developmental delays so that their needs can be addressed early in their lives. This performance also demonstrates children and adolescents were accessing well-care visits and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.</p> <p>In the Stewardship domain, all three CMOs and the PeachCare for Kids® Average met or exceeded the 90th percentile for <i>Ambulatory Care—ED Visits</i>, indicating a strength for the PeachCare for Kids® population, suggesting members were receiving timely access to primary care and specialty care, thereby reducing the use and cost of ED visits. These results are supported by the CMO compliance review results, which found CMO overall results for the Adequate Capacity and Availability of Services standard of 98.6 percent.</p>
 Timeliness	<p>In the Access to Care domain, all three CMOs and the PeachCare for Kids® Average met or exceeded the 50th percentile for <i>Child and Adolescent Well-Care Visits</i>, <i>Childhood Immunization Status—Combination 7</i>, and <i>Chlamydia Screening in Women—16–20 Years</i>. In addition, two of three CMOs met or exceeded the 90th percentile for <i>Immunizations for Adolescents—Combination 1</i>, and the PeachCare for Kids® Average met or exceeded the 75th percentile. Further, for <i>Well-Child Visits in the First 30 Months of Life—Ages 15 Months—30 Months—Two or More Well-Child Visits</i>, all three CMOs and the PeachCare for Kids® Average met or exceeded the 75th percentile; for the <i>First 15 Months—Six or More Well-Child Visits</i> indicator, two of three CMOs and the PeachCare for Kids® Average met or exceeded the 75th percentile, and one</p>

Program Strengths	
Domain	Conclusion
	CMO met or exceeded the 50th percentile. All three CMOs and the PeachCare for Kids® Average also met or exceeded the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life</i> . Similarly, the compliance review results showed that overall, the CMOs scored high in the Adequate Capacity and Availability of Services (98.6 percent), Coverage and Authorization of Services (86.8 percent), and Practice Guidelines (100 percent) standards.
Program Weaknesses	
Domain	Conclusion
 Quality	In the Quality of Care domain, the PM rates for <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i> , and <i>Controlling High Blood Pressure</i> continued to show lower performance, as all CMO measure rates and the GF Average continued to fall below the 25th percentile, suggesting that although members with chronic conditions may have access to care, they were not able to manage their conditions according to evidence-based guidelines through the appropriate use of medications, diet and nutrition, or physical activity. Performance declines may also have been due to the lingering effects of the COVID-19 pandemic during 2021.
 Access	<p>Although members may have had adequate access to timely early diagnosis screenings and prenatal care, members were not completing these visits or receiving necessary detection screenings according to recommended guidelines. Screenings can improve outcomes and early detection, reduce the risk of dying, and lead to a greater range of treatment options and lower healthcare costs. In the Access to Care domain, two of three CMOs and the GF Average fell below the 50th percentile for <i>Breast Cancer Screening</i>, and one CMO fell below the 25th percentile. This performance indicates that female members were not receiving timely screenings to detect cancer early. Early detection reduces the risk of dying from breast cancer and can lead to a greater range of treatment options and lower healthcare costs. Additionally, all three CMOs and the GF Average continued to demonstrate a weakness in performance for <i>Prenatal and Postpartum Care</i>; all three CMOs and the GF Average fell below the 25th percentile for <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>; two of three CMOs and the GF Average fell below the 25th percentile for the <i>Postpartum Care</i> indicator, indicating that pregnant members were not receiving timely and adequate prenatal and postpartum care, which can help significantly reduce the percentage of pregnancy-related deaths. Lingering effects of the COVID-19 pandemic during 2021 also may have contributed to low performance.</p> <p>In the Access to Care domain, all three CMOs were assigned an NA designation for both <i>Prenatal and Postpartum Care</i> indicators, and the PeachCare for Kids® Average ranked below the 25th percentile. In addition, one CMO fell below the 50th percentile for <i>Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)</i> and fell below the 25th percentile for <i>Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)</i>, suggesting that the CMO's PeachCare for Kids® members were not receiving the recommended vaccinations, which are a safe and effective way to protect</p>

Program Weaknesses		
Domain	Conclusion	
		children and adolescents from potentially deadly diseases. CMOs experienced a decline in immunization rates during the pandemic and continued to experience challenges in improving PM rates. The COVID-19 pandemic is a reminder of the importance of adult and childhood vaccinations to reduce disease severity.
	Timeliness	Proper follow-up care is essential to manage ADHD medication use in children. PM rates indicate that the CMOs were continuing to have challenges in ensuring that medications were prescribed and managed correctly. In the Quality of Care domain, One CMO fell below the 50th percentile for both <i>Follow-Up Care for Children Prescribed ADHD Medication</i> indicators, suggesting that its PeachCare for Kids® members with asthma may not always be managing the condition with appropriate medications. Appropriate medication management for patients with asthma could reduce the need for rescue medication as well as the costs associated with ED visits, inpatient admissions, and missed days of work or school. These results provide an opportunity for the CMOs to strengthen care coordination and follow-up reminders for recommended care and services.

Quality Strategy Recommendations for the Georgia Managed Care Program

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

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

Program Recommendations	
Recommendation	Associated Georgia 2021–2023 QS Goal and Objective
<p>To improve program-wide performance in support of Goal 1.1, Objective 1.1.b, and improve the use of prenatal and postpartum care, HSAG recommends that DCH:</p> <ul style="list-style-type: none"> Require the CMOs to identify access- and timeliness-related PM indicators such as <i>Prenatal and Postpartum Care: Postpartum Care</i> and <i>Timeliness of Prenatal Care</i> that fell below the HEDIS MY 2021 NCQA Quality Compass^{®,1-2} national Medicaid HMO 25th percentile and 	<p>Goal 1.1: Improve Access to Care <i>Pillar Three: Access</i> Objective 1.1.b: Increase annual number of postpartum care visits to perform at or above the HEDIS 50th percentile by the end of CY 2023.</p>

¹⁻² Quality Compass[®] is a registered trademark of the National Committee for Quality Assurance

Program Recommendations	
<p>focus QI efforts on identifying the root cause and implementing interventions to improve access to care.</p> <ul style="list-style-type: none"> Require the CMOs to identify healthcare disparities within the access-related PM data to focus QI efforts on a disparate population. The DCH should also require the CMOs to identify best practices for ensuring prenatal and postpartum care and ensuring that members receive all prenatal and maternity care according to recommended schedules. Require the CMOs to identify best practices to improve care and services according to evidence-based guidelines. 	
<p>To improve program-wide performance in support of Goal 1.1, Objective 1.1.c, and Goal 1.2, Objective 1.2.b and improve preventive services and well-child visits for members under the age of 21 years, HSAG recommends that DCH:</p> <ul style="list-style-type: none"> Require the CMOs to identify best practices for ensuring children receive all preventive vaccinations and well-child services according to recommended schedules. Require CMOs to conduct a root cause analysis to identify barriers that their members are experiencing in accessing well-child and preventive care and services. Require the CMOs to identify best practices to improve care and services according to the Bright Futures guidelines. 	<p>Goal 1.1: Improve Access to Care <i>Pillar Three: Access</i></p> <p>Objective 1.1.c: Increase number of children receiving well-child and preventive visits to perform at or above the HEDIS 50th percentile by the end of CY 2023.</p> <p>Goal 1.2: Increase Wellness and Preventive Care <i>Pillar One: Quality</i></p> <p>Objective 1.2.b: Increase overall rate of immunizations and vaccinations across all ages and populations to perform at or above the HEDIS 90th percentile by the end of CY 2023.</p>

2. Overview of Georgia’s Managed Care Program

Medicaid Managed Care in the State of Georgia

The Georgia Department of Community Health

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

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

The CMOs that contracted with DCH during SFY 2021–2022 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 9/22/2025 Health Equity Accredited* through 11/15/2025
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 9/22/2025 Health Equity Accredited* through 11/15/2025
CareSource	2017	CareSource was founded in 1989 and is a nonprofit model of managed care. CareSource product lines include Medicaid, Marketplace, and Medicare Advantage programs.	Accredited* through 12/21/2024
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 5/22/2023

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

*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 Notes:

*Report is based on eligibility for the month of June 2022.
Data provided by IBM Watson Health, DP*

Table 2-3 provide the FY 2022 enrollment as of June of members enrolled in Medicaid, PeachCare for Kids®, the Medicaid fee-for-service program, and the total number of members enrolled.

Table 2-2—FY 2022 Annual Program Enrollment²⁻¹

Program	Enrollment as of 1/2022
Medicaid Fee-For-Service	245,554
Medicaid	1,883,071
PeachCare for Kids®	192,031
Total Served	2,075,102

*Notes:
Report is based on eligibility for the month of June 2022.
Data provided by IBM Watson Health, DP*

Table 2-3—FY 2022 CMO Annual Program Enrollment²⁻²

Program	Enrollment as of 1/2022
GF Amerigroup	575,819
GF Peach State Health Plan	1,003,013
GF CareSource	417,310
GF CMO Total	1,996,142

Notes:

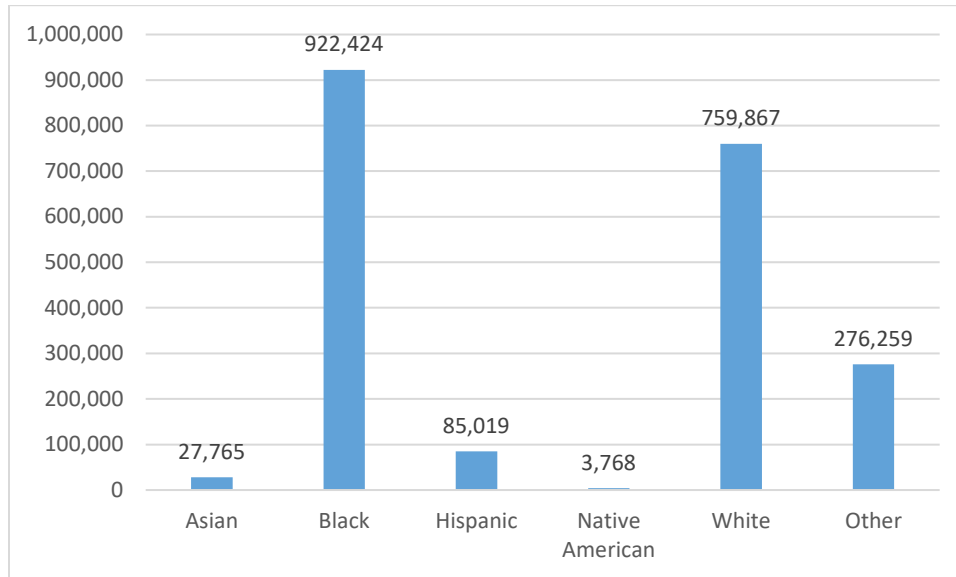
²⁻¹ Georgia Department of Community Health. Medicaid Analytics Dashboard – Enrollment 06/30/2022. Available at: <https://dch.georgia.gov/divisionsoffices/office-analytics-and-program-improvement/search-oapi-report-vault/search-medicaid>. Accessed on: Dec 10, 2022.

²⁻² Ibid.

Report is based on eligibility for the month of June 2022.
Data provided by IBM Watson Health, DP

Figure 2-1 displays the CMO overall ethnicity category percentages as of June 2022.

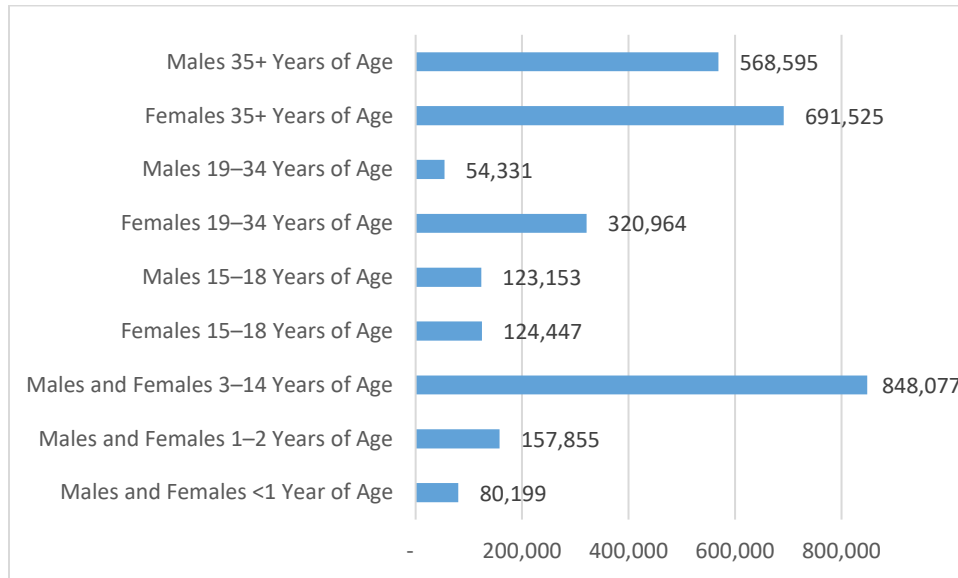
Figure 2-1—FY 2022 CMO Overall Ethnicity Categories²⁻³



Notes:
Report is based on eligibility for the month of June 2022.
Data provided by IBM Watson Health, DP

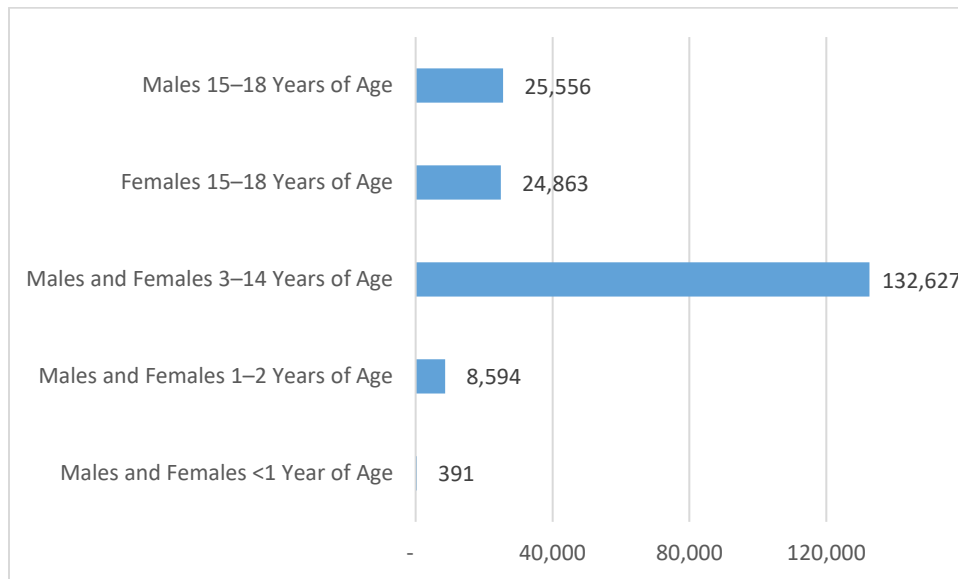
²⁻³ Ibid.

Figure 2-2—FY 2022 CMO Medicaid Age and Gender Demographics²⁻⁴



Notes:
Report is based on eligibility for the month of June 2022.
Data provided by IBM Watson Health, DP

Figure 2-3—FY 2022 CMO CHIP Age and Gender Demographics²⁻⁵



Notes:
Report is based on eligibility for the month of June 2022.
Data provided by IBM Watson Health, DP

²⁻⁴ Ibid.
²⁻⁵ Ibid.

Georgia Families CMO Model

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

COVID-19

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

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

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

The COVID-19 PHE had a significant impact on healthcare services. Many provider offices were closed and offered limited telehealth services. The worldwide COVID-19 pandemic impacted demand on accessing healthcare services, with some families electing to defer routine, nonemergency care to adhere to widespread guidance on physical distancing.

During CY 2022, Georgia continued to experience a significant impact from the COVID-19 pandemic. In response to COVID-19, CMO care coordinators continued increased outreach to members, ensuring access to services using telehealth medicine and automatically extending service authorizations and use of out-of-network providers when necessary. The DCH flexibilities were designed to maintain provider staffing, maximize access to care, and minimize viral spread through community contact to protect the most vulnerable populations.

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

However, decreased access and lack of scheduling of routine and preventive services, may have negatively impacted performance rates. The impact from COVID-19 was an environmental factor that was beyond DCH's control and may have an impact on the overall achievement of goals and outcomes anticipated from the implementation of the DCH QS.

Medicaid Enterprise System

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

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

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

The benefits of the modular approach include:

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

Georgia Quality Strategy

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

The DCH Pillars

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

Pillar One: Quality

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

Pillar Two: Stewardship

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

Pillar Three: Access

- Improve access to quality healthcare at an affordable price.

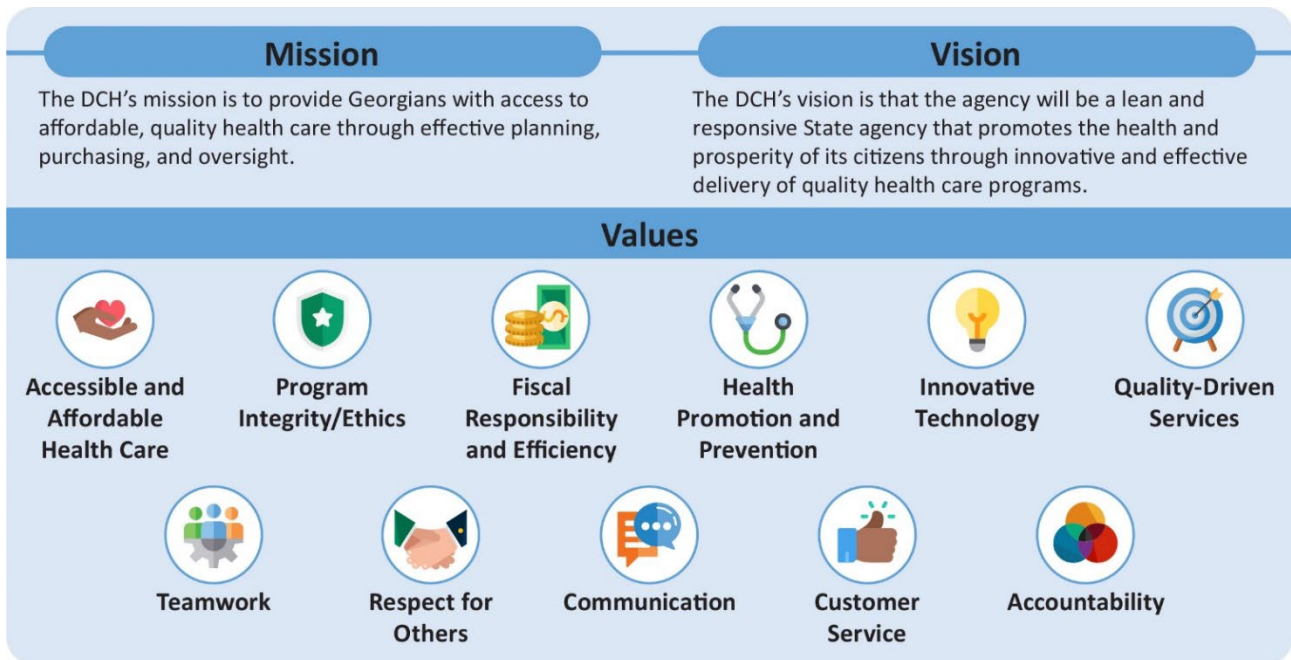
Pillar Four: Service (Patient Experience)

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

Quality Strategy Mission, Vision, and Values

The DCH QS Mission, Vision, and Values are described in Figure 2-4.

Figure 2-4—DCH QS Mission, Vision, and Values






Georgia 2021–2023 Quality Strategy Goals and Objectives

This QS aims to guide Georgia’s Medicaid program by establishing clear aims and goals, aligned with the four DCH pillars, to drive improvements in care delivery and outcomes, and the metrics by which progress will be measured. The QS sets a clear direction for priority interventions and details the standards and mechanisms for holding the CMOs accountable for desired outcomes. The DCH’s QS aims and goals are found in Table 2-4.

Table 2-4—Georgia 2021–2023 QS Aims and Goals

Aims	Goals	Pillar
	Goal 1.1: Improve Access to Care	Access

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

Quality Initiatives

DCH Quality Initiatives Driving Improvement

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

Table 2-5 displays a sample of the initiatives DCH continued during CY 2022 that support DCH's efforts toward achieving the Georgia 2021–2023 QS goals and objectives.

Table 2-5—DCH Quality Initiatives Driving Improvement

Georgia QS Aim, Goal and Pillar	DCH Quality Initiatives
Aim 1: Improve Health, Services & Experience Goal 1.3: Improve Outcomes for Chronic Disease	<ul style="list-style-type: none"> The DCH has undertaken initiatives to increase access and utilization of continuous glucose monitoring devices for members with diabetes. DCH participated in the CMS Diabetes Prevention Program (DPP) as an initiative to improve chronic disease and appropriate utilization of services.

Georgia QS Aim, Goal and Pillar	DCH Quality Initiatives
<p>Objective 1.3.a: Increase the number of members with controlled HbA1c to perform at or above the HEDIS national 50th percentile by the end of 2023</p> <p>Pillar One: Quality</p>	<ul style="list-style-type: none"> The DCH reimaged the process for CMOs to conduct audits of utilization of clinical practice guidelines by providers for diabetes, hypertension, and depression.
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.4: Improve Maternal and Newborn Care</p> <p>Objective 1.4.a: Decrease annual maternal mortality rate by 3% by the end of CY 2023</p> <p>Pillar Three: Access</p>	<ul style="list-style-type: none"> The DCH has implemented initiatives to increase access and utilization of blood pressure monitoring devices for pregnant members with hypertension and related conditions of pregnancy. The DCH is in the process of creating a tool for auditing utilization of the most current clinical practice guideline for pre- and post-partum care. The DCH is participating in the CMS/Mathematica Postpartum Affinity Group to test interventions for improving postpartum care visits and outcomes. The DCH received approval to terminate the 1115 six-month postpartum extension and implement an SPA to extend postpartum care to 12 months. The DCH is exploring support service to mothers via doulas and/or combined with current Resource Mothers. The DCH is preparing to assess and address the local impact of congenital syphilis on newborns. The DCH is leveraging the PIP process to improve rates of women with high-risk pregnancy enrolling in OB case management. The DCH is leveraging a PIP to increase the rate of women who receive a prenatal visit within 42 days of notice of pregnancy.

DCH Follow-Up on 2021 Annual Technical Report EQRO Recommendations

Follow-Up on Recommendations		
<p>Aim: Improve Health, Services & Experience</p> <p>GOAL 1.3: Improve Outcomes for Chronic Diseases</p> <p>Pillar One: Quality</p>	<p>Objective 1.3.a: Increase the number of members with controlled HbA1c to perform at or above the HEDIS national 50th percentile by the end of 2023.</p> <p>Objective 1.3.c: Increase the number of members with controlled high blood pressure to perform at or above the HEDIS national 50th percentile by the end of CY 2023.</p>	<p>Metric: Comprehensive Diabetes Care—HbA1c Poor Control (>9.5) (CDC, CDC-AD)</p>

Follow-Up on Recommendations

HSAG Recommendation: To improve program-wide performance in support of Goal 1.3 and improve members' receipt of recommended care and services for better management of chronic conditions, HSAG recommends the following:

- Require CMOs to identify chronic health-related PMs that fell below the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 50th percentile and focus QI efforts on identifying the cause and implementing interventions to improve access to care.
- Identify opportunities to better connect with members to leverage evidence-based practices and to implement a holistic approach to wellness.
- Require the CMOs to identify healthcare disparities within the chronic health PM data to focus QI efforts on a disparate population.

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)

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 quality-focused meetings where CMOs reported on performance data and related improvement activities.
- Created public-facing visualization to communicate comparative level of care per CMO.
- Ongoing technical assistance calls to review and assess progress on selected improvement strategies.
- Ongoing CMO monthly submission of a population health report and improvement actions for missed targets or gaps in care.
- Promote utilization of telehealth to improve access and continuity of care.

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

Metric: Comprehensive Diabetes Care—HbA1c Poor Control (>9.5) (CDC, CDC-AD)
 MY 2019: 57.55%
 MY 2021: 56.37%

Identify any barriers to implementing initiatives:

- The residual effect of COVID-19 may have continued to impact visit rates
- Challenges contacting members due to members frequent moving or change in contact information

Aim: Improve Health, Services & Experience

Goal 1.4: Improve Maternal and Newborn Care

Pillar One: Quality

Objective 1.4.b: Decrease the number of live babies with low birth weight to perform at or above the CMCS 75th percentile by the end of CY 2023.

Metric: Live Births Weighing Less Than 2,500 Grams (LBW-CH)

HSAG Recommendation: To improve program-wide performance in support of Goal 1.4 and improve maternal health outcomes through timeliness of prenatal care, HSAG recommends the following:

- Require the CMOs to conduct a root cause analysis to determine any additional causes regarding why some female members were not receiving timely prenatal and postpartum care. The CMOs should consider the nature and scope of the issue (e.g., were the issues related to barriers to accessing care, a lack of family planning service providers, or the need for improved community outreach and education).

Follow-Up on Recommendations
<ul style="list-style-type: none"> Require the CMOs to identify healthcare disparities within the prenatal and postpartum-related PM data to focus QI efforts on a disparate population.
<p>DCH Response (Note—The narrative within the DCH response section was provided by DCH and has not been altered by HSAG except for minor formatting)</p>
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <ul style="list-style-type: none"> Improvement initiatives include: <ul style="list-style-type: none"> Engaging CMOs in Postpartum Affinity Group to discover and test strategies to improve postpartum outcomes. Strengthening and optimizing maternal support through Resource Mothers benefit. Required CMOs to develop PIPs based on maternal care (pre- and post-delivery). Conducting monthly technical assistance calls with CMOs to address interventions, barriers, and progress towards goal achievement Increased efforts to identify and address health equity and disparities as recommended by HSAG Implementation of 1115 Waiver extending post-partum visit to 180 days post delivery Plans to implement a State Plan Amendment to extend postpartum care to 12 months currently pending CMS' approval
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): Metric: Live Births Weighing Less Than 2,500 Grams (LBW-CH) MY 2019: <u>9.05%</u> MY 2021: NR%</p>
<p>Identify any barriers to implementing initiatives: The DCH did not identify any barriers to implementing the initiatives.</p>

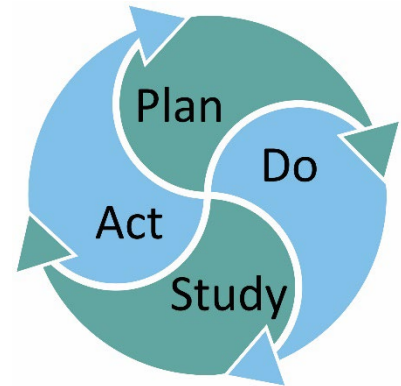
The CMOs' ongoing QAPI programs objectively and systematically monitor and evaluate the quality and appropriateness of care and services rendered, thereby promoting quality of care and improved health outcomes for their members.

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

Best and Emerging Practices

The DCH 2021–2023 QS promotes the identification of creative initiatives to continually monitor, assess, and improve access to care, the quality of care and services, member satisfaction, and the timeliness of service delivery for Georgia Medicaid and CHIP members. The DCH QS strives to ensure members receive high-quality care that is safe, efficient, patient-centered, timely, value- and quality-based, data-driven, and equitable. The DCH conducts oversight of the CMOs to promote accountability and transparency for improving health outcomes.

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



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 CMOs³⁻¹ to assess the quality and timeliness of, and accessibility of the GF and GF 360° programs.

Definitions

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

Figure 3-1—CMS Domains

		
<p style="text-align: center; font-size: 1.2em; font-weight: bold;">Quality</p> <p>CMS defines “quality” in the final rule at 42 CFR §438.320 as follows: “Quality, as it pertains to external quality review, means the degree to which an MCO, PIHP [prepaid inpatient health plan], PAHP [prepaid ambulatory health plan], or PCCM [primary care case management] entity (described in 438.310[c][2]) increases the likelihood of desired outcomes of its enrollees through: its structural and operational characteristics; the provision of services that are consistent with current professional, evidence-based knowledge; and interventions for performance improvement.”¹</p>	<p style="text-align: center; font-size: 1.2em; font-weight: bold;">Access</p> <p>CMS defines “access” in the final 2016 regulations at 42 CFR §438.320 as follows: “Access, as it pertains to external quality review, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under 438.68 (network adequacy standards) and 438.206 (availability of services).”</p>	<p style="text-align: center; font-size: 1.2em; font-weight: bold;">Timeliness</p> <p>NCQA defines “timeliness” relative to utilization decisions as follows: “The organization makes utilization decisions in a timely manner to accommodate the clinical urgency of a situation.” NCQA further states that the intent of this standard is to minimize any disruption in the provision of health care. HSAG extends this definition of timeliness to include other managed care provisions that impact services to enrollees and that require timely response by the MCO—e.g., processing appeals and providing timely care.</p>
<p>¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. Federal Register Vol. 81 No. 18/Friday, May 6, 2016, Rules and Regulations, p. 27882. 42 CFR §438.320 Definitions; Medicaid Program; External Quality Review, Final Rule.</p> <p>² Ibid.</p> <p>³ National Committee for Quality Assurance. <i>2013 Standards and Guidelines for MBHOs and MCOs</i>.</p>		

³⁻¹ On January 23, 2020, WellCare Health Plans, Inc. became a wholly owned subsidiary of Centene Corporation. The merger with Peach State Health Plan was completed on April 30, 2021. Therefore, WellCare was only included in the mandatory activities where specifications were met.

How Conclusions Were Drawn From EQRO Activities

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

Table 3-1—EQR and DCH Activities and Domains

Activity	Quality	Access	Timeliness
Validation of PIPs	✓	✓	✓
Validation of PMs	✓	✓	✓
NCQA HEDIS Compliance Audit™,3-2	✓	✓	
Review of Compliance with Medicaid and CHIP Managed Care Regulations	✓	✓	✓
CAHPS Member Experience with Care Survey	✓	✓	✓

CMO Comparative and Statewide Aggregate PIP Results

The purpose of each PIP was to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical and nonclinical areas. In SFY 2022, each CMO continued two DCH-mandated PIP topics and reported Remeasurement 1 performance indicator outcomes. Two of the three CMOs continued the same PIP topics, one specific to timely prenatal care and the second specific to case management for high-risk and complex pregnancies. Although the CMOs had the same overarching topics and followed DCH-developed specifications, DCH allowed each CMO to define its complex-case members and which members met the criteria for the eligible populations. Because of this flexibility, the comparison below should be interpreted with caution. Amerigroup 360° served different populations and continued different PIP topics; therefore, a comparison could not be made.

Table 3-2 displays the Remeasurement 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—SFY 2022 PIP Topics by CMO

PIP Topic	Amerigroup	Amerigroup 360°	CareSource	Peach State
<i>Timely Prenatal Care</i>	90.06% ↓		48.97% ↓	76.26% ↑
<i>High Risk or Complex Case Management Enrollment</i>	21.36% ↓		30.14% ⇔	26.4% ↑
<i>30-Day Behavioral Health Readmission</i>		13.97% ⇔		
<i>Increasing Transition Age Youth Membership</i>		70.35% ↑		




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

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

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

³⁻² NCQA HEDIS Compliance Audit™ is a trademark of NCQA.

Strengths, Weaknesses, and Recommendations

Strengths	
	The CMOs met 100 percent of the requirements for data analysis and implementation of improvement strategies. The CMOs used QI tools to conduct their causal/barrier analyses and initiated timely interventions that were reasonably linked to their corresponding barriers.
	Five of the eight projects achieved either statistically, programmatically, or clinically significant improvement over the baseline performance.
Weaknesses and Recommendations	
	<p>Weakness: There were no weaknesses identified.</p> <p>Recommendations: Although there were no identified weaknesses, HSAG recommends that the CMOs revisit the causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The CMOs should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention’s next steps.</p>

CMO Comparative, Georgia Families, and PeachCare for Kids® Aggregate PM Results

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

Each CMO contracted with an NCQA-LO to conduct the HEDIS Compliance Audit. HSAG reviewed the CMOs’ FARs, which included the Certified HEDIS Compliance Auditor’s assessment of compliance with each IS standard, and the IDSS files approved by each CMO’s LO. HSAG found that all CMOs’ systems and processes were compliant with all NCQA IS standards. All CMOs were compliant with the HEDIS reporting requirements for the key GF and PeachCare for Kids® Medicaid measures for HEDIS MY 2021.

Table 3-3 displays the HEDIS MY 2021 CMO rates and statewide averages for the GF population and Table 3-4 displays the HEDIS MY 2021 CMO rates and statewide averages for the PeachCare for Kids® population. The tables also display the performance rating for NCQA’s HEDIS measure rate results compared to NCQA’s Quality Compass national Medicaid HMO percentiles for HEDIS MY 2021 (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*), where available. Additionally, measure cells shaded gray indicate non-HEDIS rates that were compared to CMCS’ national 50th percentile for the FFY 2020 Child and Adult Core Set measures as an indicator of performance, with measure rates shaded yellow indicating performance that met or exceeded the 50th percentile. Of note, measures for which lower rates suggest better performance are indicated by an asterisk (*). For non-HEDIS measures, rates that fell at or below the 50th percentile are shaded yellow. Benchmarks were not available for comparisons to the *Screening for Depression and Follow-Up Plan* and *Inpatient Utilization—General Hospital/Acute Care* measures.

Table 3-3—MY 2021 Results for GF CMOs

Measure	Amerigroup	CareSource	Peach State	GF Average
Quality of Care				
Asthma Medication Ratio				
5–11 Years	83.94% ★★★★★	82.98% ★★★★★	81.48% ★★★★★	82.26% ★★★★★
12–18 Years	76.62% ★★★★★	77.27% ★★★★★	71.64% ★★★	73.57% ★★★★★
19–50 Years	61.76% ★★★	56.39% ★★	52.50% ★	55.39% ★★
51–64 Years	66.67% ★★★★★	NA	53.40% ★	58.01% ★★
Comprehensive Diabetes Care				
HbA1c Control (<8.0%)	42.58% ★	37.47% ★	34.06% ★	36.79% ★
HbA1c Poor Control (>9.0%)*	50.85% ★	55.96% ★	58.88% ★	56.37% ★
Controlling High Blood Pressure				
Controlling High Blood Pressure	54.26% ★	53.04% ★	41.61% ★	46.90% ★
Diabetes Short-Term Complications Admission Rate*¹				
Diabetes Short-Term Complications Admission Rate—Total	12.84	16.91	14.30	14.45
Heart Failure Admission Rate*¹				
Heart Failure Admission Rate—Total	6.61	3.85	7.29	6.41
Screening for Depression and Follow-Up Plan				
12–17 Years	1.51% NC	6.52% NC	1.32% NC	2.23% NC
18 Years and Older	2.06% NC	2.15% NC	2.06% NC	2.08% NC
Stewardship				
Ambulatory Care—Total				
ED Visits—Total*	41.03 ★★★	44.46 ★★★	38.94 ★★★	40.53 ★★★
Inpatient Utilization—General Hospital/Acute Care—Total				
Total Inpatient—Discharges per 1,000 Member Months—Total	4.42 NC	4.74 NC	4.01 NC	4.25 NC
Total Inpatient—Average Length of Stay—Total	3.54 NC	3.61 NC	3.58 NC	3.57 NC
Plan All-Cause Readmissions*				
Index Total Stays—Observed Readmissions—Total	8.01% ★★★★★	8.37% ★★★★★	7.01% ★★★★★	7.53% ★★★★★
Index Total Stays—O/E Ratio—Total	1.01 ★★	1.04 ★★	0.89 ★★★★★	0.95 ★★★
Access to Care				
Breast Cancer Screening				

Measure	Amerigroup	CareSource	Peach State	GF Average
<i>Breast Cancer Screening</i>	50.94% ★★	41.78% ★	48.20% ★★	47.85% ★★
Cervical Cancer Screening				
<i>Cervical Cancer Screening</i>	68.85% ★★★★★	57.18% ★★	58.64% ★★★	60.98% ★★★
Child and Adolescent Well-Care Visits				
<i>3–11 Years</i>	56.06% ★★★	51.46% ★★	54.72% ★★	54.55% ★★
<i>12–17 Years</i>	50.62% ★★★	44.96% ★★	49.58% ★★	49.04% ★★
<i>18–21 Years</i>	24.07% ★★	20.56% ★★	24.52% ★★	23.70% ★★
<i>Total</i>	50.59% ★★★	45.43% ★★	49.55% ★★★	49.13% ★★★
Childhood Immunization Status				
<i>Combination 7</i>	55.47% ★★★	46.23% ★	58.64% ★★★	55.59% ★★★
Chlamydia Screening in Women				
<i>16–20 Years</i>	59.16% ★★★	57.95% ★★★	60.00% ★★★★	59.42% ★★★
<i>21–24 Years</i>	64.88% ★★★	63.81% ★★★	63.77% ★★★	64.09% ★★★
Developmental Screening in the First Three Years of Life				
<i>Total</i>	54.01%	60.58%	46.96%	51.33%
Immunizations for Adolescents				
<i>Combination 1 (Meningococcal, Tdap)</i>	85.64% ★★★★	72.02% ★	83.94% ★★★	82.42% ★★★
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	35.04% ★★★	25.06% ★	34.06% ★★	32.83% ★★
Percentage of Eligibles Who Received Preventive Dental Services				
<i>Percentage of Eligibles Who Received Preventive Dental Services</i>	47.49%	38.96%	47.34%	45.95%
Prenatal and Postpartum Care				
<i>Timeliness of Prenatal Care</i>	81.02% ★	79.56% ★	75.18% ★	77.80% ★
<i>Postpartum Care</i>	73.24% ★★	64.48% ★	63.26% ★	66.44% ★
Well-Child Visits in the First 30 Months of Life				
<i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits</i>	59.56% ★★★	55.84% ★★★	60.75% ★★★	59.50% ★★★
<i>Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits</i>	68.78% ★★★	65.28% ★★	67.77% ★★★	67.62% ★★★

* A lower rate indicates better performance for this measure.

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

NC indicates comparisons to benchmarks for the MY 2021 rate were not available or NCQA recommended a break in trending.

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

Gray shading indicates that the measure was compared to CMCS' national 50th percentile.
 Yellow shading indicates that the PM rate for MY 2021 met or exceeded CMCS' national 50th percentile.
 MY 2021 performance ratings for the HEDIS measures represent the following percentile comparisons:

- ★★★★★ = 90th percentile and above
- ★★★★ = 75th to 89th percentile
- ★★★ = 50th to 74th percentile
- ★★ = 25th to 49th percentile
- ★ = Below 25th percentile

Table 3-4—MY 2021 Results for PeachCare for Kids® CMOs

Measure	Amerigroup	CareSource	Peach State	PCK Average
Quality of Care				
Asthma Medication Ratio				
5–11 Years	87.03% ★★★★★	91.20% ★★★★★	86.85% ★★★★★	87.42% ★★★★★
12–18 Years	81.22% ★★★★★	77.31% ★★★★	76.51% ★★★★	77.65% ★★★★
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase	35.80% ★★	42.73% ★★★	44.55% ★★★★	42.23% ★★★
Continuation and Maintenance Phase	45.24% ★★	60.34% ★★★★	71.50% ★★★★★	63.16% ★★★★★
Screening for Depression and Follow-Up Plan				
12–17 Years	1.15% NC	6.55% NC	1.21% NC	2.08% NC
18 Years and Older	1.26% NC	4.06% NC	1.44% NC	1.67% NC
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Total	72.88% ★★★★	64.52% ★★★	64.18% ★★★	65.84% ★★★
Stewardship				
Ambulatory Care—Total				
ED Visits—Total*	20.44 ★★★★★	21.08 ★★★★★	19.81 ★★★★★	20.23 ★★★★★
Inpatient Utilization—General Hospital/Acute Care—Total				
Total Inpatient—Discharges per 1,000 Member Months—Total	0.77 NC	0.84 NC	0.85 NC	0.83 NC
Total Inpatient—Average Length of Stay—Total	3.38 NC	3.30 NC	3.89 NC	3.65 NC
Access to Care				
Child and Adolescent Well-Care Visits				
Total	56.98% ★★★	50.69% ★★★	55.27% ★★★	54.91% ★★★
Childhood Immunization Status				
Combination 7	68.13% ★★★★★	56.93% ★★★	69.34% ★★★★★	66.56% ★★★★★
Chlamydia Screening in Women				

Measure	Amerigroup	CareSource	Peach State	PCK Average
16–20 Years	54.95% ★★★	52.11% ★★★	55.07% ★★★	54.53% ★★★
Developmental Screening in the First Three Years of Life¹				
Developmental Screening in the First Three Years of Life—Total	58.33%	65.45%	39.86%	49.97%
Immunizations for Adolescents				
Combination 1 (Meningococcal, Tdap)	88.56% ★★★★★	74.45% ★★	88.81% ★★★★★	86.29% ★★★★★
Combination 2 (Meningococcal, Tdap, HPV)	34.31% ★★	27.98% ★	38.69% ★★★	35.79% ★★★
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	NA	NA	NA	67.42% ★
Postpartum Care	NA	NA	NA	62.89% ★
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	65.18% ★★★★★	58.31% ★★★	62.25% ★★★★★	61.63% ★★★★★
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	76.71% ★★★★★	77.64% ★★★★★	76.06% ★★★★★	76.52% ★★★★★

* A lower rate indicates better performance for this measure.

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

NC indicates comparisons to benchmarks for the MY 2021 rate were not available or NCQA recommended a break in trending.

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

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

Yellow shading indicates that the PM rate for MY 2021 met or exceeded CMCS' national 50th percentile.

MY 2021 performance ratings for the HEDIS measures represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Additionally, 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 Roadmap, job logs, 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.




Strengths, Weaknesses, and Recommendations for GF

Strengths	
	In the Quality of Care domain, the CMOs' performance for <i>Asthma Medication Ratio—5–11 Years</i> continued to demonstrate strength, as all three CMOs and the GF Average met or exceeded the 75th percentile; all three CMOs and the GF Average met or exceeded the 50th percentile for <i>Asthma Medication Ratio—12–18 Years</i> . The performance for these age stratifications suggests that the CMOs' contracted providers were effectively managing members with asthma, which may help reduce the need for rescue medication as well as costs associated with ED visits, inpatient hospital admissions, and missed days of school or work. The CMOs' PM rates and the GF Average continued to meet or exceeded the CMCS national 50th percentile for <i>Diabetes Short-Term Complications Admission Rate</i> and <i>Heart Failure Admission Rate</i> , demonstrating CMOs' members were able to access a PCP to help them manage their chronic conditions, thereby reducing unnecessary inpatient utilization.
	In the Access to Care domain, the CMOs' performance on health and preventive screening measures continued to be a strength, as two of three CMOs and the GF Average met or exceeded the 50th percentile for <i>Cervical Cancer Screening</i> , <i>Childhood Immunization Status—Combination 7</i> , and <i>Immunizations for Adolescents—Combination 1</i> ; all three CMOs and the GF Average also met or exceeded the 50th percentile for both <i>Chlamydia Screening in Women</i> age stratifications. Additionally, two of three CMOs and the GF Average met or exceeded the 50th percentile for <i>Child and Adolescent Well-Care Visits—Total</i> . All three CMOs and the GF Average met or exceeded the 50th percentile for <i>Well-Child Visits in the First 30 Months of Life—First 15 Months of Life—Six or More Well-Child Visits</i> , and two of three CMOs and the GF Average met or exceeded the 50th percentile for <i>Age 15 Months–30 Months—Two or More Well-Child Visits</i> . Furthermore, two of three CMOs and the GF Average met or exceeded the CMCS national 50th percentile for <i>Percentage of Eligibles Who Received Preventive Dental Services</i> . All three CMOs and the GF Average met or exceeded the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life</i> , indicating that the CMOs' child members 1–3 years of age were receiving appropriate developmental screenings, which helps identify children who are at risk of developmental delays so that their needs can be addressed early in their lives. This performance also demonstrates that children and adolescents were accessing well-care visits and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.
Weaknesses and Recommendations	
	Weakness: In the Quality of Care domain, the PM rates for <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i> , and <i>Controlling High Blood Pressure</i> continued to show lower performance, as all CMO measure rates and the GF Average continued to fall below the 25th percentile, suggesting that although members with chronic conditions may have access to care, they were not able to manage their conditions according to evidence-based guidelines through the appropriate use of medications, diet and nutrition, or physical activity. Performance declines may have been due to lingering effects of the COVID-19 pandemic during 2021.

Weaknesses and Recommendations	
	<p>Recommendations: HSAG recommends that the CMOs continue to conduct root cause analyses or focus studies to determine why members were not maintaining their chronic health conditions at optimal levels or why some adult members were experiencing issues with access to care. Upon identification of a root cause, the CMOs should implement appropriate interventions to improve the performance related to these chronic conditions. The CMOs could also consider if there were disparities within their populations that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc.</p>
	<p>Weakness: In the Access to Care domain, two of three CMOs and the GF Average fell below the 50th percentile for <i>Breast Cancer Screening</i>, and one CMO fell below the 25th percentile. This performance indicates that female members were not receiving timely screenings to detect cancer early. Early detection reduces the risk of dying from breast cancer and can lead to a greater range of treatment options and lower healthcare costs. Additionally, all three CMOs and the GF Average continued to demonstrate a weakness in performance for <i>Prenatal and Postpartum Care</i>; all three CMOs and the GF Average fell below the 25th percentile for <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>, and two of three CMOs and the GF Average fell below the 25th percentile for the <i>Postpartum Care</i> indicator, suggesting that pregnant members were not receiving timely and adequate prenatal and postpartum care, which can help significantly reduce the percentage of pregnancy-related deaths. Lingering effects of the COVID-19 pandemic during 2021 may have contributed to low performance.</p> <p>Recommendations: HSAG recommends that the CMOs conduct a root cause analysis or focus study to determine why their pregnant members were consistently not receiving appropriate prenatal and postpartum care. CMOs could consider if there are disparities within their populations that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc.</p>

Strengths, Weaknesses, and Recommendations for PeachCare for Kids®

Strengths	
	<p>In the Quality of Care domain, all three CMOs and the PeachCare for Kids® Average met or exceeded the 90th percentile for the <i>Asthma Medication Ratio—5–11 Years and 12–18 Years</i> age stratifications, suggesting that the CMOs’ contracted PeachCare for Kids® providers were effectively managing members with asthma, which may help reduce the need for rescue medication as well as costs associated with ED visits, inpatient hospital admissions, and missed days of school or work.</p>
	<p>In the Quality of Care domain, all three CMOs and the PeachCare for Kids® Average met or exceeded the 50th percentile for <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>; of note, Amerigroup met or exceeded the 75th percentile. Further, two of three CMOs and the PeachCare for Kids® Average met or exceeded the 50th percentile for <i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase</i>. For the <i>Continuation and Maintenance Phase</i> indicator, one CMO met or exceeded the 75th percentile and one CMO and the PeachCare for Kids® Average met or exceeded the 90th percentile. This performance suggests that the CMOs were appropriately monitoring their members with behavioral health needs.</p>
	<p>In the Stewardship domain, all three CMOs and the PeachCare for Kids® Average met or exceeded the 90th percentile for <i>Ambulatory Care—ED Visits</i>, indicating a strength for</p>

Strengths	
	the PeachCare for Kids® population and suggesting that members were receiving timely access to primary care, thereby reducing the cost of ED visits.
	In the Access to Care domain, all three CMOs and the PeachCare for Kids® Average met or exceeded the 50th percentile for <i>Child and Adolescent Well-Care Visits</i> , <i>Childhood Immunization Status—Combination 7</i> , and <i>Chlamydia Screening in Women—16–20 Years</i> . In addition, two of three CMOs met or exceeded the 90th percentile for <i>Immunizations for Adolescents—Combination 1</i> and the PeachCare for Kids® Average met or exceeded the 75th percentile. Further, for <i>Well-Child Visits in the First 30 Months of Life—Ages 15 Months–30 Months—Two or More Well-Child Visits</i> , all three CMOs and the PeachCare for Kids® Average met or exceeded the 75th percentile; for the <i>First 15 Months—Six or More Well-Child Visits</i> indicator, two of three CMOs and the PeachCare for Kids® Average met or exceeded the 75th percentile and one CMO met or exceeded the 50th percentile. All three CMOs and the PeachCare for Kids® Average also met or exceeded the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life</i> .
Weaknesses and Recommendations	
	<p>Weakness: In the Access to Care domain, all three CMOs were assigned an NA designation for both <i>Prenatal and Postpartum Care</i> indicators, and the PeachCare for Kids® Average ranked below the 25th percentile. In addition, Amerigroup fell below the 50th percentile for <i>Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)</i> and fell below the 25th percentile for <i>Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)</i>, suggesting that Amerigroup’s PeachCare for Kids® members were not receiving the recommended vaccinations, which are a safe and effective way to protect children and adolescents from potentially deadly diseases.</p> <p>Recommendations: HSAG recommends that the CMOs conduct a root cause analysis or focus study to explore why performance is low for <i>Prenatal and Postpartum Care</i>. HSAG recommends that the CMOs analyze their data and consider if there are disparities within the CMOs’ populations that contributed to lower performance for a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, HSAG recommends that the CMOs implement appropriate interventions to increase performance. In addition, HSAG recommends that Amerigroup conduct a root cause analysis to determine why its PeachCare for Kids® members were not receiving the recommended vaccinations. Upon identification of a root cause, HSAG recommends that Amerigroup implement appropriate interventions to improve performance.</p>
	<p>Weakness: In the Quality of Care domain, Amerigroup fell below the 50th percentile for both <i>Follow-Up Care for Children Prescribed ADHD Medication</i> indicators, suggesting that its PeachCare for Kids® members with asthma may not always be managing the condition with appropriate medications. Appropriate medication management for patients with asthma could reduce the need for rescue medication as well as the costs associated with ED visits, inpatient admissions, and missed days of work or school.</p> <p>Recommendations: HSAG recommends that Amerigroup conduct a root cause analysis to determine why not all of its PeachCare for Kids® members were appropriately managing asthma with the use of appropriate medications. Upon identification of a root cause, HSAG recommends that Amerigroup implement appropriate interventions to improve performance.</p>

Amerigroup 360° PM Results

Amerigroup 360° contracted with an NCQA-LO to conduct the HEDIS Compliance Audit. HSAG reviewed Amerigroup 360°’s FARs, IS compliance tools, and IDSS files approved by Amerigroup 360°’s LO. HSAG found that the CMO’s IS systems and processes were compliant with all applicable NCQA IS standards. Amerigroup 360° was compliant with the HEDIS reporting requirements for the key GF 360° Medicaid measures for HEDIS MY 2021.

Table 3-5 displays Amerigroup 360°’s HEDIS MY 2021 PM rates, along with the performance rating for NCQA’s HEDIS measure rate results compared to NCQA’s Quality Compass national Medicaid HMO percentiles for HEDIS MY 2021 (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*), where available. Additionally, measure cells shaded gray indicate non-HEDIS rates that were compared to CMCS’ national 50th percentile for the FFY 2020 Child and Adult Core Set measures as an indicator of performance, with measure rates shaded yellow indicating performance that met or exceeded the 50th percentile. Of note, measures for which lower rates suggest better performance are indicated by an asterisk (*). Benchmarks were not available for comparisons to the *Screening for Depression and Follow-Up Plan*, *Use of Multiple Concurrent Antipsychotics in Children and Adolescents*, and *Inpatient Utilization—General Hospital/Acute Care* measures.

Table 3-5—MY 2021 Results for Amerigroup 360°

Measure	Amerigroup 360°
Quality of Care	
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	35.48% ★
Antidepressant Medication Management	
<i>Effective Acute Phase Treatment</i>	40.59% ★
<i>Effective Continuation Phase Treatment</i>	26.47% ★
Asthma Medication Ratio	
5–11 Years	91.84% ★★★★★
12–18 Years	72.77% ★★★★
Comprehensive Diabetes Care	
<i>HbA1c Control (<8.0%)</i>	24.32% ★
Follow-Up After Hospitalization for Mental Illness	
<i>7-Day Follow-Up—Total</i>	52.79% ★★★★
<i>30-Day Follow-Up—Total</i>	74.01% ★★★★★
Follow-Up Care for Children Prescribed ADHD Medication	
<i>Initiation Phase</i>	38.59% ★★

Measure	Amerigroup 360°
<i>Continuation and Maintenance Phase</i>	48.75% ★★
Mental Health Utilization—Total	
<i>Any Service—Total</i>	43.73% ★★★★★
<i>Inpatient—Total</i>	4.35% ★★★★★
<i>Intensive Outpatient or Partial Hospitalization—Total</i>	0.56% ★★★★★
<i>Outpatient—Total</i>	34.37% ★★★★★
<i>ED—Total</i>	0.12% ★★★
<i>Telehealth—Total</i>	29.42% ★★★★★
Metabolic Monitoring for Children and Adolescents on Antipsychotics	
<i>Blood Glucose—1–11 Years</i>	47.13% ★★★
<i>Blood Glucose—12–17 Years</i>	71.13% ★★★★★
<i>Blood Glucose—Total</i>	63.04% ★★★★★
<i>Cholesterol—1–11 Years</i>	35.14% ★★★
<i>Cholesterol—12–17 Years</i>	56.96% ★★★★★
<i>Cholesterol—Total</i>	49.60% ★★★★★
<i>Blood Glucose and Cholesterol—1–11 Years</i>	32.09% ★★★
<i>Blood Glucose and Cholesterol—12–17 Years</i>	54.04% ★★★★★
<i>Blood Glucose and Cholesterol—Total</i>	46.64% ★★★★★
Screening for Depression and Follow-Up Plan	
<i>12–17 Years</i>	3.16% NC
<i>18 Years and Older</i>	2.00% NC
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	
<i>1–11 Years</i>	76.68% ★★★★★
<i>12–17 Years</i>	82.45% ★★★★★

Measure	Amerigroup 360°
Total	79.91% ★★★★★
Use of Multiple Concurrent Antipsychotics in Children and Adolescents	
1–5 Years	NA
6–11 Years	1.92% NC
12–17 Years	3.19% NC
Total	2.75% NC
Stewardship	
Ambulatory Care—Total	
ED Visits—Total*	34.40 ★★★★★
Inpatient Utilization—General Hospital/Acute Care—Total	
Total Inpatient—Discharges per 1,000 Member Months—Total	2.50 NC
Total Inpatient—Average Length of Stay—Total	3.89 NC
Access to Care	
Child and Adolescent Well-Care Visits	
Total	59.14% ★★★★★
Childhood Immunization Status	
Combination 7	64.48% ★★★★★
Chlamydia Screening in Women	
16–20 Years	66.40% ★★★★★
21–24 Years	65.75% ★★★
Developmental Screening in the First Three Years of Life¹	
Developmental Screening in the First Three Years of Life—Total	33.58%
Immunizations for Adolescents	
Combination 1 (Meningococcal, Tdap)	85.64% ★★★★★
Combination 2 (Meningococcal, Tdap, HPV)	45.50% ★★★★★
Percentage of Eligibles Who Received Preventive Dental Services	
Percentage of Eligibles Who Received Preventive Dental Services ¹	62.05%
Prenatal and Postpartum Care	
Timeliness of Prenatal Care	76.36% ★

Measure	Amerigroup 360°
Well-Child Visits in the First 30 Months of Life	
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	61.51% ★★★★
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	90.19% ★★★★★

* A lower rate indicates better performance for this measure.

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

NC indicates comparisons to benchmarks for the MY 2021 rate were not available or NCQA recommended a break in trending.

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

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

Yellow shading indicates that the PM rate for MY 2021 met or exceeded CMCS' national 50th percentile.

MY 2021 performance ratings for the HEDIS measures represent the following percentile comparisons:

★★★★★ = 90th percentile and above




★★★★ = 75th to 89th percentile


★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Strengths, Weaknesses, and Recommendations

Strengths	
	In the Quality of Care domain, Amerigroup 360° continued to demonstrate strength for HEDIS MY 2021, meeting or exceeding the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 50th percentile for 23 of 29 (79.3 percent) measure rates related to quality of care that were comparable to benchmarks. Of note, five of these 23 (21.7 percent) measure rates were between the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 75th and 89th percentile, with 12 of these rates (52.2 percent) exceeding the 90th percentile.
	In the Access to Care domain, Amerigroup 360° continued to demonstrate strength for HEDIS MY 2021, as well as an increase in performance from the prior year, meeting or exceeding the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 50th percentile for nine of nine (100.0 percent) measure rates related to access of care. Of these nine measures, five measure rates (55.6 percent) were between the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 75th and 89th percentile, and two measure rates (22.2 percent) met or exceeded the 90th percentile. The <i>Percentage of Eligibles Who Received Preventive Dental Services</i> measure rate met or exceeded the CMCS national 50th percentile, further demonstrating strength.
Weaknesses and Recommendations	
	Weakness: In the Quality of Care domain, six of 28 (21.4 percent) measure indicator rates related to quality of care that were comparable to benchmarks fell below the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 50th percentile, showing a continued decrease in performance for this domain: <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia, Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment, Comprehensive Diabetes Care—HbA1c Control (<8.0%), and Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase</i> . Of note, four of these six (66.7 percent) measure indicator rates fell below the 25th percentile: <i>Adherence to Antipsychotic Medications for Individuals With</i>

Weaknesses and Recommendations	
	<p><i>Schizophrenia, Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment, and Comprehensive Diabetes Care—HbA1c Control (<8.0%).</i> Two of these six (33.3 percent) measure indicator rates fell below the 50th percentile: <i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase.</i> These results continue to demonstrate opportunities to improve members' quality of care related to managing medications and chronic conditions.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° conduct a root cause analysis or focus study to determine why members were not maintaining their chronic health conditions at optimal levels. Upon identification of a root cause, Amerigroup 360° should implement appropriate interventions to improve the performance related to these chronic conditions.</p>
	<p>Weakness: In the Access to Care domain, Amerigroup 360°'s <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> measure indicator rate fell below the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 25th percentile. This performance demonstrates opportunities to improve timeliness and access to prenatal care services, thereby reducing complications during pregnancy and delivery and setting the stage for the long-term health and well-being new mothers and their infants.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° conduct a root cause analysis or focus study to determine why members were not receiving timely access to prenatal services. Upon identification of a root cause, Amerigroup 360° should implement appropriate interventions to improve the performance related to this measure indicator.</p>

Compliance With Standards

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

Table 3-6 displays the scores for the current three-year period of compliance reviews conducted in SFY 2020.

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

	CFR	Standard Name	Amerigroup	Amerigroup 360°	CareSource	Peach State Health Plan	WellCare	Total Compliance Score
I.	438.56	Enrollment and Disenrollment:	100%	100%	100%	100%	100%	100%
II.	438.100 438.224	Member Rights and Confidentiality	100%	100%	100%	100%	100%	100%
III.	438.10	Member Information	100%	100%	100%	95.7%	95.7%	98.2%
IV.	438.114	Emergency and Poststabilization Services	100%	100%	100%	100%	100%	100%







	CFR	Standard Name	Amerigroup	Amerigroup 360°	CareSource	Peach State Health Plan	WellCare	Total Compliance Score
V.	438.206 438.207	Adequate Capacity and Availability of Services	100%	100%	94.4%	100%	100%	98.9%
VI.	438.208	Coordination and Continuity of Care	100%	100%	100%	100%	100%	100%
VII.	438.210	Coverage and Authorization of Services	89.5%	89.5%	68.4%	100%	100%	78.9%
VIII.	438.214	Provider Selection	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
IX.	438.230	Subcontractual Relationships and Delegation	50.0%	50.0%	75.0%	75.0%	75.0%	70.0%
X.	438.236	Practice Guidelines	100%	100%	100%	100%	100%	100%
XI.	438.242	Health Information Systems*	100%	100%	100%	100%	100%	100%
XII.	438.330	Quality Assessment and Performance Improvement Program	100%	100%	100%	100%	100%	100%
XIII.	438.228	Grievance and Appeal System	85.2%	81.5%	92.6%	96.3%	92.6%	89.6%
XIV.	438.608	Program Integrity	91.7%	91.7%	100%	91.7%	91.7%	93.3%
TOTAL SCORE			93.6%	93.0%	92.9%	96.8%	96.2%	94.5%

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

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

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

Strengths, Weaknesses, and Recommendations

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

Weaknesses and Recommendations	
	<ul style="list-style-type: none"> • The ability of network providers to ensure physical access, reasonable accommodations, culturally competent communications, and accessible equipment for members with physical or mental disabilities. • The availability of triage lines or screening systems, as well as use of telemedicine, e-visits, and/or other technology solutions.

Network Adequacy Validation

With the May 2016 release of revised federal regulations for managed care, CMS required states to set standards to ensure ongoing state assessment and certification of MCO, PIHP, and PAHP networks; set threshold standards to establish network adequacy measures for a specified set of providers; establish criteria to develop network adequacy standards for MLTSS programs; and ensure the transparency of network adequacy standards. The requirement stipulated that states must establish time and distance standards for the following network provider types for the provider type to be subject to such time and distance standards:

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

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

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

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

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

The DCH is prepared to move forward with the mandatory EQRO network adequacy review once the CMS EQR protocol is finalized.

CMO Comparative and Statewide Aggregate CAHPS Results

Member Experience of Care Surveys—CAHPS

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

Adult CMO Comparisons

Table 3-7 shows the results of the CMO comparisons analysis of the 2022 adult Medicaid CAHPS top-box scores.

Table 3-7—Adult Medicaid Plan Comparisons

	State Average	Amerigroup	CareSource	Peach State
Composite Measures				
<i>Getting Needed Care</i>	80.86%	71.08%+ ↓	82.85%+ ↔	84.89%+ ↑
<i>Getting Care Quickly</i>	76.26%	69.82%+ ↔	75.52%+ ↔	81.48%+ ↔
<i>How Well Doctors Communicate</i>	92.07%	91.35%+ ↔	92.82%+ ↔	91.91%+ ↔
<i>Customer Service</i>	82.63%	82.95%+ ↔	83.28%+ ↔	81.85%+ ↔
Global Ratings				
<i>Rating of All Health Care</i>	76.79%	77.22%+ ↔	70.10%+ ↔	82.05% ↔
<i>Rating of Personal Doctor</i>	83.02%	85.23%+ ↔	78.35%+ ↔	84.96% ↔
<i>Rating of Specialist Seen Most Often</i>	81.93%	81.08%+ ↔	84.38%+ ↔	80.00%+ ↔
<i>Rating of Health Plan</i>	76.41%	77.44% ↔	73.75% ↔	77.96% ↔
Effectiveness of Care*				
<i>Advising Smokers and Tobacco Users to Quit</i>	61.82%	60.98%+ ↔	60.61%+ ↔	63.79%+ ↔
<i>Discussing Cessation Medications</i>	32.73%	21.95%+ ↔	34.85%+ ↔	37.93%+ ↔
<i>Discussing Cessation Strategies</i>	27.33%	20.00%+ ↔	27.27%+ ↔	32.73%+ ↔

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

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

↑ Indicates the CMO’s score is statistically significantly higher than the State average.



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

↓ Indicates the CMO’s score is statistically significantly lower 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	
	Peach State’s 2022 top-box score for <i>Getting Needed Care</i> was statistically significantly higher than the Georgia CMO program score.
Weaknesses and Recommendations	
	<p>Weakness: Amerigroup’s 2022 top-box score for <i>Getting Needed Care</i> was statistically significantly lower than the Georgia CMO program score, which indicates that these members perceive a lack of access to getting the care they need.</p> <p>Recommendations: HSAG recommends that Amerigroup conduct root cause analyses or focus studies to determine why their members do not have access to care. Amerigroup could consider if there are disparities within its population that contribute to the lower performance in a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, Amerigroup should implement appropriate interventions to improve the performance related to the care members need.</p>

Child CMO Comparisons

Table 3-8 shows the results of the CMO comparison analysis of the 2022 child Medicaid CAHPS top-box scores.

Table 3-8—Child Medicaid Plan Comparisons

	State Average	Amerigroup	CareSource	Peach State
Composite Measures				
<i>Getting Needed Care</i>	83.31%	86.90% ↔	82.08% ↔	81.79% ↔
<i>Getting Care Quickly</i>	86.66%	89.53% ↔	86.36% ↔	84.09% ↔
<i>How Well Doctors Communicate</i>	94.89%	95.83% ↔	93.47% ↔	96.34% ↔
<i>Customer Service</i>	90.79%	92.70% ↔	89.73% ↔	90.33%+ ↔

	State Average	Amerigroup	CareSource	Peach State
Global Ratings				
<i>Rating of All Health Care</i>	89.31%	93.12% ↑	86.51% ↓	90.25% ↔
<i>Rating of Personal Doctor</i>	90.81%	90.98% ↔	88.71% ↓	94.30% ↑
<i>Rating of Specialist Seen Most Often</i>	86.88%	85.56%+ ↔	84.93% ↔	91.67%+ ↔
<i>Rating of Health Plan</i>	85.29%	89.60% ↑	82.73% ↓	84.96% ↔




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

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

Strengths, Weaknesses, and Recommendations

Summary of Child Medicaid Plan Comparisons Results

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

Strengths	
	Amerigroup's 2022 top-box scores were statistically significantly higher than the Georgia CMO program score for <i>Rating of All Health Care</i> and <i>Rating of Health Plan</i> .
	Peach State's 2022 top-box scores were statistically significantly higher than the Georgia CMO program score for <i>Rating of Personal Doctor</i> .
Weaknesses and Recommendations	
	<p>Weakness: CareSource's 2022 top-box scores for <i>Rating of All Health Care</i>, <i>Rating of Personal Doctor</i>, and <i>Rating of Health Plan</i> were statistically significantly lower than the Georgia CMO program score, which indicates that members perceive a lack of quality of care from their personal doctors, as well as an overall lack of quality of the care and services they receive.</p> <p>Recommendations: HSAG recommends that CareSource conduct root cause analyses or focus studies to determine why their members perceive a lack of quality of care from their personal doctors, as well as an overall lack of quality of the care and services they receive. CareSource could consider if there are disparities within its population that contribute to the lower performance in a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, CareSource should implement appropriate interventions to improve the performance related to the care members need.</p>

Statewide Performance and Findings

Statewide Adult Medicaid Findings

Table 3-9 shows the 2021 and 2022 statewide adult Medicaid CAHPS top-box scores.

Table 3-9—Statewide Adult Medicaid CAHPS Results

	2021 Top-Box Scores	2022 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	80.85%	80.86%
<i>Getting Care Quickly</i>	78.29%	76.26%
<i>How Well Doctors Communicate</i>	92.39%	92.07%
<i>Customer Service</i>	86.26%	82.63%
Global Ratings		
<i>Rating of All Health Care</i>	72.06%	76.79%
<i>Rating of Personal Doctor</i>	85.22%	83.02%
<i>Rating of Specialist Seen Most Often</i>	82.74%	81.93%
<i>Rating of Health Plan</i>	75.27%	76.41%
Effectiveness of Care*		
<i>Advising Smokers and Tobacco Users to Quit</i>	67.76%	61.82%
<i>Discussing Cessation Medications</i>	38.39%	32.73%
<i>Discussing Cessation Strategies</i>	35.10%	27.33%

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

 Indicates the 2022 score is statistically significantly lower than the 2021 national average.


Statewide Child Medicaid Findings

Table 3-10 shows the 2021 and 2022 statewide child Medicaid CAHPS top-box scores.

Table 3-10—Statewide Child Medicaid CAHPS Results

	2021 Top-Box Scores	2022 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	86.06%	83.31%
<i>Getting Care Quickly</i>	88.14%	86.66%
<i>How Well Doctors Communicate</i>	95.47%	94.89%
<i>Customer Service</i>	87.61%	90.79%
Global Ratings		
<i>Rating of All Health Care</i>	88.55%	89.31%

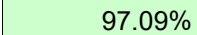
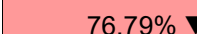
	2021 Top-Box Scores	2022 Top-Box Scores
<i>Rating of Personal Doctor</i>	89.59%	90.81%
<i>Rating of Specialist Seen Most Often</i>	91.27%	86.88%
<i>Rating of Health Plan</i>	86.79%	85.29%

 Indicates the 2022 score is statistically significantly higher than the 2021 national average.

Statewide Georgia Families 360° Findings


Table 3-11 shows the 2021 and 2022 Amerigroup 360° program CAHPS top-box scores.

Table 3-11—Statewide Amerigroup 360° CAHPS Results

	2021 Top-Box Scores	2022 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	90.42%	85.32%
<i>Getting Care Quickly</i>	93.15%	88.96%
<i>How Well Doctors Communicate</i>	97.09%	 97.09%
<i>Customer Service</i>	89.61% +	87.12%
Global Ratings		
<i>Rating of All Health Care</i>	93.31%	86.20% ▼
<i>Rating of Personal Doctor</i>	91.74%	92.80%
<i>Rating of Specialist Seen Most Often</i>	84.85% +	86.67%
<i>Rating of Health Plan</i>	82.77%	 76.79% ▼



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 2022 score is statistically significantly higher than the 2021 national average.

 Indicates the 2022 score is statistically significantly lower than the 2021 national average.

▼ Indicates the 2022 score is statistically significantly lower than the 2021 score.

Strengths, Weaknesses, and Recommendations

Strengths	
	A comparison of the 2022 Georgia CMO program average scores for the child Medicaid population to the 2021 NCQA child Medicaid national averages revealed that the Georgia CMO program’s 2022 score was statistically significantly higher than the 2021 NCQA child Medicaid national average for one measure, <i>Customer Service</i> .
	A comparison of the 2022 Amerigroup 360° program average scores to the 2021 NCQA child Medicaid national averages revealed that the Amerigroup 360° program’s 2022 score was statistically significantly higher than the 2021 NCQA child Medicaid national average for one measure, <i>How Well Doctors Communicate</i> .

Weaknesses and Recommendations	
	<p>Weakness: A comparison of the 2022 Georgia CMO program average scores for the adult Medicaid population to the 2021 NCQA adult Medicaid national averages revealed that the Georgia CMO program’s 2022 score was statistically significantly lower than the 2021 NCQA adult Medicaid national average for five measures: <i>Getting Care Quickly</i>, <i>Customer Service</i>, and all three Effectiveness of Care measures.</p> <p>Recommendations: HSAG recommends that the CMOs conduct root cause analyses or focus studies to determine why their members did not have access to care or why they feel they may not get adequate materials they require to understand the information presented or receive the appropriate smoking and tobacco use cessation medications and strategies. The CMOs could consider if there are disparities within their populations that contribute to the lower performance in a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, the CMOs should implement appropriate interventions to improve the performance related to the care members need.</p>
	<p>Weakness: A comparison of the 2022 Amerigroup 360° program average scores to the 2021 NCQA child Medicaid national averages revealed that the Amerigroup 360° program’s 2022 score was statistically significantly lower than the 2021 NCQA child Medicaid national average for one measure, <i>Rating of Health Plan</i>. Additionally, the Amerigroup 360° program 2022 scores for <i>Rating of All Health Care</i> and <i>Rating of Health Plan</i> were statistically significantly lower than the 2021 score.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° conduct root cause analyses or focus studies to determine why its members were not satisfied with the care and services they received. Amerigroup 360° could consider if there are disparities within its population that contribute to the lower performance in a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, Amerigroup 360° should implement appropriate interventions to improve the performance related to the care members need.</p>

4. Validation of Performance Improvement Projects

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

Objectives

For the SFY 2022 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.

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

Approach to PIP Validation

For the PIPs continued in SFY 2022, each CMO submitted its Remeasurement 1 data, reflective of the second quarter of CY 2022 (April 1, 2022–June 30, 2022). HSAG obtained the data needed to conduct the PIP validation from the CMOs' PIP submission forms. These forms provided detailed information about each CMO's PIP related to the steps completed and evaluated by HSAG for the 2022 validation cycle.

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

Each required step was evaluated on one or more elements that formed a valid PIP. The HSAG PIP Team scored each evaluation element within a given step as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designated evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements must be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that received a *Not Met* score results in an overall validation rating for the PIP of *Not Met*. The CMOs were assigned a *Partially Met* score if 60 percent to 79 percent of all evaluation elements were *Met* or one or more critical elements were *Partially Met*. HSAG provided general feedback with a *Met* validation score when enhanced documentation would have demonstrated a stronger understanding and application of the PIP steps and evaluation elements.

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

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

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

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

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

Training and Implementation

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

PIP Validation Status

The CMOs reported Remeasurement 1 quarter data for the 2022 annual validation. The submissions contained each project's data analysis results and QI efforts. HSAG validated each PIP's Remeasurement 1 data analysis, as compared to the baseline, and the QI efforts to ensure each CMO followed the CMS protocols, reporting all appropriate information. The PIP validation findings for each CMO are provided below.

Recommendations

The CMOs should follow the approved PIP methodology to calculate and report the remeasurement data accurately and consistently in next year's annual submission. The CMOs should revisit the causal/barrier analysis at least annually to ensure that the identified barriers are being addressed and to determine if any new barriers exist that require the development of interventions. The CMOs should continue to evaluate each intervention to determine its effectiveness.

Validation Findings

Amerigroup

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

Table 4-1—Overall Validation Rating for Amerigroup

PIP Topic	Validation Status	Performance Indicator	Performance Indicator Results			
			Baseline	R1	R2	Goal
<i>Administrative Timeliness of Prenatal Care</i>	<i>Met</i>	Timeliness of Prenatal Care	93.99%	90.06%↓		96.99%
<i>Clinical High-Risk Obstetric Case Management</i>	<i>Met</i>	Enrollment in High-Risk OB Case Management	25.26%	21.36%↓		30.26%

R1 = Remeasurement 1
R2 = Remeasurement 2

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


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


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

Table 4-2—Interventions for Amerigroup

Intervention Descriptions	
<i>Administrative Timeliness of Prenatal Care</i>	<i>Clinical High-Risk Obstetric Case Management</i>
Initiated targeted live telephonic outreach to members to educate on the importance of the timely prenatal visit and assisted with appointment scheduling.	Initiated targeted live telephonic outreach to members who did not complete the OB Screener.
Increased timely PCM referrals from the local health department to the health plan through collaboration and a communication document.	Increased timely PCM referrals from the local HD to the health plan through collaboration and a communication document.
Obstetrical practice consultant identified high-volume obstetric providers and enrolled them in the plans' obstetric quality incentive program.	OB practice consultant identified high-volume obstetric providers and enrolled them in the plans' obstetric quality incentive program.

Strengths, Weaknesses, and Recommendations

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

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

CareSource

Table 4-3 displays the overall validation status and baseline and Remeasurement 1 quarter results for each PIP topic. CareSource did not establish designated goals for the PIPs. With the most recent submission, CareSource revised the baseline data results from the data reported in the prior annual submission. The CMO described a discrepancy identified within the performance indicator coding that inaccurately identified pregnant members.

Table 4-3—Overall Validation Rating for CareSource

PIP Topic	Validation Status	Performance Indicator	Performance Indicator Results		
			Baseline	R1	R2
<i>Increase the Percentage of Pregnant Members Who Receive a Prenatal Care Visit Within 42 Days of Confirmation of Pregnancy or Right From the Start Medicaid (RSM) Enrollment</i>	Met	Occurrence of Prenatal Care Visits Within 42 Days of Pregnancy Identification	51.0%	48.97% ↓	
<i>Increase the Percentage of Pregnant Members Identified as High Risk or Complex Who Enroll in Complex Case Management (CCM)</i>	Met	Enrollment in High-Risk or Complex Case Management	32.97%	30.14% ↔	

R1 = Remeasurement 1

R2 = Remeasurement 2

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




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

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

Table 4-4—Interventions for CareSource

Intervention Descriptions	
<i>Increase the Percentage of Pregnant Members Who Receive a Prenatal Care Visit Within 42 Days of Confirmation of Pregnancy or Right From the Start Medicaid (RSM) Enrollment</i>	<i>Increase the Percentage of Pregnant Members Identified as High Risk or Complex Who Enroll in Complex Case Management (CCM)</i>
Weekly telephonic outreach to members offering information on the importance of visit/rewards and support for completing prenatal visits.	Weekly telephonic outreach to members offering information on case management and support for meeting complex needs/removing barriers.
Weekly interactive text message to members reminding of the importance of a prenatal visit, rewards information, and support for completing care.	

Strengths, Weaknesses, and Recommendations

Strengths	
	CareSource met 100 percent of the requirements for data analysis and implementation of improvement strategies. CareSource used QI tools to conduct its causal/barrier analysis and initiated timely interventions that were reasonably linked to their corresponding barriers.
	CareSource demonstrated programmatically significant improvement through an intervention initiated on a subset of the population for the first PIP topic, <i>Increase the Percentage of Pregnant Members Who Receive a Prenatal Care Visit Within 42 Days of Confirmation of Pregnancy or Right From the Start Medicaid (RSM) Enrollment</i> . The intervention, weekly telephonic outreach to members, increased member enrollment in CareSource's rewards program.
Weaknesses and Recommendations	
	Weakness: CareSource did not achieve significant improvement over the baseline performance for the second PIP topic, <i>Increase the Percentage of Pregnant Members Identified as High Risk or Complex Who Enroll in Complex Case Management (CCM)</i> .
	Recommendations: HSAG recommends that CareSource reassess barriers linked to the target population and develop active targeted interventions that can be tracked and trended to determine the impact on the performance indicator outcomes. The results should be used to guide decisions for QI efforts.

Peach State

Table 4-5 displays the overall validation status, baseline and Remeasurement 1 quarter results, and the designated goals for each PIP topic.

Table 4-5—Overall Validation Rating for Peach State

PIP Topic	Validation Status	Performance Indicator	Performance Indicator Results			
			Baseline	R1	R2	Goal
<i>Improving Timely Prenatal Visits</i>	<i>Met</i>	Prenatal Visits That Occurred Within Forty-Two Days of Notice of Pregnancy	56.34%	76.26% ↑		59.6%
<i>Increasing Enrollment Into the High-Risk Obstetric (HROB) Program</i>	<i>Met</i>	Enrollment Into HROB	22.40%	26.40% ↑		24.18%

R1 = Remeasurement 1

R2 = Remeasurement 2

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




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

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

Table 4-6—Interventions for Peach State

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

Strengths, Weaknesses, and Recommendations

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

WellCare

On January 23, 2020, WellCare Health Plans, Inc. became a wholly owned subsidiary of Centene Corporation. The merger with Peach State Health Plan was completed on April 30, 2021. As a result of the merger, WellCare did not meet the criteria to complete the PIP activity.

Amerigroup 360°

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

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

PIP Topic	Validation Status	Performance Indicator	Performance Indicator Results		
			Baseline	R1	R2
<i>Behavioral Health Readmissions</i>	Met	Decrease the percentage of readmissions to a psychiatric or acute care hospital with a behavioral health primary diagnosis within 30 days of initial discharge	14.69%	13.97% ⇔	
<i>Increasing Transition Age Youth (TAY) Membership</i>	Met	Percentage of GF360° members ≥18 years of age enrolled in Former Foster Care or Chafee (TAY)	66.88%	70.35% ↑	

R1 = Remeasurement 1

R2 = Remeasurement 2

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


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



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

Table 4-8—Interventions for Amerigroup 360°

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

Strengths, Weaknesses, and Recommendations

Strengths	
	Amerigroup 360° met 100 percent of the requirements for data analysis and implementation of improvement strategies. Amerigroup 360° used QI tools to conduct its causal/barrier analysis and initiated timely interventions that were reasonably linked to their corresponding barriers.

Strengths	
	<p>Amerigroup 360° demonstrated clinically significant improvement through an intervention initiated on a subset of the population for the first PIP topic, <i>Behavioral Health Readmissions</i>. The intervention, use of an NCQA assessment tool, resulted in improved quality of care coordination outreach. Amerigroup 360° demonstrated statistically significant improvement over the baseline quarter for the second PIP topic, <i>Increasing Transition Age Youth (TAY) Membership</i>.</p>
Weaknesses and Recommendations	
	<p>Weakness: No weaknesses were identified.</p> <p>Recommendations: Although there were no identified weaknesses, HSAG recommends that Amerigroup 360° revisit the causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The CMO should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention’s next steps.</p>

5. Validation of Performance Measures

Overview

This section presents HSAG's findings and conclusions from the PMV EQR activities conducted for the CMOs based on CMS' *Protocol 2: Validation of Performance Measures: A Mandatory EQR-Related Activity*, October 2019.⁵⁻¹ It includes an overall summary of each CMO's strengths and recommendations for improvement related to the quality and timeliness of, and access to care and services. PM rates for each CMO and aggregate rates are found in Section 3.

Objectives

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

CMO-Specific PM Results

Amerigroup



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

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

⁵⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *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: Dec 20, 2022.

Strengths, Weaknesses, and Recommendations

Strengths	
	In the Quality of Care domain for the GF population, Amerigroup met or exceeded the MY 2021 HEDIS 50th percentile for all <i>Asthma Medication Ratio</i> age stratifications, except for ages 19–50 years, which met or exceeded the MY 2021 HEDIS 50th percentile. This performance indicates that the CMO’s contracted providers were reducing the need for rescue medications and ED use. Amerigroup also exceeded the CMCS 50th percentile for <i>Diabetes Short-Term Complications Admission Rate</i> and <i>Heart Failure Admissions Rate</i> , indicating that the CMO’s members were able to access a PCP to help them manage their chronic conditions, thereby reducing unnecessary inpatient utilization.
	In the Stewardship domain for the GF population, Amerigroup met or exceeded the MY 2021 HEDIS 50th percentile for <i>Ambulatory Care—ED Visits—Total</i> and met or exceeded the HEDIS 75th percentile for the <i>Plan All-Cause Readmissions—Index Total Stays—Observed Readmissions—Total</i> measure indicator rates, indicating that members were able to access a PCP and receive appropriate treatment needed to stay healthy and reduce unnecessary ED utilization and readmissions.
	In the Access to Care domain for the GF population, the CMO’s performance for preventive screening measures and immunizations was a strength, meeting or exceeding the MY 2021 HEDIS 90th percentile for <i>Cervical Cancer Screening</i> . In addition, Amerigroup met or exceeded the MY 2021 HEDIS 50th percentile for <i>Childhood Immunization Status—Combination 7</i> ; both indicators for <i>Chlamydia Screening in Women</i> ; and <i>Child and Adolescent Well-Care Visits—3–11 Years, 12–17 Years, and Total</i> . Further, Amerigroup exceeded the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life</i> and <i>Percentage of Eligibles Who Received Preventive Dental Services</i> . This performance demonstrates that female members were receiving the appropriate screenings and children and adolescents were accessing well-care visits and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.
	In the Quality of Care domain for the PeachCare for Kids® population, Amerigroup met or exceeded the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 90th percentile for <i>Asthma Medication Ratio—5–11 Years</i> and <i>12–18 Years</i> . In addition, Amerigroup met or exceeded the 75th percentile for <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i> . This performance demonstrates Amerigroup’s commitment to providing quality care for its children and adolescent PeachCare for Kids® members.
	In the Access to Care domain for the PeachCare for Kids® population, Amerigroup met or exceeded the MY 2021 HEDIS 50th percentile for 14 of 18 (77.8%) measure indicator rates that could be compared to a performance rating. Of note, five of these 14 (35.7 percent) rates met or exceeded the MY 2021 HEDIS 90th percentile. Three of these 14 (21.4 percent) rates were between the 75th and 89th percentile. This performance demonstrates an overall strength for Amerigroup’s PeachCare for Kids® members.
Weaknesses and Recommendations	
	Weakness: In the Quality of Care domain for Amerigroup’s GF population, PM rates for the <i>Controlling High Blood Pressure</i> measure and the <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i> measure indicators continued to fall below the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 25th percentile.

Weaknesses and Recommendations	
	<p>Recommendations: Performance suggests that although members with chronic conditions may have access to care, they were not able to manage their conditions according to evidence-based guidelines through the appropriate use of medications, diet and nutrition, or physical activity. Low performance may have been due to the lingering effects of the COVID-19 pandemic during 2021. Factors that may have contributed to low performance during this time include staffing shortages and the requirement or recommendation to stay at home, and the fear of contracting COVID-19 also likely continued to deter individuals from seeking healthcare services.</p>
	<p>Weakness: In the Access to Care domain for Amerigroup’s GF population, <i>Breast Cancer Screening</i> and <i>Prenatal and Postpartum Care—Postpartum Care</i> fell below the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 50th percentile, and <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> fell below the 25th percentile, indicating that Amerigroup’s female members were not receiving breast cancer screenings for early detection of breast cancer and were not receiving appropriate postpartum care.</p> <p>Recommendations: HSAG recommends that Amerigroup conduct a root cause analysis or focus study to determine why its female members were not receiving appropriate screenings for breast cancer or postpartum care treatment. Amerigroup may consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, Amerigroup should implement interventions to improve the performance related to these measures.</p>
	<p>Weakness: In the Quality of Care domain for the PeachCare for Kids® population, Amerigroup fell below the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 50th percentile for the <i>Follow-Up Care for Children Prescribed ADHD Medication</i> measure indicator rates, indicating that not all children were being monitored after being prescribed ADHD medication, which is important to assess for the presence or absence of potential adverse effects. Monitoring adverse effects from ADHD medication allows physicians to suggest an optimal, alternative treatment. In addition, Amerigroup fell below the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 50th percentile for <i>Immunizations for Adolescents—Combination 2</i>, suggesting that not all adolescents were receiving the recommended immunization screenings.</p> <p>Recommendations: HSAG recommends that Amerigroup conduct root cause analyses or focus studies to determine why performance is low for these indicators. Amerigroup may consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, Amerigroup should implement interventions to improve performance for these measure indicators.</p>







CareSource

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

Based on HSAG’s validation of PMs, HSAG identified no concerns with CareSource’s systems and processes in place for the various types of data that contribute to PM reporting. HSAG determined that CareSource followed

the measure specifications required by the State and all GF and PeachCare for Kids® measures under the scope of the PMV were reportable.

Strengths, Weaknesses, and Recommendations





Strengths	
	In the Quality of Care domain for the GF population, CareSource met or exceeded the HEDIS MY 2021 50th percentile for four of 10 (40.0 percent) measure indicator rates that could be compared to benchmarks. Of note, three of these four (75.0 percent) rates met or exceeded the HEDIS MY 2021 75th percentile.
	In the Access to Care domain for the GF population, CareSource met or exceeded the HEDIS MY 2021 50th percentile for the <i>Chlamydia Screening in Women—16–20 Years</i> and <i>21–24 Years</i> and <i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits</i> measure indicators.
	In the Quality of Care domain, CareSource met or exceeded the HEDIS MY 2021 50th percentile for 11 of 18 (61.1 percent) measure indicators that could be compared to benchmarks for its PeachCare for Kids® population. Of note, two of these 11 (18.2 percent) rates were between the 75th and 89th percentile, and two of 11 (18.2 percent) rates met or exceeded the 90th percentile.
	In the Access to Care domain, five of 10 (50.0 percent) measure indicators met or exceeded the HEDIS MY 2021 50th percentile. Of note, one of these five (20.0 percent) measure indicator rates met or exceeded the HEDIS MY 2021 75th percentile.
Weaknesses and Recommendations	
	<p>Weakness: For the Quality of Care domain, CareSource fell below the HEDIS MY 2021 50th percentile for four of 10 (40.0 percent) measure indicator rates that could be compared to benchmarks for the GF population: <i>Asthma Medication Ratio—19–50 Years</i>, <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i>, and <i>Controlling High Blood Pressure</i>. Of note, three of these five (60.0 percent) rates fell below the 25th percentile: <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i> and <i>Controlling High Blood Pressure</i>. This performance suggests that the CMO’s contracted GF providers were not managing chronic conditions for all of its members.</p> <p>Recommendations: HSAG recommends that CareSource conduct a root cause analysis or focus study to determine why not all GF members’ chronic conditions were being managed. CareSource could consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc.</p>
	<p>Weakness: In the Access to Care domain for CareSource’s GF population, 12 of 15 (80.0 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2021 50th percentile; of note, six of these 12 (50.0 percent) rates fell below the 25th percentile: <i>Breast Cancer Screening</i>, <i>Childhood Immunization Status—Combination 7</i>, <i>Immunizations for Adolescents—Combination 1</i> and <i>Combination 2</i>, and <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> and <i>Postpartum Care</i>.</p> <p>Recommendations: HSAG recommends that CareSource conduct a root cause analysis or focus study to determine why performance for these measures is low. CareSource could consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc.</p>

Peach State

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

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

Strengths, Weaknesses, and Recommendations

Strengths	
	In the Quality of Care domain for Peach State’s GF population, Peach State met or exceeded the HEDIS MY 2021 50th percentile for the <i>Asthma Medication Ratio—5–11 Years</i> and <i>12–18 Years</i> measure indicators; of note, the <i>5–11 Years</i> indicator met or exceeded the 75th percentile. This performance suggests the CMO’s child and adolescent members with asthma were able to access their PCPs and were receiving appropriate medication management, which could reduce the need for rescue medication, as well as reduce the costs associated with ED visits, inpatient admissions, and missed days of work or school.
	In the Quality of Care domain for Peach State’s GF population, Peach State met or exceeded the CMCS national 50th percentile for <i>Diabetes Short-Term Complications Admission Rate—Total</i> and <i>Heart Failure Admission Rate—Total</i> , suggesting that its members were able to access their PCPs and manage their chronic conditions, thereby reducing ED visits and admissions to the hospital.
	In the Quality of Care domain for Peach State’s PeachCare for Kids® population, Peach State met or exceeded the HEDIS MY 2021 50th percentile for four of seven (57.1 percent) measure indicator rates that could be compared to benchmarks: <i>Asthma Medication Ratio—5–11 Years</i> and <i>12–18 Years</i> , <i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase</i> , and <i>Continuation and Maintenance Phase</i> . Of note, two of these five rates (40.0 percent), <i>Asthma Medication Ratio—12–18 Years</i> and <i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase</i> , were between the 75th and 89th percentile, and two of five rates (40.0 percent), <i>Asthma Medication Ratio—5–11 Years</i> and <i>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase</i> met or exceeded the 90th percentile.
Weaknesses and Recommendations	
	<p>Weakness: In the Quality of Care domain for Peach State’s GF population, five measure indicator rates for measures that could be compared to benchmarks fell below the HEDIS MY 2021 25th percentile: <i>Asthma Medication Ratio—19–50 Years</i> and <i>51–64 Years</i>, <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i>, and <i>Controlling High Blood Pressure</i>. This performance suggests that not all of the CMO’s GF adult members were accessing their PCPs and properly managing their chronic conditions, which may lead to increased costs for ED visits.</p> <p>Recommendations: HSAG recommends that the CMO conduct a root cause analysis to determine why these members and age groups were not accessing their PCPs. Peach</p>

Weaknesses and Recommendations	
	State could consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc.

WellCare



On January 23, 2020, WellCare Health Plans, Inc. became a wholly owned subsidiary of Centene Corporation. The merger with Peach State Health Plan was completed on April 30, 2021. As a result of the merger, WellCare did not meet the measure technical specifications for continuous enrollment. Therefore, WellCare was not able to complete the PMV activity.



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	
	Amerigroup 360° demonstrated strength for the Quality of Care domain. Amerigroup 360° met or exceeded the HEDIS MY 2021 50th percentile for <i>Asthma Medication Ratio—5–11 Years and 12–18 Years</i> , <i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total and 30-Day Follow-Up—Total</i> , <i>Mental Health Utilization</i> (all measure indicator rates), <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i> (all measure indicator rates), and <i>Use of First-Line Psychosocial Care for Children on Antipsychotics</i> (all measure indicator rates). Of note, the CMO met or exceeded the 90th percentile for <i>Asthma Medication Ratio—5–11 Years</i> ; <i>Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total</i> ; <i>Mental Health Utilization—Total (Any Service, Inpatient, Outpatient, and Telehealth indicators)</i> ; <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose—12–17 Years</i> , <i>Cholesterol—12–17 Years</i> , and <i>Blood Glucose and Cholesterol—12–17 Years</i> ; and <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—1–11 Years, 12–17 Years</i> , and <i>Total</i> .
	In the Access to Care domain, Amerigroup 360° met or exceeded the HEDIS MY 2021 50th percentile for all but one measure indicator rate that could be compared to benchmarks. Of note, Amerigroup 360° met or exceeded the 75th percentile for the <i>Child and Adolescent Well-Care Visits</i> , <i>Childhood Immunization Status—Combination 7</i> , <i>Immunizations for Adolescents—Combination 1 and Combination 2</i> , and <i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits</i> measure indicator rates. Additionally, the CMO met or exceeded the 90th

Strengths	
	percentile for <i>Asthma Medication Ratio—5–11 Years, Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total, Metabolic Monitoring for Children and Adolescents on Antipsychotics</i> (all three indicator totals for ages 12–17 years), and all age stratifications for <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i> . Further, Amerigroup 360° met or exceeded the CMCS 50th percentile for <i>Percentage of Eligibles Who Received Preventive Dental Services</i> .
Weaknesses and Recommendations	
	<p>Weakness: In the Access to Care domain, Amerigroup 360° fell below the HEDIS MY 2021 25th percentile for the <i>Prenatal and Postpartum Care—Timeliness to Prenatal Care</i> measure indicator rate. This performance indicates that the CMO’s members were not receiving prenatal care services in a timely manner, which helps to avoid complications during pregnancy.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° conduct a root cause analysis to determine why its pregnant members were not receiving timely prenatal care. This could be due to members not being able to access their providers. Amerigroup 360° could consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc.</p>
	<p>Weakness: In the Quality of Care domain, Amerigroup 360° fell below the HEDIS MY 2021 25th percentile for <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia, Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment, and Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i>.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° conduct a root cause analysis to determine why these measure indicator rates were low. Amerigroup 360° could consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc.</p>

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, 2021, through June 30, 2022. To conduct the compliance review, HSAG followed the guidelines set forth in CMS' *EQR Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, October 2019.⁶⁻¹

Objectives

The compliance review evaluates CMO compliance with federal and State requirements. The compliance reviews include all required CMS standards and related Georgia-specific CMO contract requirements. Table 6-2 through Table 6-6 display the scores for the current three-year period of compliance reviews for each CMO.

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

Deeming

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

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

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

Table 6-1—Georgia Compliance Reviews for All CMOs

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

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

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







Amerigroup

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

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

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

Strengths, Weaknesses, and Recommendations

Strengths	
	Amerigroup had a robust auditing system in place to ensure that member-facing staff members and contractors were compliant with requirements for member rights. In addition, Amerigroup monitored its provider network to ensure that providers provided physical access, reasonable accommodations, and accessible equipment for members with disabilities.
	Amerigroup implemented strong processes for ensuring ongoing needs for chronic conditions, LTSS, and freedom of family planning choice requirements were met.
	Amerigroup’s staff members articulated a strong, interdepartmental process for operating the health information systems and applications.
	Amerigroup used a targeted performance dashboard to help providers focus on priority areas of improvement.
Weaknesses and Recommendations	
	Weakness: Amerigroup reported that a large percentage of emergency visits were for nonurgent care; however, there was not an effective intervention in place to redirect members to an appropriate care setting. In addition, the CMO reported low utilization of the nurse advice line but did not have a robust intervention in place to increase use of the service.
	Recommendations: HSAG recommends that the Amerigroup develop interventions to reduce ED use for nonurgent care, which includes ensuring member awareness and increased use of the nurse advice line.
	Weakness: Amerigroup did not consistently include all elements of the federal and DCH CMO contract requirements in the written agreement with each provider. In addition, Amerigroup’s subcontracts and delegated agreements did not consistently include the Medicaid and Georgia-specific requirements.
	Recommendations: HSAG recommends that Amerigroup update its provider agreements and subcontract agreements to include all federal and DCH requirements.

CareSource





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


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

	CFR	Compliance Reviews	CareSource		
		Standard Name	2020	2021	2022
I.	438.56	Enrollment and Disenrollment			100%
II.	438.100 438.224	Member Rights and Confidentiality			100%
III.	438.10	Member Information			100%

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

Strengths, Weaknesses, and Recommendations

Strengths	
	CareSource had a robust data dashboard to track enrollment/disenrollment that was used by multiple departments to identify trends and opportunities for improvement. In addition, the CMO discussed piloting new interventions to improve locating member contact information to expand member outreach efforts. CareSource reported that during last year’s special open enrollment period, CareSource was the most selected provider among Georgia Medicaid CMOs.
	CareSource was developing processes to enhance meaningful use of certified EHRs for purposes of QI. In addition, CareSource was aligning provider incentives (including value-based payments) with member incentives and developing an innovative “family incentive” package to encourage members to close care gaps and assist providers with closing priority care gaps.
Weaknesses and Recommendations	
	<p>Weakness: CareSource did not track the overall percentage of ED utilization for nonurgent care.</p> <p>Recommendations: HSAG recommends that CareSource track ED utilization for nonurgent care. HSAG recommends that if trends are identified, that CareSource develop more robust intervention strategies for directing members to appropriate care settings, as appropriate.</p>
	Weakness: The CMO did not consider all required federal and DCH required factors when establishing and maintaining its provider network. In addition, CareSource’s delegation and subcontractor agreements did not consistently include the Georgia-specific

Weaknesses and Recommendations	
	<p>requirements. CareSource’s Medicaid Addendum also did not include all federal and Georgia-specific requirements.</p> <p>Recommendations: HSAG recommends that CareSource include all federal and DCH-required factors when maintaining its network. HSAG also recommends that CareSource update its provider and subcontractor agreements to include all federal and DCH-specific requirements and seek DCH approval of the agreements prior to implementation.</p>
	<p>Weakness: CareSource did not have a documented process to consult with the requesting provider for medical services, when appropriate.</p> <p>Recommendations: HSAG recommends that CareSource update its policies and procedures to include a process to consult with the requesting provider for medical services, when appropriate.</p>









Peach State


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

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

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

Strengths, Weaknesses, and Recommendations

Strengths	
	Peach State implemented proactive measures to improve the accuracy of demographic information. Peach State also had a robust auditing system in place to ensure that member-facing staff members and contractors were compliant with requirements for member rights.
	Peach State developed a comprehensive accuracy audit process to conduct provider access and availability audits. The audit process included audit selection, calls, quarterly completions, and corrective action plans, if appropriate. Based on the audit results, and other factors, Peach State also developed and implemented several programs for selecting, recruiting, and retaining providers.
	Peach State used internal and external qualified clinicians to make decisions on grievances and appeals with clinical expertise in treating the member's condition or disease. Peach state staff members articulated a strong, interdepartmental process for reviewing, updating, and ensuring consistent use of current practice guidelines.
	Peach State worked to enhance meaningful use of certified EHRs for quality improvement.
Weaknesses and Recommendations	
	<p>Weakness: Peach State did not include a machine-readable provider directory format on its website.</p> <p>Recommendations: HSAG recommends that Peach State include a machine-readable provider directory format on its website that is easy for members to locate and use.</p>
	<p>Weakness: Peach State reported that 84 percent of ED visits were for nonurgent care; however, Peach State did not have a robust intervention in place to redirect members to an appropriate care setting. In addition, Peach State reported low utilization of the nurse advice line and did not have an effective intervention in place to increase use of the service.</p> <p>Recommendations: HSAG recommends that Peach State implement an intervention process to increase use of the nurse advice line to direct members in need of nonemergency care to an appropriate care setting.</p>
	<p>Weakness: Peach State did not have policies, procedures, or communications to ensure that network providers provided physical access, reasonable accommodations, and accessible equipment for members with physical and mental disabilities.</p> <p>Recommendations: HSAG recommends that Peach State develop and implement policies, procedures, and communications to ensure that network providers provide physical access, reasonable accommodations, and accessible equipment for members with physical and mental disabilities.</p>
	<p>Weakness: Peach State's provider agreements did not explicitly state or include all State-specific requirements. Peach State's delegation and subcontractor agreements did not consistently include the DCH-specific requirements. Also, the CMO's delegation and subcontractor agreements did not consistently include the GA Medicaid Addendum.</p>

Weaknesses and Recommendations	
	<p>Recommendations: HSAG recommends that Peach State update its provider and subcontractor agreements to include all federal and DCH-specific requirements, including the use of the GA Medicaid Addendum.</p>
	<p>Weakness: Peach State did not have a mechanism for a network provider to report to the CMO when it has received an overpayment, return the overpayment to Peach State within 60 calendar days of identifying the overpayment, and to notify the CMO in writing of the reason for the overpayment.</p>
	<p>Recommendations: HSAG recommends that Peach State develop and implement a process for network providers to report, return, and notify the CMO of the reason for the overpayment.</p>









WellCare

Table 6-5 presents a summary of WellCare’s compliance with standards review results.

Table 6-5—Compliance Review Standards and Scores for the Three-Year Period: SFY 2020–SFY 2022

	CFR	Compliance Reviews	WellCare		
		Standard Name	2020	2021	2022
I.	438.56	Enrollment and Disenrollment			100%
II.	438.100 438.224	Member Rights and Confidentiality			100%
III.	438.10	Member Information			95.7%
IV.	438.114	Emergency and Poststabilization Services			100%
V.	438.206 438.207	Adequate Capacity and Availability of Services			100%
VI.	438.208	Coordination and Continuity of Care			100%
VII.	438.210	Coverage and Authorization of Services			100%
VIII.	438.214	Provider Selection			75.0%
IX.	438.230	Subcontractual Relationships and Delegation			75.0%
X.	438.236	Practice Guidelines			100%
XI.	438.242	Health Information Systems			100%
XII.	438.330	Quality Assessment and Performance Improvement			100%
XIII.	438.228	Grievance and Appeal System			92.%
XIV.	438.608	Program Integrity			91.7%
TOTAL SCORE					96.2%

Strengths, Weaknesses, and Recommendations

Strengths	
	WellCare used internal and external qualified clinicians to make decisions on grievances and appeals with clinical expertise in treating the member’s condition or disease.
	WellCare utilized its software and vendors to analyze and monitor its network adequacy standards.
	WellCare worked to enhance meaningful use of certified EHRs for quality improvement.
Weaknesses and Recommendations	
	<p>Weakness: WellCare did not include a machine-readable provider directory format on its website.</p> <p>Recommendations: WellCare is no longer a DCH-contracted Medicaid plan. Therefore, recommendations are not applicable.</p>
	<p>Weakness: WellCare reported that 84 percent of ED visits were for nonurgent care; however, there was not a robust intervention in place to redirect members to an appropriate care setting.</p> <p>Recommendations: WellCare is no longer a DCH-contracted Medicaid plan. Therefore, recommendations are not applicable.</p>
	<p>Weakness: WellCare’s provider agreements did not explicitly state or include all State-specific requirements. WellCare’s delegation and subcontractor agreements did not consistently include the DCH-specific requirements. Also, WellCare’s delegation and subcontractor agreements did not consistently include the GA Medicaid Addendum.</p> <p>Recommendations: WellCare is no longer a DCH-contracted Medicaid plan. Therefore, recommendations are not applicable.</p>
	<p>Weakness: WellCare did not have a documented policy, procedure, or process to inform members of the availability of auxiliary aids and services to assist them in filing a grievance or appeal.</p> <p>Recommendations: WellCare is no longer a DCH-contracted Medicaid plan. Therefore, recommendations are not applicable.</p>
	<p>Weakness: WellCare did not have a mechanism for a network provider to report to WellCare when it received an overpayment, return the overpayment to WellCare within 60 calendar days of identifying the overpayment, and notify WellCare in writing of the reason for the overpayment.</p> <p>Recommendations: WellCare is no longer a DCH-contracted Medicaid plan. Therefore, recommendations are not applicable.</p>





Amerigroup 360°




Table 6-6 presents a summary of Amerigroup 360°’s Compliance with Standards Review results.

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

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

Strengths, Weaknesses, and Recommendations

Strengths	
	Amerigroup 360° had a tracking tool to monitor enrollment/disenrollment that could be used by multiple departments to identify trends, determine opportunities for improvement, and engage members. Amerigroup 360° also had a robust auditing system in place to ensure that member-facing staff members and contractors were compliant with requirements for member rights.
	Amerigroup 360° considered how to improve accurate collection of member contact and demographic information to enhance QI efforts. In addition, the CMO had a proactive approach across departments for obtaining current contact and demographic information from its members.
	Amerigroup 360° monitored its provider network to ensure that providers provided physical access, reasonable accommodations, and accessible equipment for members with disabilities.
	Amerigroup 360° staff members articulated a strong, interdepartmental process for operating the health information systems and applications.

Weaknesses and Recommendations	
	<p>Weakness: Amerigroup 360° did not include all elements of the federal and DCH CMO contract requirements in the written agreement with each provider. In addition, Amerigroup 360°’s subcontracts and delegated agreements did not consistently include the Medicaid and Georgia-specific requirements.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° update its provider and subcontract agreements to include all federal and DCH requirements.</p>
	<p>Weakness: Amerigroup 360° did not consistently provide the member resolution notice of grievances or appeals.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° develop a process to monitor that grievance and appeal member resolution notices are consistently provided to members.</p>
	<p>Weakness: Amerigroup 360° did not include in its policies, procedures, or agreements the requirement that the CMO does not prohibit or restrict healthcare professionals from advising or advocating on behalf of the member.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° update its policies, procedures, and agreements to include language that the CMO does not prohibit or restrict healthcare professionals from advising or advocating on behalf of the member.</p>

DCH Intermediate Sanctions Applied

During 2022, DCH monitored the CMOs’ implementation of federal and State requirements and CAPs from prior years’ compliance reviews.

7. Member Experience of Care Survey

Overview

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

Objectives

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

CMO-Specific Results

Amerigroup

Adult Findings

Table 7-1 displays Amerigroup’s 2021 and 2022 adult Medicaid CAHPS top-box scores.

Table 7-1—Amerigroup Adult Medicaid CAHPS Results

	2021 Top-Box Scores	2022 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	84.65% +	71.08% + ▼
<i>Getting Care Quickly</i>	77.50% +	69.82% +
<i>How Well Doctors Communicate</i>	91.00% +	91.35% +
<i>Customer Service</i>	85.00% +	82.95% +
Global Ratings		
<i>Rating of All Health Care</i>	78.46% +	77.22% +
<i>Rating of Personal Doctor</i>	86.08% +	85.23% +
<i>Rating of Specialist Seen Most Often</i>	87.80% +	81.08% +
<i>Rating of Health Plan</i>	73.33%	77.44%

	2021 Top-Box Scores	2022 Top-Box Scores
Effectiveness of Care*		
<i>Advising Smokers and Tobacco Users to Quit</i>	66.67% +	60.98% +
<i>Discussing Cessation Medications</i>	33.33% +	21.95% +
<i>Discussing Cessation Strategies</i>	37.14% +	20.00% +




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

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

 Indicates the 2022 score is statistically significantly lower than the 2021 national average.

▼ Indicates the 2022 score is statistically significantly lower than the 2021 score.

Strengths, Weaknesses, and Recommendations

Strengths	
	HSAG did not identify any CAHPS survey strengths for Amerigroup.
Weaknesses and Recommendations	
	<p>Weakness: Fewer adult members enrolled in Amerigroup reported positive experiences related to receiving the care they thought they needed in a timely manner, as the scores for <i>Getting Needed Care</i> and <i>Getting Care Quickly</i> were statistically significantly lower than the 2021 NCQA adult Medicaid national average.</p> <p>Recommendations: HSAG recommends that Amerigroup conduct root cause analyses or focus studies to determine why their members were not getting timely care, the quality of care they need, or do not have access to care. Amerigroup could consider if there are disparities within its populations that contribute to the lower performance in a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, Amerigroup should implement appropriate interventions to improve the performance related to the care members need.</p>
	<p>Weakness: Two of the three Effectiveness of Care measure scores, <i>Discussing Cessation Medications</i> and <i>Discussing Cessation Strategies</i>, were statistically significantly lower than the 2021 NCQA adult Medicaid national average.</p> <p>Recommendations: HSAG recommends that Amerigroup work with providers to adopt strategies to improve member awareness of smoking cessation.</p>

Child Findings

Table 7-2 displays Amerigroup's 2021 and 2022 child Medicaid CAHPS top-box scores.

Table 7-2—Amerigroup Child Medicaid CAHPS Results

	2021 Top-Box Scores	2022 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	86.73%	86.90%



	2021 Top-Box Scores	2022 Top-Box Scores
<i>Getting Care Quickly</i>	89.34%	89.53%
<i>How Well Doctors Communicate</i>	94.14%	95.83%
<i>Customer Service</i>	90.28%	92.70%
Global Ratings		
<i>Rating of All Health Care</i>	87.83%	93.12% ▲
<i>Rating of Personal Doctor</i>	89.14%	90.98%
<i>Rating of Specialist Seen Most Often</i>	92.31% +	85.56% +
<i>Rating of Health Plan</i>	85.71%	89.60%

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

■ Indicates the 2022 score is statistically significantly higher than the 2021 national average.

▲ Indicates the 2022 score is statistically significantly higher than the 2021 score.

Strengths, Weaknesses, and Recommendations

Strengths	
	Parents/caretakers of child members enrolled in Amerigroup had more positive experiences with their child’s health plan’s customer service and their overall perception of the healthcare their child received, as the 2022 scores for <i>Customer Service</i> and <i>Rating of All Health Care</i> were statistically significantly higher than the 2021 NCQA child Medicaid national average.
Weaknesses and Recommendations	
	<p>Weakness: HSAG did not identify any CAHPS survey weaknesses for Amerigroup.</p> <p>Recommendations: HSAG does not have any recommendations for Amerigroup.</p>

CareSource

Table 7-3 displays CareSource’s 2021 and 2022 adult Medicaid CAHPS top-boxes scores.

Table 7-3—CareSource Adult Medicaid CAHPS Results

	2021 Top-Box Scores	2022 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	77.93% +	82.85% +
<i>Getting Care Quickly</i>	72.67% +	75.52% +
<i>How Well Doctors Communicate</i>	91.23% +	92.82% +
<i>Customer Service</i>	85.46% +	83.28% +



	2021 Top-Box Scores	2022 Top-Box Scores
Global Ratings		
<i>Rating of All Health Care</i>	69.07% +	70.10% +
<i>Rating of Personal Doctor</i>	83.00%	78.35% +
<i>Rating of Specialist Seen Most Often</i>	82.14% +	84.38% +
<i>Rating of Health Plan</i>	78.47%	73.75%
Effectiveness of Care*		
<i>Advising Smokers and Tobacco Users to Quit</i>	64.47% +	60.61% +
<i>Discussing Cessation Medications</i>	33.78% +	34.85% +
<i>Discussing Cessation Strategies</i>	30.14% +	27.27% +

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

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

 Indicates the 2022 score is statistically significantly lower than the 2021 national average.

Strengths, Weaknesses, and Recommendations

Strengths	
	HSAG did not identify any CAHPS survey strengths for CareSource.
Weaknesses and Recommendations	
	<p>Weakness: All three Effectiveness of Care measure scores were statistically significantly lower than the 2021 NCQA adult Medicaid national average.</p> <p>Recommendations: HSAG recommends that CareSource work with providers to adopt strategies to improve member awareness of smoking cessation.</p>

Child Findings

Table 7-4 shows CareSource's 2021 and 2022 child Medicaid CAHPS top-box scores.

Table 7-4—CareSource Child Medicaid CAHPS Results



	2021 Top-Box Scores	2022 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	85.78%	82.08%
<i>Getting Care Quickly</i>	87.62%	86.36%
<i>How Well Doctors Communicate</i>	95.59%	93.47%
<i>Customer Service</i>	87.21% +	89.73%

	2021 Top-Box Scores	2022 Top-Box Scores
Global Ratings		
<i>Rating of All Health Care</i>	88.27%	86.51%
<i>Rating of Personal Doctor</i>	90.44%	88.71%
<i>Rating of Specialist Seen Most Often</i>	86.54% +	84.93%
<i>Rating of Health Plan</i>	84.42%	82.73%

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

 Indicates the 2022 score is statistically significantly lower than the 2021 national average.

Strengths, Weaknesses, and Recommendations

Strengths	
	HSAG did not identify any CAHPS survey strengths for CareSource.
Weaknesses and Recommendations	
	<p>Weakness: Parents/caretakers of child members indicated an overall lack of quality of care received from their child’s health plan, as the 2022 <i>Rating of Health Plan</i> score was statistically significantly lower than the 2021 NCQA child Medicaid national average.</p> <p>Recommendations: HSAG recommends that CareSource conduct root cause analyses or focus studies to determine why parents/caretakers of child members perceive an overall lack of quality of care and services, such as poor communication or services, or a lack of quality of care from their providers or health plan staff. CareSource could consider if there are disparities within its population that contribute to the lower performance in a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, CareSource should implement appropriate interventions to improve the performance related to the care members need.</p>

Peach State

Table 7-5 shows Peach State’s 2021 and 2022 adult Medicaid CAHPS top-box scores.

Table 7-5—Peach State Adult Medicaid CAHPS Results

	2021 Top-Box Scores	2022 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	77.94% +	84.89% +
<i>Getting Care Quickly</i>	80.24% +	81.48% +
<i>How Well Doctors Communicate</i>	95.03% +	91.91% +
<i>Customer Service</i>	84.96% +	81.85% +

	2021 Top-Box Scores	2022 Top-Box Scores
Global Ratings		
<i>Rating of All Health Care</i>	70.94%	82.05% ▲
<i>Rating of Personal Doctor</i>	88.89%	84.96%
<i>Rating of Specialist Seen Most Often</i>	79.03% +	80.00% +
<i>Rating of Health Plan</i>	74.32%	77.96%
Effectiveness of Care*		
<i>Advising Smokers and Tobacco Users to Quit</i>	66.67% +	63.79% +
<i>Discussing Cessation Medications</i>	44.07% +	37.93% +
<i>Discussing Cessation Strategies</i>	34.48% +	32.73% +



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

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

■ Indicates the 2022 score is statistically significantly lower than the 2021 national average.

▲ Indicates the 2022 score is statistically significantly higher than the 2021 score.

Strengths, Weaknesses, and Recommendations

Strengths	
	Adult members enrolled in Peach State had more positive experiences with their overall healthcare, as the 2022 score for <i>Rating of All Health Care</i> was statistically significantly higher than the 2021 score.
Weaknesses and Recommendations	
	<p>Weakness: Two of the three Effectiveness of Care measure scores, <i>Discussing Cessation Medications</i> and <i>Discussing Cessation Strategies</i>, were statistically significantly lower than the 2021 NCQA adult Medicaid national average.</p> <p>Recommendations: HSAG recommends that Peach State work with providers to adopt strategies to improve member awareness of smoking cessation.</p>

Child Findings

Table 7-6 shows Peach State's 2021 and 2022 child Medicaid CAHPS top-box scores.

Table 7-6—Peach State Child Medicaid CAHPS Results

	2021 Top-Box Scores	2022 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	85.35%	81.79%
<i>Getting Care Quickly</i>	85.99%	84.09%
<i>How Well Doctors Communicate</i>	96.09%	96.34%
<i>Customer Service</i>	86.67%	90.33% +



	2021 Top-Box Scores	2022 Top-Box Scores
Global Ratings		
<i>Rating of All Health Care</i>	89.50%	90.25%
<i>Rating of Personal Doctor</i>	87.78%	94.30% ▲
<i>Rating of Specialist Seen Most Often</i>	90.91% +	91.67% +
<i>Rating of Health Plan</i>	88.94%	84.96%

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

■ Indicates the 2022 score is statistically significantly higher than the 2021 national average.

▲ Indicates the 2022 score is statistically significantly higher than the 2021 score.

Strengths, Weaknesses, and Recommendations

Strengths	
	Parents/caretakers of child members enrolled in Peach State had more positive experiences with their child's personal doctor, as the 2022 scores for <i>How Well Doctors Communicate</i> and <i>Rating of Personal Doctor</i> were statistically significantly higher than the 2021 NCQA child Medicaid national average. Additionally, the 2022 score for <i>Rating of Personal Doctor</i> was statistically significantly higher than the 2021 score.
Weaknesses and Recommendations	
	<p>Weakness: HSAG did not identify any CAHPS survey weaknesses for Peach State.</p> <p>Recommendations: HSAG does not have any recommendations for Peach State.</p>

WellCare

On January 23, 2020, WellCare Health Plans, Inc. became a wholly owned subsidiary of Centene Corporation. The merger with Peach State Health Plan was completed on April 30, 2021. As a result of the merger, WellCare did not meet the specifications to conduct CAHPS. Therefore, WellCare was not able to participate in the CAHPS activity.

Amerigroup 360°


Table 7-7 shows Amerigroup 360°'s 2021 and 2022 Medicaid CAHPS top-box scores.


Table 7-7—Amerigroup 360° CAHPS Results

	2021 Top-Box Scores	2022 Top-Box Scores
Composite Measures		
<i>Getting Needed Care</i>	90.42%	85.32%
<i>Getting Care Quickly</i>	93.15%	88.96%

	2021 Top-Box Scores	2022 Top-Box Scores
<i>How Well Doctors Communicate</i>	97.09%	97.09%
<i>Customer Service</i>	89.61% +	87.12%
Global Ratings		
<i>Rating of All Health Care</i>	93.31%	86.20% ▼
<i>Rating of Personal Doctor</i>	91.74%	92.80%
<i>Rating of Specialist Seen Most Often</i>	84.85% +	86.67%
<i>Rating of Health Plan</i>	82.77%	76.79% ▼



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

 Indicates the 2022 score is statistically significantly higher than the 2021 national average.

 Indicates the 2022 score is statistically significantly lower than the 2021 national average.

▼ Indicates the 2022 score is statistically significantly lower than the 2021 score.

Strengths, Weaknesses, and Recommendations

Strengths	
	A comparison of the 2022 Amerigroup 360° program average scores to the 2021 NCQA child Medicaid national averages showed that the Amerigroup 360° program's 2022 score was statistically significantly higher than the 2021 NCQA child Medicaid national average for one measure, <i>How Well Doctors Communicate</i> .
Weaknesses and Recommendations	
	<p>Weakness: A comparison of the 2022 Amerigroup 360° program average scores to the 2021 NCQA child Medicaid national averages showed that the Amerigroup 360° program's 2022 score was statistically significantly lower than the 2021 NCQA child Medicaid national average for one measure, <i>Rating of Health Plan</i>. Additionally, the Amerigroup 360° program 2022 scores for <i>Rating of All Health Care</i> and <i>Rating of Health Plan</i> were statistically significantly lower than the 2021 scores.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° conduct root cause analyses or focus studies to determine why their members were not satisfied with the care and services they received. Amerigroup 360° could consider if there are disparities within its population that contribute to the lower performance in a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, Amerigroup 360° should implement appropriate interventions to improve the performance related to the care members need.</p>

8. CMO-Specific Strengths and Weaknesses Summary

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

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



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






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



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





Amerigroup

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

Strengths Related to Quality	
	Amerigroup met 100 percent of the PIP requirements for data analysis and implementation of improvement strategies. Amerigroup used QI tools to conduct its causal/barrier analysis and initiated timely interventions that were reasonably linked to their corresponding barriers.
	The compliance review showed that Amerigroup implemented strong processes for ensuring ongoing needs for chronic conditions, LTSS, and freedom of family planning choice requirements. Similar results were found in related PM validation results; for example, within the Quality of Care domain for the GF population, Amerigroup met or exceeded the HEDIS 50th percentile for all <i>Asthma Medication Ratio</i> age stratifications, except for ages 19–50 years, which met or exceeded the 75th percentile. This performance indicates that the CMO’s contracted providers were working with members to manage their asthma, thereby reducing the need for rescue medications and ED use. Amerigroup also exceeded the CMCS 50th percentile for <i>Diabetes Short-Term Complications Admission Rate</i> and <i>Heart Failure Admissions Rate</i> , indicating that the CMO’s members were able to access a PCP to help them manage their chronic conditions, thereby reducing unnecessary inpatient utilization.






Strengths Related to Quality	
	The 2022 compliance review results showed that Amerigroup used a targeted performance dashboard to help providers focus on priority areas of improvement. The results of the dashboard were also shown in the Access to Care domain for the GF population, where the CMO's performance on preventive screening measures and immunizations was a strength, meeting or exceeding the HEDIS 90th percentile for <i>Cervical Cancer Screening</i> . In addition, Amerigroup met or exceeded the HEDIS 50th percentile for <i>Childhood Immunization Status—Combination 7</i> ; both indicators for <i>Chlamydia Screening in Women</i> ; and <i>Child and Adolescent Well-Care Visits—3–11 Years, 12–17 Years, and Total</i> . Further, Amerigroup exceeded the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life</i> and <i>Percentage of Eligibles Who Received Preventive Dental Services</i> . The PM results demonstrate that female members were receiving the appropriate screenings and children and adolescents were accessing well-care visits and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules. Compliance review results also supported that the Amerigroup provider network was meeting the cultural, ethnic, racial, and linguistic needs of its members.
	Amerigroup's PM results demonstrated quality in medication management and chronic illness management based on recommended care guidelines. In the Quality of Care domain for the PeachCare for Kids® population, Amerigroup met or exceeded the 90th percentile for <i>Asthma Medication Ratio—5-11 Years and 12–18 Years</i> . In addition, Amerigroup met or exceeded the 75th percentile for <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i> . This performance demonstrates Amerigroup's commitment to providing quality care for its child and adolescent PeachCare for Kids® members.
Strengths Related to Access and Timeliness	
	In the Stewardship domain for the GF population, Amerigroup met or exceeded the HEDIS 50th percentile for <i>Ambulatory Care—ED Visits—Total</i> and met or exceeded the HEDIS 75th percentile for the <i>Plan All-Cause Readmissions—Index Total Stays—Observed Readmissions—Total</i> measure indicator, indicating that members were able to access a PCP and receive appropriate treatment needed to stay healthy and reduce unnecessary ED utilization and readmissions.
	PM results for access and preventive care indicators showed that within the Children's Preventive Care domain, Amerigroup displayed strong performance. In the Access to Care domain for the PeachCare for Kids® population, Amerigroup met or exceeded the HEDIS 50th percentile for 14 of 18 (77.8%) measure indicator rates that could be compared to a performance rating. Of note, five of these 14 (35.7 percent) rates met or exceeded the HEDIS 90th percentile, and three of these 14 (21.4 percent) rates were between the HEDIS 75th and 89th percentile. This performance demonstrates an overall strength for Amerigroup's PeachCare for Kids® members. Compliance review results also identified that members had adequate access to care, with Amerigroup monitoring its network to ensure providers provided physical access, reasonable accommodations, and accessible equipment for members with SHCN.
	Parents/caretakers of child members enrolled in Amerigroup had more positive experiences with their child's health plan's customer service and their overall perception of the healthcare their child received, as the 2022 CAHPS scores for <i>Customer Service</i> and <i>Rating of All Health Care</i> were statistically significantly




Strengths Related to Access and Timeliness	
	<p>higher than the 2021 NCQA child Medicaid national average. These scores indicate member satisfaction with Amerigroup’s provision of care and services. In addition, Amerigroup compliance review results showed that Amerigroup monitored its provider network to ensure providers provided physical access, reasonable accommodations, and accessible equipment for members with disabilities which provided an opportunity for improved member satisfaction.</p>
Weaknesses and Recommendations	
	<p>Weakness: Although contract requirements were met in the 2022 compliance review in the Adequate Capacity and Availability of Services standard, Amerigroup’s PM rates indicated potential access to care issues or a lack of member understanding of the recommended care for chronic conditions. In the Quality of Care domain for Amerigroup’s GF population, PM rates for the <i>Controlling High Blood Pressure</i> measure and the <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i> measure indicators continued to fall below the 25th percentile. This is the second year the CMO showed a decline in these indicators. PM results suggest that although members with chronic conditions may have access to care, they were not able to manage their conditions according to evidence-based guidelines through the appropriate use of medications, diet and nutrition, or physical activity. Low performance may have been due to the lingering effects of the COVID-19 pandemic during 2021. Factors that may have contributed to low performance during this time also may include staffing shortages and the requirement or recommendation to stay at home, and the fear of contracting COVID-19, which likely continued to deter individuals from seeking healthcare services.</p> <p>Recommendations: HSAG recommends that Amerigroup focus quality and performance improvement efforts on all measures/indicators that fall below the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 50th percentile. HSAG also recommends that Amerigroup conduct a root cause analysis or focus study to determine why its members who were diagnosed with a chronic condition were not receiving care according to recommended guidelines. Amerigroup may consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, Amerigroup should implement interventions to improve the performance related to these measures.</p>
	<p>Weakness: In the Access to Care domain for Amerigroup’s GF population, <i>Breast Cancer Screening</i> and <i>Prenatal and Postpartum Care—Postpartum Care</i> fell below the 50th percentile, and <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> fell below the 25th percentile, indicating that Amerigroup’s female members were not receiving breast cancer screenings for early detection of breast cancer and were not receiving appropriate postpartum care.</p> <p>Recommendations: HSAG recommends that Amerigroup focus quality and performance improvement efforts on all measures/indicators that fall below the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 50th percentile. HSAG also recommends that Amerigroup conduct a root cause analysis or focus study to determine why its female members were not receiving appropriate screenings for breast cancer or postpartum care treatment. Amerigroup may consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root</p>


Weaknesses and Recommendations	
	cause, Amerigroup should implement interventions to improve the performance related to these measures.
Weaknesses and Recommendations	
	<p>Weakness: In the Quality of Care domain for the PeachCare for Kids® population, Amerigroup fell below the HEDIS 50th percentile for the <i>Follow-Up Care for Children Prescribed ADHD Medication</i> measure indicator rates, indicating that not all children were being monitored after being prescribed ADHD medication, which is important to assess for the presence or absence of potential adverse effects. Monitoring adverse effects from ADHD medication allows physicians to suggest an optimal, alternative treatment. In addition, Amerigroup fell below the 50th percentile for <i>Immunizations for Adolescents—Combination 2</i>, suggesting that not all adolescents were receiving the recommended immunization screenings.</p> <p>Recommendations: HSAG recommends that Amerigroup conduct root cause analyses or focus studies to determine why performance is low for these indicators. With measures falling below the 50th percentile across multiple domains, it is important that Amerigroup identify potential causes and implement evidence-based interventions. Amerigroup may also consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, Amerigroup should implement interventions to improve performance for these measure indicators.</p>
	<p>Weakness: Fewer adult members enrolled in Amerigroup reported positive experiences related to receiving the care they thought they needed in a timely manner, as the scores for <i>Getting Needed Care</i> and <i>Getting Care Quickly</i> were statistically significantly lower than the 2021 NCQA adult Medicaid national average. These CAHPS results may align with Amerigroup’s statement during the compliance review that a large percentage of emergency visits were for nonurgent care; however, there was not an effective intervention in place to redirect members to an appropriate care setting. In addition, the CMO reported low utilization of the nurse advice line, but did not have a robust intervention in place to increase the use of this service.</p> <p>Recommendations: HSAG recommends that the Amerigroup develop interventions to reduce ED use for nonurgent care, which includes ensuring member awareness and increased use of the nurse advice line.</p>
	<p>Weakness: Amerigroup did not consistently include all elements of the federal and DCH CMO contract requirement elements in the written agreement with each provider. In addition, Amerigroup’s subcontracts and delegated agreements did not consistently include the Medicaid and Georgia-specific requirements.</p> <p>Recommendations: HSAG recommends that Amerigroup update its provider agreements and subcontract agreements to include all federal and DCH requirements.</p>
	<p>Weakness: Two of the three CAHPS Effectiveness of Care measure scores, <i>Discussing Cessation Medications</i> and <i>Discussing Cessation Strategies</i>, were statistically significantly lower than the 2021 NCQA adult CAHPS Medicaid national average.</p> <p>Recommendations: HSAG recommends that Amerigroup work with providers to adopt strategies to improve member awareness of smoking cessation assistance.</p>

CareSource

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





Strengths Related to Quality	
	CareSource met 100 percent of the PIP requirements for data analysis and implementation of improvement strategies. CareSource used QI tools to conduct its causal/barrier analysis and initiated timely interventions that were reasonably linked to their corresponding barriers.
	In the Quality of Care domain for the GF population, CareSource met or exceeded the HEDIS MY 2021 50th percentile for four of 10 (40.0 percent) HEDIS MY 2021 Quality Compass national Medicaid HMO 75th and 89th percentile, and two of 11 (18.2 percent) rates met or exceeded the 90th percentile. As described during for compliance reviews, these PM results may have benefited from CareSource’s development of processes to enhance meaningful use of certified EHRs for purposes of QI. In addition, PMs may have benefitted from CareSource aligning provider incentives (including value-based payments) with member incentives and developing an innovative “family incentive” package to encourage members to close care gaps and to assist providers with closing priority care gaps.
Strengths Related to Access and Timeliness	
	CareSource demonstrated programmatically significant improvement through an intervention initiated on a subset of the population for the first PIP topic, <i>Increase the Percentage of Pregnant Members Who Receive a Prenatal Care Visit Within 42 Days of Confirmation of Pregnancy or Right From the Start Medicaid (RSM) Enrollment</i> . The intervention, weekly telephonic outreach to members, increased member enrollment in CareSource’s rewards program.
	During the 2022 compliance review, CareSource described a robust data dashboard to track enrollment/disenrollment that was used by multiple departments to identify trends and opportunities for improvement. In addition, during the compliance review, the CMO discussed piloting new interventions to improve locating member contact information to expand member outreach efforts. These efforts and tools may have had a positive impact on indicators in the Access to Care domain for the GF population, where CareSource met or exceeded the HEDIS MY 2021 50th percentile for the <i>Chlamydia Screening in Women—16–20 Years and 21–24 Years</i> and <i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits</i> measure indicators. In addition, in the Access to Care domain for the PeachCare for Kids® population, five of 10 (50.0 percent) measure indicators met or exceeded the HEDIS MY 2021 50th percentile. Of note, one of these five (20.0 percent) measure indicator rates met or exceeded the HEDIS MY 2021 75th percentile.
Weaknesses and Recommendations	
	<p>Weakness: CareSource did not achieve significant improvement over the baseline performance for the second PIP topic, <i>Increase the Percentage of Pregnant Members Identified as High Risk or Complex Who Enroll in Complex Case Management (CCM)</i>.</p> <p>Recommendations: HSAG recommends that CareSource reassess barriers linked to the target population and develop active targeted interventions that can be</p>







Weaknesses and Recommendations	
	tracked and trended to determine the impact on the performance indicator outcomes. The results should be used to guide decisions for QI efforts.
	<p>Weakness: Although contract requirements were met in the 2022 compliance review for most elements related to the standard <i>Assurances of Adequate Capacity and Services</i>, CareSource’s PM rates indicated potential issues in receiving recommended care for chronic conditions. For the Quality of Care domain, CareSource fell below the HEDIS MY 2021 50th percentile for four of 10 (40.0 percent) measure indicator rates that could be compared to benchmarks for the GF population: <i>Asthma Medication Ratio—19–50 Years</i>, <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i>, and <i>Controlling High Blood Pressure</i>. Of note, three of these five (60.0 percent) rates fell below the 25th percentile: <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i> and <i>Controlling High Blood Pressure</i>. This performance suggests that the CMO’s contracted GF providers were not managing chronic conditions for all CareSource members. These results may also indicate that members may have a lack of understanding of recommended or needed care for chronic conditions, or that a disparity may exist.</p> <p>Recommendations: HSAG recommends that CareSource conduct a root cause analysis or focus study to determine why not all GF members’ chronic conditions were being managed. CareSource should consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc., in order to improve overall PM results.</p>
	<p>Weakness: Parents/caretakers of child members indicated an overall lack of quality of care received from their child’s health plan, as the 2022 <i>Rating of Health Plan</i> CAHPS score was statistically significantly lower than the 2021 NCQA child Medicaid national average. The CAHPS survey results may also be an indicator associated with the low PM rates related to care for children. Within the Access to Care domain for CareSource’s GF population, 12 of 15 (80.0 percent) measure indicator rates that could be compared to benchmarks fell below the HEDIS MY 2021 50th percentile; of note, six of these 12 (50.0 percent) rates fell below the 25th percentile: <i>Breast Cancer Screening</i>, <i>Childhood Immunization Status—Combination 7</i>, <i>Immunizations for Adolescents—Combination 1</i> and <i>Combination 2</i>, and <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> and <i>Postpartum Care</i>.</p> <p>Recommendations: HSAG recommends that CareSource conduct root cause analyses or focus studies to determine why parents/caretakers of child members perceive an overall lack of quality of care and services, such as poor communication or services, or the member perception of a lack of quality of care from their providers or health plan staff. CareSource should consider if there are disparities within its population that contribute to the lower performance in a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, CareSource should implement appropriate interventions to improve the performance related to the care members need. These efforts may result in improved CAHPS scores and also improved PM rates for childhood preventive and well-care services, as well as improved prenatal and postpartum care utilization.</p>
	<p>Weakness: The CMO did not consider all required federal and DCH-required factors when establishing and maintaining its provider network. In addition, CareSource’s delegation and subcontractor agreements did not consistently</p>






Weaknesses and Recommendations	
	<p>include the Georgia-specific requirements. CareSource’s Medicaid Addendum also did not include all federal and Georgia-specific requirements.</p> <p>Recommendations: HSAG recommends that CareSource include all federal and DCH-required factors when maintaining its network. HSAG also recommends that CareSource update its provider and subcontractor agreements to include all federal and DCH-specific requirements. HSAG recommends that CareSource seek DCH approval of the agreements prior to implementation.</p>
	<p>Weakness: All three CAHPS Effectiveness of Care measure scores, including smoking cessation scores, were statistically significantly lower than the 2021 NCQA CAHPS adult Medicaid national average.</p> <p>Recommendations: HSAG recommends that Amerigroup work with providers to adopt strategies to improve member awareness of smoking cessation options.</p>

Peach State

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

Strengths Related to Quality	
	<p>Peach State met 100 percent of the PIP requirements for data analysis and implementation of improvement strategies. Peach State used QI tools to conduct its causal/barrier analysis and initiated timely interventions that were reasonably linked to their corresponding barriers. Peach State also demonstrated statistically significant improvement over the baseline performance and achieved the plan-selected goals for both PIP topics.</p>
	<p>Peach State’s PM results demonstrated quality in medication management and chronic illness management. In the Quality of Care domain for Peach State’s GF population, Peach State met or exceeded the HEDIS MY 2021 50th percentile for the <i>Asthma Medication Ratio—5–11 Years</i> and <i>12–18 Years</i> measure indicators; of note, the <i>5–11 Years</i> indicator met or exceeded the 75th percentile. This performance suggests that the CMO’s child and adolescent members diagnosed with asthma were able to access their PCPs and were receiving appropriate medication management, which could reduce the need for rescue medication, as well as the costs associated with ED visits, inpatient admissions, and missed days of work or school. This performance demonstrates Peach State’s commitment to providing quality care for its child and adolescent GF members.</p>
	<p>In the Quality of Care domain for Peach State’s GF population, Peach State met or exceeded the CMCS national 50th percentile for <i>Diabetes Short-Term Complications Admission Rate—Total</i> and <i>Heart Failure Admission Rate—Total</i>, suggesting that its members were able to access their PCPs and manage their chronic conditions, thereby reducing ED visits and admissions to the hospital. Peach State members were able to access a PCP and receive appropriate treatment needed to stay healthy and to reduce unnecessary admissions.</p>
	<p>In the Quality of Care domain for Peach State’s PeachCare for Kids® population, Peach State met or exceeded the HEDIS MY 2021 50th percentile for four of seven (57.1 percent) measure indicator rates that could be compared to benchmarks: <i>Asthma Medication Ratio—5–11 Years</i> and <i>12–18 Years</i>, <i>Follow-Up Care for</i></p>

Strengths Related to Quality	
	<i>Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase.</i> Of note, two of these five rates (40.0 percent), <i>Asthma Medication Ratio—12–18 Years</i> and <i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase</i> met or exceeded the 75th percentile, and two of five rates (40.0 percent), <i>Asthma Medication Ratio—5–11 Years</i> and <i>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase</i> , met or exceeded the 90th percentile. These PM results align with the 2022 compliance review results, which found that the CMO met the requirements for the Adequate Capacity and Availability of Services standard, which included a review of policies and procedures for medication management. The compliance review also showed Peach State’s work to enhance meaningful use of certified EHRs for quality improvement, which may have impacted the results of these PMs.
	Peach State used internal and external qualified clinicians to make decisions on grievances and appeals with clinical expertise in treating the member’s condition or disease. Peach state staff members articulated a strong, interdepartmental process for reviewing, updating, and ensuring consistent use of current practice guidelines.
	Adult members enrolled in Peach State had more positive experiences with their overall healthcare, as the 2022 score for Adult CAHPS <i>Rating of All Health Care</i> was statistically significantly higher than the 2021 score.
Strengths Related to Access and Timeliness	
	Peach State’s 2022 compliance review results showed implemented, proactive measures to improve the accuracy of demographic information. Peach State also had a robust auditing system in place to ensure that member-facing staff members and contractors were compliant with requirements for member rights.
	Peach State developed a comprehensive accuracy audit process to conduct provider access and availability audits. The audit process included audit selection, calls, quarterly completions, and corrective action plans, if appropriate. Based on the audit results, and other factors, Peach State also developed and implemented several programs for selecting, recruiting, and retaining providers.
	Parents/caretakers of child members enrolled in Peach State had more positive experiences with their child’s personal doctor, as the 2022 CAHPS scores for <i>How Well Doctors Communicate</i> and <i>Rating of Personal Doctor</i> were statistically significantly higher than the 2021 NCQA child Medicaid national average. Additionally, the 2022 CAHPS score for <i>Rating of Personal Doctor</i> was statistically significantly higher than the 2021 score.
Weaknesses and Recommendations	
	<p>Weakness: In the Quality of Care domain for Peach State’s GF population, five measure indicator rates for measures that could be compared to benchmarks fell below the HEDIS MY 2021 25th percentile: <i>Asthma Medication Ratio—19–50 Years</i> and <i>51–64 Years</i>, <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i>, and <i>Controlling High Blood Pressure</i>. This performance suggests that not all of the CMO’s GF adult members were accessing their PCP and properly managing their chronic conditions, which may lead to increased costs for ED visits.</p> <p>Recommendations: HSAG recommends that the CMO conduct a root cause analysis to determine why these members and age groups were not accessing</p>








Weaknesses and Recommendations	
	their PCPs. Peach State should consider disparities within its population that may contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc.
	<p>Weakness: During the 2022 compliance review, it was identified that Peach State did not include a machine-readable provider directory format on its website. A machine-readable provider directory is a critical component to ensure that members with SHCN were able to access needed and recommended care. In addition, during the 2022 compliance review, it was identified that Peach State did not have policies, procedures, or communication plans to ensure that network providers provided physical access, reasonable accommodations, and accessible equipment for members with physical and mental disabilities.</p> <p>Recommendations: HSAG recommends that Peach State include a machine-readable provider directory format on its website that is easy for members to locate and use. HSAG also recommends that Peach State develop and implement policies, procedures, and communications to ensure that network providers provided physical access, reasonable accommodations, and accessible equipment for members with physical and mental disabilities.</p>
	<p>Weakness: During the 2022 compliance review, Peach State reported that 84 percent of ED visits were for nonurgent care; however, Peach State did not have a robust intervention in place to redirect members to an appropriate care setting. In addition, Peach State reported low utilization of the nurse advice line and did not have an effective intervention in place to increase use of the service.</p> <p>Recommendations: HSAG recommends that Peach State implement an intervention process to increase use of the nurse advice line to direct members in need of nonemergency care to an appropriate care setting. HSAG also recommends that Peach State implement interventions to ensure that members are aware that they have a PCP, and how to access the PCP for nonemergent needs.</p>
	<p>Weakness: Peach State’s provider agreements did not include all State-specific requirements. Peach State’s delegation and subcontractor agreements also did not consistently include the DCH-specific contract requirements. Additionally, the CMO’s delegation and subcontractor agreements did not consistently include the GA Medicaid Addendum.</p> <p>Recommendations: HSAG recommends that Peach State update its provider and subcontractor agreements to include all federal and DCH-specific requirements, including the use of the GA Medicaid Addendum.</p>
	<p>Weakness: Peach State did not have a mechanism for a network provider to report to the CMO when it had received an overpayment, return the overpayment to Peach State within 60 calendar days of identifying the overpayment, and to notify the CMO in writing of the reason for the overpayment.</p> <p>Recommendations: HSAG recommends that Peach State develop and implement a process for network provider to report, return, and notify the CMO of the reason for the overpayment.</p>
	<p>Weakness: Two of the three CAHPS Effectiveness of Care measure scores, <i>Discussing Cessation Medications</i> and <i>Discussing Cessation Strategies</i>, were statistically significantly lower than the 2021 NCQA adult Medicaid national average.</p>


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

WellCare

On January 23, 2020, WellCare Health Plans, Inc. became a wholly owned subsidiary of Centene Corporation. The merger with Peach State Health Plan was completed on April 30, 2021. As a result of the merger, HSAG did not provide recommendations to the CMO to resolve the identified weaknesses.





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





Strengths Related to Quality	
	WellCare used internal and external qualified clinicians to make decisions on grievances and appeals with clinical expertise in treating the member’s condition or disease.
	WellCare worked to enhance meaningful use of certified EHRs for purposes of QI.
Strengths Related to Access and Timeliness	
	WellCare utilized its software and vendors to analyze and monitor its network adequacy standards.
Weaknesses and Recommendations	
	Weakness: WellCare did not include a machine-readable provider directory format on its website. Recommendations: WellCare is no longer a DCH-contracted Medicaid plan. Therefore, recommendations are not applicable.
	Weakness: WellCare reported that 84 percent of emergency visits were for nonurgent care; however, there was not a robust intervention in place to redirect members to an appropriate care setting. Recommendations: WellCare is no longer a DCH-contracted Medicaid plan. Therefore, recommendations are not applicable.
	Weakness: WellCare’s provider agreements did not explicitly state or include all State-specific requirements. WellCare’s delegation and subcontractor agreements did not consistently include the DCH-specific requirements. WellCare’s delegation and subcontractor agreements also did not consistently include the GA Medicaid Addendum. Recommendations: WellCare is no longer a DCH-contracted Medicaid plan. Therefore, recommendations are not applicable.
	Weakness: WellCare did not have a documented policy, procedure, or process to inform members of the availability of auxiliary aids and services to assist them in filing a grievance or appeal. Recommendations: WellCare is no longer a DCH-contracted Medicaid plan. Therefore, recommendations are not applicable.




Weaknesses and Recommendations	
	<p>Weakness: WellCare did not have a mechanism for a network provider to report to the CMO when it has received an overpayment, return the overpayment to WellCare within 60 calendar days of identifying the overpayment, and notify WellCare in writing of the reason for the overpayment.</p> <p>Recommendations: WellCare is no longer a DCH-contracted Medicaid plan. Therefore, recommendations are not applicable.</p>

Amerigroup 360°

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

Strengths Related to Quality	
	Amerigroup 360° met 100 percent of the PIP requirements for data analysis and implementation of improvement strategies. Amerigroup 360° used QI tools to conduct its causal/barrier analysis and initiated timely interventions that were reasonably linked to their corresponding barriers.
	Amerigroup 360° demonstrated strength for the Quality of Care domain. Amerigroup 360° met or exceeded the HEDIS MY 2021 50th percentile for <i>Asthma Medication Ratio—5–11 Years and 12–18 Years, Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total and 30-Day Follow-Up—Total, Mental Health Utilization</i> (all measure indicator rates), <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i> (all measure indicator rates), and <i>Use of First-Line Psychosocial Care for Children on Antipsychotics</i> (all measure indicator rates). Of note, the CMO met or exceeded the 90th percentile for <i>Asthma Medication Ratio—5–11 Years; Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total; Mental Health Utilization—Total (Any Service, Inpatient, Outpatient, and Telehealth indicators); Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose—12–17 Years, Cholesterol—12–17 Years, and Blood Glucose and Cholesterol—12–17 Years; and Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—1–11 Years, 12–17 Years, and Total</i> . These PM results align with the 2022 compliance review findings, where the CMO scored high in both the Adequate Capacity and Availability of Services standard and the Coordination and Continuity of Care standard.
	The 2022 compliance review results found that Amerigroup 360° had a tracking tool to monitor enrollment/disenrollment that could be used by multiple departments to identify trends, determine opportunities for improvement, and engage members. Amerigroup 360° also had a robust auditing system in place to ensure member-facing staff members and contractors were compliant with requirements for member rights. Amerigroup 360° considered how to improve accurate collection of member contact and demographic information to enhance QI efforts. In addition, the CMO had a proactive approach across departments for obtaining current contact and demographic information from its members.
	A comparison of the 2022 Amerigroup 360° program average CAHPS scores to the 2021 NCQA child Medicaid national averages showed that the Amerigroup 360° program’s 2022 score was statistically significantly higher than the 2021 NCQA child Medicaid national average for one measure, <i>How Well Doctors Communicate</i> .

Strengths Related to Access and Timeliness	
	Amerigroup 360° demonstrated clinically significant improvement through an intervention initiated on a subset of the population for the first PIP topic, <i>Behavioral Health Readmissions</i> . The intervention, use of an NCQA assessment tool, resulted in improved quality of care coordination outreach. Amerigroup 360° demonstrated statistically significant improvement over the baseline quarter for the second PIP topic, <i>Increasing Transition Age Youth (TAY) Membership</i> .
	In the Access to Care domain, Amerigroup 360° met or exceeded the HEDIS MY 2021 50th percentile for all but one measure indicator rate that could be compared to benchmarks. Of note, Amerigroup 360° met or exceeded the 75th percentile for the <i>Child and Adolescent Well-Care Visits</i> , <i>Childhood Immunization Status—Combination 7</i> , <i>Immunizations for Adolescents—Combination 1 and Combination 2</i> , and <i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits</i> measure indicator rates. Additionally, the CMO met or exceeded the 90th percentile for <i>Asthma Medication Ratio—5–11 Years</i> , <i>Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total</i> , <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i> (all three indicator totals for ages 12–17 years), and all age stratifications for <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i> . Further, Amerigroup 360° met or exceeded the CMCS 50th percentile for <i>Percentage of Eligibles Who Received Preventive Dental Services</i> . The 2022 compliance review found that Amerigroup 360° monitored its provider network to ensure that providers provided physical access, reasonable accommodations, and accessible equipment for members with disabilities, which may have impacted the high PM results in the Access to Care domain.
Weaknesses and Recommendations	
	<p>Weakness: In the Access to Care domain, Amerigroup 360° fell below the HEDIS MY 2021 25th percentile for the <i>Prenatal and Postpartum Care—Timeliness to Prenatal Care</i> measure indicator rate. This performance indicates that the CMO’s members were not receiving prenatal care services in a timely manner, which helps avoid complications during pregnancy. Low performance may have been due to the lingering effects of the COVID-19 pandemic during 2021. Factors that also may have contributed to low performance during this time may include the fear of contracting COVID-19, which likely continued to deter individuals from seeking healthcare services.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° focus quality and performance improvement efforts on all measures/indicators that fall below the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 50th percentile. HSAG also recommends that Amerigroup 360° conduct a root cause analysis to determine why its pregnant members were not receiving timely prenatal care. This could be due to members not being able to access their providers. Amerigroup 360° should consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc.</p>
	<p>Weakness: In the Quality of Care domain, Amerigroup 360° fell below the HEDIS MY 2021 25th percentile for <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>, <i>Antidepressant Medication Management—Effective Acute Phase Treatment</i> and <i>Effective Continuation Phase Treatment</i>, and <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i>.</p>

Weaknesses and Recommendations	
	<p>Recommendations: HSAG recommends that the CMO consider opportunities to coordinate care for children diagnosed with schizophrenia and prescribed an antipsychotic medication to improve adherence. HSAG also recommends that Amerigroup 360° conduct a root cause analysis to determine why these measure indicator rates are low. Amerigroup 360° could consider disparities within its population that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, Amerigroup 360° should implement interventions to improve performance for these measure indicators.</p>
	<p>Weakness: Amerigroup 360° did not include all elements of the federal and DCH CMO contract requirements in the written agreement with each provider. In addition, Amerigroup 360°'s subcontracts and delegated agreements did not consistently include the Medicaid and Georgia-specific requirements.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° update its provider agreements and subcontract agreements to include all federal and DCH requirements. HSAG also recommends that the CMO seek DCH approval of the updated agreements prior to implementation.</p>
	<p>Weakness: Amerigroup 360° did not consistently provide the member resolution notice of grievances or appeals.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° develop a process to monitor that grievance and appeal member resolution notices are consistently provided to members.</p>
	<p>Weakness: A comparison of the 2022 Amerigroup 360° program average scores to the 2021 NCQA CAHPS child Medicaid national averages showed that the Amerigroup 360° program's 2022 score was statistically significantly lower than the 2021 NCQA child Medicaid national average for one measure, <i>Rating of Health Plan</i>. Additionally, the Amerigroup 360° program 2022 scores for <i>Rating of All Health Care</i> and <i>Rating of Health Plan</i> were statistically significantly lower than the 2021 score.</p> <p>Recommendations: HSAG recommends that Amerigroup 360° implement processes to monitor its provider network to ensure adequate capacity and availability of services to the CMO's members to improve member satisfaction. HSAG also recommends that Amerigroup 360° conduct root cause analyses or focus studies to determine why its members were not satisfied with the care and services they received. Amerigroup 360° could consider if there are disparities within its population that contribute to the lower performance in a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, Amerigroup 360° should implement appropriate interventions to improve the performance related to the care members need.</p>

Appendix A. Technical Report and Regulatory Crosswalk

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

Table A-1—Technical Report Elements

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

	Required Elements	Page Number
		Appendix B B-2 – B-3
4d	Validation of PIPs: <ul style="list-style-type: none"> • Description of data obtained; and 	4-1 Appendix B B-3
4e	Validation of PIPs: <ul style="list-style-type: none"> • Conclusions drawn from the data. 	4-3 – 4-8 Appendix B B-3
5	Validation of performance measures: A description of objectives, technical methods of data collection and analysis, description of data obtained, and conclusions drawn from the data.	
5a	PMV: <ul style="list-style-type: none"> • Objectives; 	5-1 Appendix B B-4
5b	PMV: <ul style="list-style-type: none"> • Technical methods of data collection and analysis; 	3-3; 3-11 Appendix B
5c	PMV: <ul style="list-style-type: none"> • Description of data obtained; and 	3-3; 3-11 Appendix B B-6 – B-7
5d	PMV: <ul style="list-style-type: none"> • Conclusions drawn from the data. 	3-8 – 3-15 5-1 – 5-7 Appendix B B-7
6	Review for compliance: 42 CFR §438.358(b)(1)(iii) (cross-referenced in CHIP regulations at 42 CFR §457.1250[a]) requires the technical report including information on a review, conducted within the previous three-year period , to determine each MCO's, PIHP's, PAHP's or PCCM's compliance with the standards set forth in Subpart D and the QAPI requirements described in 42 CFR §438.330. Additional information that needs to be included for compliance is listed below:	
6a	Review for compliance: <ul style="list-style-type: none"> • Objectives; 	6-1 Appendix B B-8 – B-9
6b	Review for compliance: <ul style="list-style-type: none"> • Technical methods of data collection and analysis; 	6-1 – 6-2 Appendix B B-9 – B-10
6c	Review for compliance: <ul style="list-style-type: none"> • Description of data obtained; and 	3-15 6-1 – 6-2 Appendix B B-10 – B-11
6d	Review for compliance: <ul style="list-style-type: none"> • Conclusions drawn from the data. 	3-15 – 3-18 6-3 – 6-11

	Required Elements	Page Number
		Appendix B B-11 – B-12
7	Each remaining activity included in the technical report must include a description of the activity and the following information:	
7a	Optional activities: CAHPS – Member Experience Survey <ul style="list-style-type: none"> • Objectives; 	7-1 Appendix B B-12
7b	Optional activities: <ul style="list-style-type: none"> • Technical methods of data collection and analysis; 	7-1 Appendix B B-13
7c	Optional activities: <ul style="list-style-type: none"> • Description of data obtained; and 	7-1 Appendix B B-13
7d	Optional activities: <ul style="list-style-type: none"> • Conclusions drawn from the data. 	3-17 – 3-18 7-1 – 7-8 Appendix B B-14 – B-15

Appendix B. Technical Methods of Data Collection and Analysis

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

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

PIP Validation Approach and Methodology

Objectives

For SFY 2022–2023, DCH required CMOs to conduct PIPs in accordance with 42 CFR §438.330(b)(1) and §438.330(d)(2)(i–iv). In accordance with §438.330(d)(2)(i–iv), each PIP must include:

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

In its PIP evaluation and validation, HSAG used the CMS publication, *Protocol 1: Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, October 2019.^{B-1} 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).

^{B-1} Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects (PIPs): A Mandatory EQR-Related Activity*, October 2019. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. Accessed on: Oct 5, 2022.

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

In its PIP evaluation and validation, HSAG used the CMS publication, *Protocol 1: Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, October 2019.^{B-2}

Using this 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 2022 submissions, the CMOs reported Remeasurement 1 data and were validated for steps 7 through 9 in the PIP Validation Tool as appropriate.

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

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

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

Each required step is evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scores each evaluation element within a given step as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designates evaluation elements pivotal to the PIP process as “critical elements.” For a PIP to produce valid and reliable results, all critical elements must be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that receives a *Not Met* score results in an overall validation rating of *Not Met* for the PIP. The CMO is assigned a *Partially Met* score if 60 percent to 79 percent of all evaluation elements are *Met* or one or more critical elements are *Partially Met*. HSAG provides a General Feedback when enhanced documentation would have demonstrated a stronger understanding and application of the PIP activities and evaluation elements.

In addition to the validation status (e.g., *Met*), HSAG assigns the PIP an overall percentage score for all evaluation elements (including critical elements). HSAG calculates the overall percentage score by dividing the

^{B-2} Ibid.

total number of elements scored as *Met* by the total number of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculates a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*.

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

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

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

Description of Data Obtained

For the SFY 2022 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	Q2 2021 (April 1–June 30, 2021)
Administrative	Remeasurement 1	Q2 2022 (April 1–June 30, 2022)
Administrative	Remeasurement 2	Q2 2023 (April 1–June 30, 2023)

How Data Were Aggregated and Analyzed

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

How Conclusions Were Drawn

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

Validation of Performance Measure Methodology

42 CFR §438.350(a) requires states that contract with MCOs, PIHPs, PAHPs, or a PCCM entity to have a qualified EQRO perform an annual EQR that includes validation of contracted entity PMs (42 CFR §438.358[b][1][iii]). HSAG conducted PMV for the State of Georgia, Department of Community Health, validating the data collection and reporting processes used to calculate the PM rates by the MCOs (referred by the State as CMOs) in accordance with the CMS publication, *CMS External Quality Review (EQR) Protocols*, October 2019. The purpose of the PMV is to assess the accuracy of PMs reported by MCOs and to determine the extent to which PMs reported by the MCOs follow State specifications and reporting requirements.

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

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

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

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

Objectives

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

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.

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

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 2021 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.

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.

Assessment of Compliance With Medicaid Managed Care Regulations

Compliance reviews are a mandatory activity that are used to determine the extent to which Medicaid and CHIP managed care plans (MCPs) are in compliance with federal standards. The U.S. Department of Health & Human Services (HHS) developed standards for managed care plans (MCPs), which are codified at 42 CFR §438 and 42 C.F.R. §457, as revised by the Medicaid and CHIP managed care final rule issued in 2020. Federal regulations require MCPs to undergo a review at least once every three years to determine MCP compliance with federal standards as implemented by the state.

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

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

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

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

Objectives

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

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

- Possible additional interventions recommended to improve the quality of the CMOs’ care provided and services offered related to the areas reviewed.

Technical Methods of Data Collection

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

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

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

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

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

Description of Data Obtained

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

- Committee meeting agendas, minutes, and reports
- Policies and procedures
- Management/monitoring reports
- Quarterly reports
- Provider manual and directory
- Member handbook and informational materials
- Staff training materials and documentation of training attendance

- Applicable correspondence or template communications
- Records or files related to administrative tasks (grievances and appeals)
- Interviews with key CMO staff members conducted virtually

How Data Were Aggregated and Analyzed

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

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

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

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

How Conclusions Were Drawn

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

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

Compliance Review Standard	Quality	Timeliness	Access
Standard I—Enrollment and Disenrollment	✓		✓
Standard II—Member Rights and Confidentiality			✓
Standard III—Member Information			✓
Standard IV—Emergency and Poststabilization Services		✓	✓
Standard V—Adequate Capacity and Availability of Services		✓	✓

Compliance Review Standard	Quality	Timeliness	Access
Standard VI—Coordination and Continuity of Care	✓	✓	✓
Standard VII—Coverage and Authorization of Services		✓	✓
Standard VIII—Provider Selection	✓	✓	✓
Standard IX—Subcontractual Relationships and Delegation	✓		
Standard X—Practice Guidelines	✓		
Standard XI—Health Information Systems	✓		✓
Standard XII—Quality Assessment and Performance Improvement	✓		
Standard XIII—Grievance and Appeal System	✓	✓	✓
Standard XIV—Program Integrity	✓	✓	✓

Member Experience of Care Surveys

Objectives

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

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

For each CMO, the 2022 adult and child CAHPS scores were compared to 2021 NCQA national adult and child Medicaid averages, respectively. In addition to the CMO-specific results, HSAG provided an overall statewide average score for the adult and child Medicaid populations and compared the scores to 2021 NCQA national Medicaid averages.^{B-4} Also, HSAG performed a trend analysis for each CMO. The 2022 scores were compared to their corresponding 2021 scores to determine whether there were statistically significant differences. These comparisons were performed on the four composite measures, four global ratings, and three Effectiveness of Care measures.

^{B-4} National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

Technical Methods of Data Collection

Two populations were surveyed for Amerigroup, CareSource, and Peach State: adult Medicaid and child Medicaid. One population was surveyed for Amerigroup 360°: GF 360° child Medicaid. Center for the Study of Services administered the 2022 CAHPS surveys for Amerigroup and Amerigroup 360°. SPH Analytics administered the 2022 CAHPS surveys for CareSource and Peach State. Both vendors were NCQA-certified vendors at the time of survey administration.

The technical method of data collection was through administration of the CAHPS 5.1H Adult Medicaid Health Plan Survey to the adult population, and the CAHPS 5.1H Child Medicaid Health Plan Survey (without the CCC measurement set) to the child Medicaid population. Amerigroup and Amerigroup 360° used a mixed-mode methodology for data collection (i.e., mailed surveys followed by telephone interviews of non-respondents). CareSource and Peach State used a mixed-mode and Internet protocol methodology (i.e., mailed surveys with an Internet link included on the cover letter followed by telephone interviews of non-respondents) for data collection. Respondents were given the option of completing the survey in Spanish for all CMOs. Based on NCQA protocol, adult members included as eligible for the survey were 18 years of age or older as of December 31, 2021; and child members included as eligible for the survey were 17 years of age or younger as of December 31, 2021.

The survey questions were categorized into various measures of experience. These measures included four global ratings, four composite measures, and three Effectiveness of Care measures.^{B-5} The global ratings reflected respondents' overall experience with their/their child's personal doctor, specialist, health plan, and all healthcare. The composite scores were derived from sets of questions to address different aspects of care (e.g., *Getting Needed Care* and *How Well Doctors Communicate*). The Effectiveness of Care measures assessed the various aspects of providing assistance with smoking and tobacco use cessation in the adult population.

For each of the four global ratings, a top-box response was a response of 8, 9, or 10 on a scale of 0 to 10. CAHPS composite question response choices were Never, Sometimes, Usually, or Always. A positive or top-box response for the composites was defined as a response of Usually or Always. The scoring of the global ratings and composite measures involved assigning top-box responses a score of 1, with all other responses receiving a score of 0. After applying this scoring methodology, the percentage of top-box responses was calculated to determine the top-box scores. For the Effectiveness of Care measures, responses of Always/Usually/Sometimes were used to determine if the respondent qualified for inclusion in the numerator. The scores presented follow NCQA's methodology of calculating a rolling average using the current and prior year's results. For additional detail, please refer to NCQA's *HEDIS Measurement Year 2021 Volume 3: Specifications for Survey Measures*.^{B-6}

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 2022 NCQA final deidentified CSV member files; NCQA final results report Excel files containing survey results (such as means, global proportions, and question summary rates); NCQA final results report PDF files (such as means, global proportions, and question summary rates); and CAHPS report(s) produced by the CMOs' CAHPS vendors.

^{B-5} Effectiveness of Care measures related to smoking cessation were only included for the adult surveys.

^{B-6} National Committee for Quality Assurance. *HEDIS® Measurement Year 2021, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2021.

How Data Were Aggregated and Analyzed

For each CMO, the 2022 adult and child CAHPS scores were compared to their corresponding 2021 CAHPS scores.^{B-7} A *t* test was performed to determine whether results in 2022 were statistically significantly different from results in 2021. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than or equal to 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Scores that were statistically significantly higher in 2022 than in 2021 are noted with upward (▲) triangles. Scores that were statistically significantly lower in 2022 than in 2021 are noted with downward (▼) triangles. Scores in 2022 that were not statistically significantly different from scores in 2021 are not noted with triangles.

Additionally, each CMO’s 2022 adult and child CAHPS scores were compared to the 2021 NCQA adult and child Medicaid national averages, respectively.^{B-8} Statistically significant differences are noted with colors. A cell was highlighted in green if the score was statistically significantly higher than the national average. However, if the score was statistically significantly lower than the national average, then a cell was highlighted in red.

To identify performance differences in member experience between the three CMOs, the results for Amerigroup, CareSource, and Peach State were compared to the Georgia CMO program average using standard tests for statistical significance.^{B-9} For this comparison, results were case-mix adjusted. Case-mix refers to the characteristics of respondents used in adjusting the results for comparability among CMOs. Results for the CMOs were case mix adjusted for the member’s general health status, respondent educational level, and respondent age.^{B-10} Given that differences in case-mix can result in differences in ratings between CMOs that were not due to differences in quality, the data were adjusted to account for disparities in these characteristics. The case-mix adjustment was performed using standard regression techniques (i.e., covariance adjustment).

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

How Conclusions Were Drawn

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

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

CAHPS Topic	Quality	Timeliness	Access
<i>Rating of Health Plan</i>	✓		
<i>Rating of All Health Care</i>	✓		

^{B-7} Please exercise caution when reviewing the trend analysis results for the medical assistance with smoking and tobacco use cessation measures, as the 2021 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2020 and 2021.

^{B-8} Caution should be exercised when evaluating national comparisons, given that population and plan differences may impact CAHPS results.

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

^{B-10} Agency for Healthcare Research and Quality. CAHPS Health Plan Survey and Reporting Kit 2008. Rockville, MD: US Department of Health and Human Services, July 2008.

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

Appendix C. CMO Best and Emerging Practices

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

Table C-1—CMO Best and Emerging Practices

CMO	Best and Emerging Practices
Amerigroup	<p>Topic/Title: CHIP Rewards (Member Incentive Program)</p> <p>Description: Members who complete certain healthy activities were eligible to receive a gift card incentive reward of their choosing from various retailers for food and clothing, helping to satisfy social determinants of health needs during the pandemic. Activities vary for each member depending on factors such as a member's age, sex, condition, etc. Examples of targeted activities include completing an annual wellness visit, dental visit, diabetic retinal eye exam, and well-woman visit, etc.</p> <p>The program offers a user-friendly platform that enables members to view care gaps with reward amounts, tips on health education and value-added benefits.</p> <p>Topic/Title: Provider Quality Incentive Programs</p> <p>Description: Amerigroup offers several different Quality Incentive Programs (<i>QIP</i>) to providers that focus on improvement of identified quality measures and medical costs in areas such as preventive care and screenings (PQIP), pregnancy care (OBQIP) and behavioral healthcare (BHQIP). The QIPs provide additional payments to eligible providers who meet quality benchmarks and improvement on medical cost management targets. The QIPs also offer scorecards that capture performance on targeted measures and drive discussions on improvement strategies to close care gaps and share best practices. The objectives of the QIPs were to:</p> <ul style="list-style-type: none"> • Improve targeted clinical results and quality reporting. • Promote quality, safe, and effective patient care across the health care delivery system. • Improve provider operational efficiency. • Improve medical cost management by providing incentives for improving quality care and by providing tools for providers to reduce medically unnecessary utilization and costs. <p>Topic/Title: High Touch/Face to Face Visits</p> <p>Description: Members were identified who, historically, have been noncompliant with preventive visits, unable to contact telephonically or do not complete health assessment screeners. Community Health Workers offer a non-clinical High Touch face-to-face visit, as well as introduce/explain the importance of preventive screenings, such as HEDIS wellness visits and/or other health plan programs to members and/or family members. The purpose of the face-to-face visit is to address any barriers to care, key physical and social determinant of health needs, and to connect members to appropriate resources, such as value-added benefits, transportation, etc.</p> <p>Topic/Title: Social Drivers of Health and Whole-person Care</p>

CMO	Best and Emerging Practices
	<p>Description: Amerigroup has enhanced its focus on whole-person care including Social Drivers of Health and health equities to understand member needs, improve health outcomes and reduce disparities. Whole-person care manages the health of the member from end-to-end through a coordinated system that centers around the member, the provider, and the community. It acknowledges that healthcare is fundamentally local – social drivers, access to care, and member experiences all occur within communities. Thus, this whole-person approach tailors strategies and interventions to build upon local resources and address member needs through an integrated approach with the community. Pervasive health disparities among racial and ethnic minorities, low-income groups, and the disabled continue today. Social, behavioral, and environmental factors contribute to the physical and behavioral health attainment of Amerigroup members. A population health approach addresses these factors and elevates wellness across the spectrum to keep the general population healthy, address emergent conditions, and manage ongoing chronic conditions to improve outcomes, all while keeping the member as a central focus.</p> <p>Specific examples of initiatives include but are not limited to:</p> <ul style="list-style-type: none"> • Maintaining NCQA Multi-Cultural Healthcare Distinction Certification • Requiring health equity training for all GA associates • Facilitating SDoH provider trainings and incentives • Offering member education and/or assistance to address social needs such as transportation to appointments, food delivery, locating job opportunities, help with utility bills, childcare, etc. • Adding a health equity measure as a metric for the 2023 OBQIP • Requiring Annual Implicit Bias Training for OBQIP provider groups • Providing value added benefits to members that address specific social needs such as baby items, education tools, college preparation, food security programs, etc. <p>Topic/Title: Text Messaging</p> <p>Description: Amerigroup partners with mPulse (formerly Healthcrowd), a healthcare communications technology firm, to utilize automated SMS text message technology as an additional way to engage members, promote healthy outcomes and close care gaps.</p> <p>Topic/Title: Offering NCQA Accredited Disease Management programs</p> <p>Description: Amerigroup offers NCQA accredited disease management programs for conditions such as asthma, diabetes and hypertension. Depending on needs and preferences of the member, the following services may be provided:</p> <ul style="list-style-type: none"> • Health education, ongoing care management, support and outreach • Coordination of care and facilitation of referrals • Online health education and self-management tools <p>Topic/Title: Comprehensive Case Management Programs/Services</p> <p>Description: Offering case management (case management, disease management, and behavioral health) programs that provide high-quality, integrated, culturally competent case management services to members assessed as having high medical and/or nonmedical case management needs. The case management program(s) meet this goal by:</p>

CMO	Best and Emerging Practices
	<ul style="list-style-type: none"> • Using qualified staff to collaboratively identify and assess the physical, behavioral, cognitive, functional, and social needs of members for case management services. • Developing a comprehensive care plan with input from the member. • Working with the member and his/her providers to complete a planned and prioritized set of interventions tailored to the individual needs of the member and his/her family/support system. <p>Topic/Title: Ensuring Commitment/Inclusion from Pharmacy</p> <p>Description: Ongoing commitment to monitor medication adherence and improve health outcomes. Several key pharmacy focused initiatives include, but are not limited to:</p> <ul style="list-style-type: none"> • Offering 60-day prescription fills at the retail pharmacy for medications to treat asthma, depression, and diabetes. • Prescriber fax encouraging writing for 60-day supply per fill. • Implementing mail order Rx program for eligible maintenance medications • Providing member outreach and customized clinical messaging to targeted members. Members may receive info via mail, CVS prescription bags and/or pharmacist/technician verbal outreach. Clinical messages and/or next steps are focused on condition management, preventive services, and Plan benefit awareness. • Daily late to refill IVR (interactive voice response) to members 2-14 days late refilling blood pressure, diabetes, cholesterol, asthma, antidepressant, and COPD medications to improve medication adherence. <p>Topic/Title: Addressing diabetes in expecting members with Mom’s Meals program</p> <p>Description: Mom’s Meals program for expecting members diagnosed with type 1, type 2 or gestational diabetes includes home delivery of 140 personalized meals to support healthy pregnancy and reduce low weight births.</p>
CareSource	<p>Topic/Title: Predictive Modeling Functionality</p> <p>Description: CareSource is committed to utilizing leading edge technology to develop ways to better serve members. The Analytics department has created a number of predictive model and reporting functionality that allows for the identification of high-risk members. These reports and dashboards take into account acuity, utilization, medical condition, and SDoH factors, allowing for targeted outreach and intervention.</p> <p>Topic/Title: Direct Member Feedback Utilization</p> <p>Description: On a quarterly basis, CareSource holds member advisory councils to gather direct feedback from members. Information gained is used to review challenges and opportunities for improvement, while also allowing for dialogue that can lead to innovative solutions and preferred member care. This past year, an affinity group for pregnant and recently delivered members was convened, and input from members led to the creation of ‘Mom and Baby Pop Up Shops’ that provided information, community resources, and baby gifts to attendee.</p> <p>Topic/Title: Innovative Texting Capability</p> <p>Description: CareSource continually looks for innovative ways to communicate with members, and over the past year has begun to utilize an interactive text in the prenatal space. This communication allows for members to be asked whether or not they have had</p>

CMO	Best and Emerging Practices
	<p>a prenatal exam, as well as provides resources for obtaining an appointment or transportation, while addressing other barriers for the member.</p> <p>Topic/Title: In-Home HbA1c Test Kits</p> <p>Description: CareSource implemented in-home A1c testing. The care management team conducts member outreach to offer in-home A1c testing to members who have not had an A1c completed within the last calendar year. Care management then schedules a time to “hand deliver” a kit, to the member and then: a) supports member through collection and submission process, or b) provides member with instructions to self-submit.</p>
<p><i>Peach State</i></p>	<p>Topic/Title: Addressing Healthcare Disparities—Office of Rural Health</p> <p>Description:</p> <p>Peach State’s commitment to addressing health disparities can be seen in the development of a new department during 2021 that focuses on rural health initiatives. The department (The Office of Rural Health and Strategic Initiatives (ORHSI) is led by the Vice President of Rural Health Transformation and the Vice President of Government Relations and Business Development. The goal of the ORHSI is to identify and address access issues across the State of Georgia focusing on:</p> <ul style="list-style-type: none"> • Physician shortages • Technology and connectivity issues • Health care disparities • Access Improvements • Crisis Response <p>Continued focus on healthcare disparities and social determinants of health to improve health outcomes and reduce disparities.</p> <p>Topic/Title: Addressing Healthcare Disparities—Physician Shortage</p> <p>Description:</p> <p>Health Care Disparities—The Excellence in Health Equity Innovation Fund and Initiative at Morehouse School of Medicine (MSM) was developed to improve quality of healthcare in minority communities. The new initiative was launched with a \$500,000 donation from Peach State Health Plan and will provide seed funding to many of Morehouse School of Medicine’s health-equity innovation efforts. Through this initiative, MSM will recruit and retain the highest-achieving instructors, researchers, policy experts, clinicians, and other health scientists committed to diversity in medical education, positive health outcomes for the Black community and equity in health care.</p> <p>Topic/Title: Technology and Connectivity</p> <p>Description:</p> <ul style="list-style-type: none"> • <u>Telehealth Partnerships</u>—Over the last eight years, Peach State Health Plan has entered telehealth partnerships with select providers across the state to encourage providers and members to embrace telehealth technology. These partnerships include donations of telehealth scopes, computers, and remote specialist access to Albany Area Primary Clinic; Kids Care Clinic; Eastman Pediatrics and Mercer Medicine Clay County.

CMO	Best and Emerging Practices
	<ul style="list-style-type: none"> • Telehealth Partnerships (Retinavue)—Recognizing the need for members with diabetes in rural locations to receive diabetic retinal eye exams, Peach State Health Plan purchased three Retinavue machines and worked with CareConnect, Gwinnett Clinic and Curtis V. Cooper to locate the machines in their offices and ensured their staffs were trained on the appropriate use of the machines. <p>Topic/Title: Improving Access</p> <p>Description:</p> <ul style="list-style-type: none"> • <u>Barrier Removal Fund</u>—Centene/Peach State Health Plan partnered with the National Council on Independent Living (NCIL) in an initiative to assist providers with removing barriers to accessibility for members with disabilities at their practice by creating the Barrier Removal Fund (BRF) program. Awarded \$121,500 through 16 RFPs. • <u>Vision Vans</u>—The Vision Van program partners with FQHC school-based clinics to provide refractive eye exams and prescription eyeglasses to all eligible students regardless of membership status. (Catoosa, Walker and Murray Counties). • <u>Kids Docs on Wheels</u>—Peach State Health Plan invested in the Kids Docs on Wheels unit by providing a \$27.5k grant to fund vision equipment for the mobile unit.
<p>Amerigroup 360°</p>	<p>Topic/Title: CHIP Rewards (Member Incentive Program)</p> <p>Description: Members who complete certain healthy activities are eligible to receive a gift card incentive reward of their choosing from various retailers for food and clothing helping to satisfy social determinants of health needs during the pandemic. Activities vary for each member depending on factors such as a member’s age, sex, condition, etc. Examples of targeted activities include completing an annual wellness visit, dental visit, diabetic retinal eye exam, GED assistance, baby food, and well-woman visit, etc.</p> <p>The program offers a user-friendly platform that enables members to view care gaps with reward amounts, tips on health education, and value-added benefits.</p> <p>Topic/Title: Provider Quality Incentive Programs</p> <p>Description: Amerigroup offers several different Quality Incentive Programs (QIP) to providers that focus on improvement of identified quality measures and medical costs in areas such as preventive care and screenings (PQIP), pregnancy care (OBQIP) and behavioral healthcare (BHQIP). The QIPs provide additional payments to eligible providers who meet quality benchmarks and improvement on medical cost management targets. The QIPs also offer scorecards that capture performance on targeted measures and drive discussions on improvement strategies to close care gaps and share best practices. The objectives of the QIPs are to:</p> <ul style="list-style-type: none"> • Improve targeted clinical results and quality reporting. • Promote quality, safe and effective patient care across the health care delivery system. • Improve provider operational efficiency. • Improve medical cost management by providing incentives for improving quality care and by providing tools for providers to reduce medically unnecessary utilization and costs.

CMO	Best and Emerging Practices
	<p>Topic/Title: Social Drivers of Health and Whole-person Care</p> <p>Description: Amerigroup has enhanced its focus on whole-person care including social drivers of health and health equities to understand member’s needs, improve health outcomes and reduce disparities. Whole-person care manages the health of the member from end-to-end through a coordinated system that centers around the member, the provider, and the community. It acknowledges that healthcare is fundamentally local—social drivers, access to care, and member experiences all occur within communities. Thus, this whole-person approach tailors’ strategies and interventions to build upon local resources and address member needs through an integrated approach with the community. Pervasive health disparities among racial and ethnic minorities, low-income groups, and the disabled continue today. Social, behavioral, and environmental factors contribute to the physical and behavioral health attainment of members. A population health approach addresses these factors and elevates wellness across the spectrum to keep the general population healthy, address emergent conditions, and manage ongoing chronic conditions to improve outcomes, all while keeping the member as a central focus.</p> <p>Specific examples of initiatives include but are not limited to:</p> <ul style="list-style-type: none"> • Maintaining NCQA Multi-Cultural Healthcare Distinction Certification • Requiring health equity training for all GA associates • Facilitating SDoH provider trainings and incentives • Offering member education and/or assistance to address social needs such as transportation to appointments, food delivery, locating job opportunities, help with utility bills, childcare, etc. • Adding a health equity measure as a metric for the 2023 OBQIP • Requiring annual implicit bias training for OBQIP provider groups • Providing value-added benefits to members that address specific social needs such as baby items, education tools, college preparation, food security programs, etc. <p>Topic/Title: Text Messaging</p> <p>Description: Amerigroup partners with mPulse (formerly Healthcrowd), a healthcare communications technology firm, to utilize automated SMS text message technology as an additional way to engage members, promote healthy outcomes and close care gaps.</p> <p>Topic/Title: Ensuring Commitment/Inclusion from Pharmacy</p> <p>Description: Ongoing commitment to monitor medication adherence and improve health outcomes. Several key pharmacy focused initiatives include but are not limited to:</p> <ul style="list-style-type: none"> • Offering 60-day prescription fills at the retail pharmacy for medications to treat asthma, depression, and diabetes. • Prescriber fax encouraging writing for 60-day supply per fill. • Implementing mail order Rx program for eligible maintenance medications • Providing member outreach and customized clinical messaging to targeted members. Members may receive info via mail, CVS prescription bags and/or pharmacist/technician verbal outreach. Clinical messages and/or next steps are focused on condition management, preventive services, and plan benefit awareness.

CMO	Best and Emerging Practices
	<ul style="list-style-type: none"> • Daily late to refill IVR (interactive voice response) to members 2-14 days late refilling blood pressure, diabetes, cholesterol, asthma, antidepressant, and COPD medications to improve medication adherence. <p>Topic/Title: Addressing diabetes in expecting members with Mom’s Meals program</p> <p>Description: Mom’s Meals program for expecting members diagnosed with type 1, type 2 or gestational diabetes includes home delivery of 140 personalized meals to support healthy pregnancy and reduce low weight births.</p> <p>Topic/Title: Specialized care coordination model consisting of the following elements:</p> <ul style="list-style-type: none"> • Care transition supports • Addressing member specific care gaps. • Specialized care coordination teams (including post discharge management, disease management) • Specialized community partnerships • Person and family centered care • Single point of contact • Enhancing outreach, services, and education for transition age youth (TAY) • Integration of community supports • Individualized care plans • Amerigroup early intervention concierge program that supports members with autism and their caregivers by ensuring that they are getting the resources they need at the earliest point of the intervention.

Appendix D. CMO Quality Strategy Quality Initiatives

CMO-Specific Quality Initiatives

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

Amerigroup

Table D-1—Amerigroup’s QS Quality Initiatives

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1.b: Increase annual number of postpartum care visits to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar Three: Access</p>	<p>Description of Quality Initiative:</p> <p>Dedicated efforts towards improving maternal/fetal outcomes and maternal/infant mortality and morbidity, such as:</p> <ul style="list-style-type: none"> • Offering an OB case management program that supports the high-risk pregnant mother during prenatal care and post-partum period. The OB case manager assists with care coordination during the pregnancy journey. • Continue My Advocate™ Program (an opt-in program): Maternal health education by telephone and by smartphone app to pregnant and postpartum women. Ensure outreach to all OB members that fall out of the MyAdvocate process via weekly text campaigns and live outbound calls. • Leveraging the NOP (notification of pregnancy) report to engage moms into OB health benefits and OB CM as early as possible. • Offering member incentives for completing timely pregnancy visits. • Offering provider incentives to groups enrolled in the OBQIP program that meet identified targets. • Ongoing high-risk rounds with representation from various areas including the OB medical director, 	<p>QS Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> • Prenatal and Postpartum Care: Postpartum Care (PPC)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
	<p>CM, disease management, behavioral health medical director, a diabetic educator as well as the pharmacy department.</p> <ul style="list-style-type: none"> • Launching a doula pilot program to provide ongoing support to moms and families during pregnancy and postpartum period. • Obstetric (OB) practice consultant (PC) RN - works directly with OB provider groups focusing on women’s health and pregnancy gaps in care, identifying opportunities for better outcomes for pregnant women. The OB PC serves as a clinical liaison between practice groups and the health plan, establishing collaborative relationships, sharing HEDIS and state provider outcome data, educating providers on current best practices, and developing strategies for quality improvement to positively impact maternal and fetal outcomes. The OB PC also partners with the OB CM team to ensure referral coordination for high-risk members and increase accessibility to member pregnancy benefits. • Offering a virtual breastfeeding class during the prenatal period which provides education, support, and resources that encourage breastfeeding. • Hosting community baby showers and diaper day events with resources available, baby items giveaways and maternal health information. • Taking Care of Baby and Me (TCOBAM) program identifies pregnant women as early as possible, which allows Amerigroup to act quickly to assess OB risk, ensure appropriate levels of care and CM services are in place to mitigate risk. 	

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1.c: Increase number of children receiving well-child and preventive visits to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar Three: Access</p>	<p>Description of Quality Initiative:</p> <p>Dedicated efforts towards ensuring timely preventive health visits including, but not limited to:</p> <ul style="list-style-type: none"> • Ongoing member outreach, engagement and/or education including live calls and text messages. • Offering member incentives to complete well-visits. • Preventive health mailers & overdue reminder postcards. • Provider engagement, including ongoing mailings/letters to providers with members past due for EPSDT services. • Offering provider incentives via the PQIP program for closing care gaps. • Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. 	<p>QS Metric:</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> • Well-Child Visits in the First 30 Months of Life (W30) • Child and Adolescent Well-Care Visits (WCV)
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1.d: Decrease annual maternal mortality rate by 3% by the end of CY 2023</p> <p>Pillar Three: Access</p>	<p>Description of Quality Initiative:</p> <p>Dedicated efforts towards ensuring timely preventive health visits including, but not limited to:</p> <ul style="list-style-type: none"> • Ongoing member outreach, engagement and/or education including live calls and text messages. • Offering member incentives to complete well-visits. • Offering provider incentives via the PQIP program for closing care gaps. • ER CM leveraged to outreach to members with frequent over-utilization to educate on appropriateness of care to facilitate behavioral change regarding the right care, right setting, right time. • Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. 	<p>QS Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> • Adults’ Access to Preventive/ Ambulatory Health Services (AAP)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1.e: Increase percentage of members <i>Getting Needed Care</i> to perform at or above the 67th percentile by the end of CY 2023</p> <p>Pillar Three: Access</p>	<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> Members and providers may be unaware of CAHPS survey and resources. Members may not always know the PCP selected during enrollment. Providers may not want to participate in CAHPS trainings, education & Newsletters. COVID-19 impacting provider office appointment availability due to short staffing, limited hours, and limiting number of additional family members who can attend appointments. Member knowledge deficit on when urgent care is available/should be sought. Rural areas may not have urgent care available (PCP/urgent care center) or may not have telehealth options. 	<p>QS Metric:</p> <p>CAHPS Measure</p> <ul style="list-style-type: none"> Getting Needed Care
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.2: Increase Wellness and Preventive Care</p> <p>Objective 1.2.a: Increase the percentage of children less than 21 years of age that receive preventive oral health services to perform at or above the CMCS 75th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative:</p> <p>Amerigroup offers dental homes to members to further facilitate coordination of care and improve outcomes related to dental conditions. Dental homes, or primary dental providers, serve as the point of reference for coordinating dental care. Amerigroup’s delegated dental vendor, DentaQuest, completes most dental initiatives. As part of this delegation agreement, Amerigroup and DentaQuest have ongoing collaboration meetings to discuss performance outcomes and initiatives. Key dental initiatives include:</p> <ul style="list-style-type: none"> Ongoing member outreach, engagement and/or education including live calls, mailings, and text messages. Offering member incentives to complete dental visits. Ongoing provider engagement, including noncompliant reports to dental providers. 	<p>QS Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> Annual Dental Visit— Total (ADV) <p>CMS Measure</p> <ul style="list-style-type: none"> Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
	<ul style="list-style-type: none"> Partnering with DentaQuest for development of clinic days, as appropriate. Continue partnership with Help a Child Smile for Mobile Assessment Units. Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. 	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.2: Increase Wellness and Preventive Care</p> <p>Objective 1.2.b: Increase overall rate of immunizations and vaccinations across all ages and populations to perform at or above the HEDIS 90th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative:</p> <p>Despite dedicated efforts towards encouraging members to receive timely immunizations, the pandemic has continued to have a negative impact on the plan’s ability to improve immunization rates. Initiatives employed included, but were not limited to:</p> <ul style="list-style-type: none"> Ongoing member outreach, engagement and/or education including live calls and text messages. Implement flu outreach campaign including IVR, text and postcard to promote flu vaccinations. Host Fight the Flu community events at provider offices and pharmacy locations to promote flu vaccination. Offering member incentives to complete well-visits and complete immunizations. Social media campaigns promoting importance of vaccinations, such as flu and HPV. Provider engagement, including ongoing mailings/letters to providers with members past due for EPSDT services. Offering provider incentives via the PQIP program for closing care gaps. Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. 	<p>QS Metric:</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> Childhood Immunization Status (CIS) Immunizations for Adolescents (IMA) Flu Vaccinations for Adults 18-65 (FVA) Flu Vaccinations for Adults Ages 65 and Older (FVO) Pneumococcal Vaccination Status for Older Adults (PNU)

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

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>at or above the HEDIS national 50th percentile by the end of 2023</p> <p>Pillar One: Quality</p>	<p>coordinators and case managers will also:</p> <ul style="list-style-type: none"> • Promote effective prevention and treatment of chronic disease. • Promote effective communication and coordination of care (provider/ member). • Encourage family engagement as partners in members’ care. • Work with communities to promote best practices of healthy living (member experience and advocacy). <p>Other initiatives for members with diabetes include:</p> <ul style="list-style-type: none"> • Ongoing member outreach, engagement and/or education including live calls and text messages. • Offering member incentives to complete annual well-visits, A1c screenings, BP readings, etc. • Targeted initiatives, such as annual call campaigns to members with chronic conditions per claims that have not had a PCP visit within the previous nine months. Members are contacted through an introductory letter and a live phone call for education on the importance of medical follow-up and medication adherence. • Provider reimbursement initiative for billing identified CAT II Codes. • Offering provider incentives via the PQIP program for closing care gaps. • Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. • Discussions with provider offices to share benefits of providing supplemental data and/or remote electronic medical record access to obtain/capture data not submitted on claims such as HbA1c and/or BP results. 	

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.3: Improve Outcomes for Chronic Diseases</p> <p>Objective 1.3.b: Decrease annual hospital admission rate for members with heart failure to perform at or above the CMCS 75th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative:</p> <p>Amerigroup’s care coordination, case and disease management programs address a variety of needs for members with chronic conditions including complex health challenges, preventive counseling, as well as social, environmental, financial and other issues that go beyond health and prevent a positive outcome. Care coordinators and case managers will also:</p> <ul style="list-style-type: none"> • Promote effective prevention and treatment of chronic disease. • Promote effective communication and coordination of care (provider/ member). • Encourage family engagement as partners in members’ care. • Work with communities to promote best practices of healthy living (member experience and advocacy). • Track program outcomes, such as readmission rates, repeat ED visits, etc. 	<p>QS Metric:</p> <p>CMS Measure</p> <ul style="list-style-type: none"> • Heart Failure Admission Rate (PQ108- AD)
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.3: Improve Outcomes for Chronic Diseases</p> <p>Objective 1.3.c: Increase number of members with controlled high blood pressure to perform at or above the HEDIS national 50th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative:</p> <p>Amerigroup’s care coordination, case and disease management programs address a variety of needs for members with chronic conditions including complex health challenges, preventive counseling, as well as social, environmental, financial and other issues that go beyond health and prevent a positive outcome. Care coordinators and case managers will also:</p> <ul style="list-style-type: none"> • Promote effective prevention and treatment of chronic disease. • Promote effective communication and coordination of care (provider/ member). • Encourage family engagement as partners in members’ care. • Work with communities to promote best practices of healthy living 	<p>QS Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> • Controlling High Blood Pressure (CBP)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
	<p>(member experience and advocacy).</p> <p>Other initiatives for members with hypertension include:</p> <ul style="list-style-type: none"> • Ongoing member outreach, engagement and/or education including live calls and text messages. • Offering member incentives to complete annual well-visits, A1c screenings, BP readings, etc. • Targeted initiatives, such as annual call campaigns to members with chronic conditions per claims that have not had a PCP visit within the previous 9 months. Members are contacted through an introductory letter and a live phone call for education on the importance of medical follow-up and medication adherence. • Offering provider incentives via the PQIP program for closing care gaps. • Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. • Discussions with provider offices to share benefits of providing supplemental data and/or remote electronic medical record access to obtain/capture data not submitted on claims such as HbA1c and/or BP results. • Implementing Mom’s Heart Matters Concierge Program. Mom’s Heart Matters aims to reduce the rate of hypertension related mortality among postpartum women, with a focus on the group most impacted by postpartum hypertension, black and brown moms. The program will form linkages with resources that can be leveraged to support interventions targeted for postpartum women and their families and ultimately will target the social determinants of health 	

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
	<p>that perpetuate the health disparities in our vulnerable population of women and children by supporting innovation and increasing utilization of supports that address:</p> <ul style="list-style-type: none"> – Cardiovascular care (specifically hypertension). – Mental health/substance use – Maintenance of health and insurance coverage/ access to care/ navigation of a complex and fragmented healthcare system. – Breastfeeding education. – Nutrition optimization. 	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.4: Improve Maternal and Newborn Care</p> <p>Objective 1.4.b: Decrease number of live babies with low birth weight to perform at or above the CMCS 75th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative:</p> <p>Dedicated efforts towards improving low birth weight rate:</p> <ul style="list-style-type: none"> • Leverage the NOP (notification of pregnancy) report to engage moms into OB health benefits and OB CM as early as possible. • Offer member incentives for completing timely pregnancy visits. • Amerigroup’s “Planning for Healthy Babies (P4HB)” obstetric case management services. The P4HB program provides no-cost family planning services to eligible women in Georgia. An eligible woman can be enrolled in one of the following P4HB services: <ul style="list-style-type: none"> – Family planning only. – Inter-pregnancy care (IPC), which includes family planning (FP), Case Management (CM) and a resource mother (RM). – Resource mother outreach, which includes current Medicaid recipients. • Continue My Advocate™ Program (an opt-in program): Maternal health education by telephone and by smartphone app to pregnant and postpartum women. Continue to outreach members that fall out of the MyAdvocate process via 	<p>QS Metric:</p> <p>CMS Measure</p> <ul style="list-style-type: none"> • Live Births Weighing Less Than 2,500 Grams (LBW-CH)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup's Quality Initiative	Performance Metric
	<p>weekly text campaign and live outbound calls.</p> <ul style="list-style-type: none"> • Ongoing high-risk rounds with representation from various areas including the OB medical director, case management, disease management, behavioral health medical director, a diabetic educator as well as the pharmacy department. • Launch a doula pilot program to provide ongoing support to moms and families during pregnancy and postpartum period. • Obstetric (OB) practice consultant RN - works directly with OB provider groups focusing on women's health and pregnancy gaps in care, identifying opportunities for better outcomes for pregnant. The practice consultant serves as a clinical liaison between practice groups and the health plan, establishing collaborative relationships, sharing HEDIS and state provider outcome data, educating providers on current best practices, and developing strategies for quality improvement to positively impact maternal and fetal outcomes. The OB practice consultant also partners with the OB case management team to ensure coordination of referrals for high-risk members and increase accessibility to member pregnancy benefits. • Enhance the PCM referral process with local health departments to engage moms in OB care and OB CM earlier. • Launched Mom's Meals targeting diabetic mothers. 	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.5: Improve Behavioral Health Care Outcomes</p>	<p>Description of Quality Initiative:</p> <p>Amerigroup facilitates integrated physical and behavioral health services as a vital part of healthcare. Our mission is to address the physical and behavioral healthcare of members</p>	<p>QS Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> • Follow-Up After Hospitalization for

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>Objective 1.5.a: Decrease the annual behavioral health 30-day readmission rate to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p> <p>Pillar Three: Access</p>	<p>by offering a wide range of targeted interventions, education, and enhanced access to care to ensure improved outcomes and quality of life for members, such as:</p> <ul style="list-style-type: none"> • Ongoing member outreach, family and/or caregiver inclusion and engagement. • Launched an NCQA approved program where internal care coordinators can complete the follow-up assessment within seven days of discharge to close FUH care gaps. • Continue post discharge management (PDM) for all members discharged from behavioral health inpatient reminding them of follow up appointment. • Offering a BH case management program that does not require a referral. • Offering a \$50 member incentive to complete for completing a timely follow up appointment. • Launched a pilot program with inpatient and outpatient facility to facilitate a warm transfer. 	<p>Mental Illness – 7-Day (FUH)</p>
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.5: Improve Behavioral Health Care Outcomes</p> <p>Objective 1.5.b: Increase the number of adolescents screened for follow-up for depression to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p> <p>Pillar Three: Access</p>	<p>Description of Quality Initiative:</p> <p>Dedicated efforts towards ensuring timely preventive health visits including, but not limited to:</p> <ul style="list-style-type: none"> • Ongoing member outreach, engagement and/or education including live calls and text messages. • Offering member incentives to complete annual well-visits. • Offering provider incentives via the PQIP program for closing care gaps for well-visits. • Ongoing provider education to screen members for behavioral health (BH) conditions as part of initial assessments, or whenever there is a suspicion that a member may have a behavioral health condition. 	<p>QS Metric:</p> <p>CMS Measure</p> <ul style="list-style-type: none"> • Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF-CH)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.5: Improve Behavioral Health Care Outcomes</p> <p>Objective 1.5.c: Increase the number of adults screened and receiving follow-up for depression to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p> <p>Pillar Three: Access</p>	<ul style="list-style-type: none"> Provider outreach, engagement and/or education regarding measure and billing requirements. <p>Description of Quality Initiative:</p> <p>Dedicated efforts towards ensuring timely preventive health visits including, but not limited to:</p> <ul style="list-style-type: none"> Ongoing member outreach, engagement and/or education including live calls and text messages. Offering member incentives to complete annual well-visits. Offering provider incentives via the PQIP program for closing care gaps for well-visits. Ongoing provider education to screen members for behavioral health (BH) conditions as part of initial assessments, or whenever there is a suspicion that a member may have a behavioral health condition. Provider outreach, engagement and/or education regarding measure and billing requirements. 	<p>QS Metric:</p> <p>CMS Measure(s)</p> <ul style="list-style-type: none"> Screening for Depression and Follow-Up Plan: Ages 18 and up (CDF-AD)
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.6: Enhance Member Experience</p> <p>Objective 1.6.a: Increase annual CAHPS Overall Rating of Health Plan by 5% by the end of 2023</p> <p>Pillar Four: Service</p>	<p>Description of Quality Initiative:</p> <p>Amerigroup conducts annual and ongoing root cause analysis of study indicators identified as areas of low performance for both Adult and Child CAHPS results. Amerigroup has engaged in various efforts to gather real-time feedback and address barriers to improving the member experience timely. These efforts include:</p> <ul style="list-style-type: none"> Inclusion of CAHPS education and a live survey of low-performing questions during member Health Education Advisory Committee (HEAC) meetings. Provider CAHPS education and guidance on how to address key drivers of the member/patient experience. Biannual (at a minimum) associate wide CAHPS education and 	<p>QS Metric:</p> <p>CAHPS Measure(s)</p> <ul style="list-style-type: none"> Overall Rating of Health Plan (CPA-AD)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
	<p>monthly CAHPS workgroup meetings held to identify barriers and to track/monitor interventions.</p> <ul style="list-style-type: none"> • Offer provider/member incentives for HEDIS compliance, focusing on access to care. • Mandate all health plan associates take CAHPS 101 training annually. • Launched Community Service Center in May 2022. 	
<p>Aim 2: Smarter Spending</p> <p>Goal 2.1: Increase Appropriate Utilization of Levels of Care</p> <p>Objective 2.1.a: Decrease hospitalizations and ER utilization rates to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar Two: Stewardship</p>	<p>Description of Quality Initiative:</p> <p>Amerigroup continues to monitor hospitalization and ER utilization. Several key initiatives dedicated to decreasing utilization of these services include:</p> <ul style="list-style-type: none"> • Developed an ER CM program to outreach to our frequent utilizers and overutilizers to education them on the right care, right time, right setting. • Developed a marketing brochure to share with members about PCP, when to go to urgent care versus the ER. • Ongoing social media campaign promoting urgent care/PCP versus ER visits. • Developed an emerging risk program and post discharge program to support members that have been discharged from an acute inpatient setting and to minimize readmissions. 	<p>QS Metric:</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> • Acute Hospital Utilization (AHU) • Emergency Department Utilization (EDU) • Hospitalization for Potentially Preventable Complications (HPC) • Plan All-Cause Readmissions (PCR)
<p>Aim 2: Smarter Spending</p> <p>Goal 2.2: Effective Medical Management of Care</p> <p>Objective 2.2.a: Increase telemedicine visits by 10% for members residing in select Medically Underserved Areas (MUA) by the end of CY 2022</p> <p>Pillar Two: Stewardship</p>	<p>Description of Quality Initiative:</p> <p>In response to the COVID-19 state of emergency in March 2020, the health plan implemented DCH's waiving of certain policies related to telemedicine to support increased use of telehealth for diagnosis and treatment. Telemedicine/telehealth use expansion was supported by expanding the list of originating sites and allowing telehealth services through telephone communication, use of webcam or other audio and video technology and video cell phone communication.</p>	<p>QS Metric:</p> <ul style="list-style-type: none"> • Number of Telemedicine Visits

DCH QS Aim, Goal, Objective and Pillar	Amerigroup’s Quality Initiative	Performance Metric
	Providers were educated on complying with the state's Telehealth Manual provisions in providing medically necessary services in a HIPAA compliant way and the appropriate codes for documenting telemedicine services.	

CareSource

Table D-2—CareSource’s QS Quality Initiatives

DCH QS Goal and Objective	CareSource’s Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1.c: Increase number of children receiving well-child and preventive visits to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Objective 1.1.d: Increase number of adults receiving well- and preventive visits to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar Three: Access</p>	<p>Description of Quality Initiative:</p> <ul style="list-style-type: none"> • Network operations continues to identify providers who do not meet access standards for after hours and routine care to provide education • Continued distribution of educational articles that provide guidance to help members decide when it’s appropriate to contact their provider for afterhours care • Continue to offer Quality Enhancer Incentive program to all providers in the network to improve screening and vaccination PMs • Quality improvement team provided education and offered support resources for HEDIS gap closure i.e., embedded staff and remote EMR access • Ongoing new member orientation outreach via auto-dialer to educate new members about EPSDT services available to increase the number of eligible members • Continue to educate providers about the member incentive programs to further entice members to schedule and complete screenings and services 	<p>QS Metrics:</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> • Well Child Visits in the First 15 Months of Life (W15-CH) • Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34-CH) • Adolescent Well-Care Visits (AWC) • Well-Child Visits in the First 30 Months of Life (W30) • Child and Adolescent Well-Care Visits (WCV) • Adults’ Access to Preventive/Ambulatory Health Services (AAP) • Asthma Medication Ratio (AMR) • Controlling Blood Pressure (CBP) • Applied Behavior Analysis (ABA)

DCH QS Goal and Objective	CareSource's Quality Initiative	Performance Metric
	<ul style="list-style-type: none"> • Added Asthma Medication Ratio (AMR) and Controlling Blood Pressure (CBP) to provider incentive programs to improve gap closure for those measures • Working with pharmacy and lab partners to confirm member has filled/pick up asthma medication • Continue to collaborate internally and externally to improve network access for ABA • Continue to educate providers on the importance of ABA and strengthening partnerships 	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.3: Improve Outcomes for Chronic Diseases</p> <p>Objective 1.3.a: Increase the number of members with controlled HbA1c to perform at or above the HEDIS national 50th percentile by the end of 2023</p> <p>Pillar One: Quality</p> <p>Goal 1.3: Improve Outcomes for Chronic Diseases</p> <p>Objective 1.1.b: Increase annual number of Prenatal and Postpartum care visits to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar Three: Access</p>	<p>Description of Quality Initiative:</p> <ul style="list-style-type: none"> • Targeted prenatal outreach to members within the first trimester or within 42 days of enrollment to educate member on importance of prenatal care and to assist with scheduling first visit • On a biweekly basis identify members who have delivered and send text messages regarding the importance of postpartum care and encouraging them to schedule their postpartum visit • To improve chronic disease outcomes, the chronic disease case management team has implemented several Initiatives related to member outreach and feedback 1) preventive care postcards mailings to educate members on their specific disease process i.e., diabetes, hypertension and/or high cholesterol. CareSource has also, contracted with a vendor to supply in-home A1c test kits which CareSource delivers to the member's door and the CBP self-monitoring program, where BP cuffs to members with hypertension, members are asked to self-report. CareSource 	<p>QS Metric:</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> • Postpartum Care: Timeliness of Prenatal Care and Postpartum Care (PPC) • Comprehensive Diabetes Care—HbA1c Poor Control (>9.5) (CDC, CDC-AD)

DCH QS Goal and Objective	CareSource's Quality Initiative	Performance Metric
	<p>in turn shares the A1c and CBP results with providers</p> <ul style="list-style-type: none"> • Ongoing emergency department diversion program to decrease emergency department utilization by contacting members who had a recent emergency department visit and educating the member on the importance and benefit of selecting a physician and assisting in the process • Ongoing education for practitioners/providers on proper discharge and follow-up • CareSource transition team continues to ensure discharge follow-up is completed and PCP appointment is scheduled prior to discharge • Ongoing provider education for life services program i.e., access to life coach to teach stress management skills, job interviewing, budgeting and more 	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.6: Enhance Member Experience</p> <p>Objective 1.6.a: Increase annual CAHPS Overall <i>Rating of Health Plan</i> by 5% by the end of 2023</p> <p>Pillar Two: Stewardship</p>	<p>Description of Quality Initiative:</p> <p>Continue to conduct quarterly Member Advisory Council (MAC) meetings to share new products, benefits and initiatives, proposed for the upcoming benefit year and to gain ongoing Member feedback/suggestions regarding propose benefits. The Council members also provide ideas and suggestions on how to increase member engagement in personal healthcare to improve individual and organizational health outcomes</p>	<p>QS Metric:</p> <ul style="list-style-type: none"> • Agency for Healthcare Research and Quality (AHRQ: CAHPS)

Peach State

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

DCH QS Goal and Objective	Peach State’s Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1b.: Increase annual number of postpartum care visits to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar Three: Access</p> <p>Goal 1.4: Improve Maternal and Newborn Care</p> <p>Objective 1.4.a: Decrease annual maternal mortality rate by 3% by the end of CY 2023</p> <p>Objective 1.4.b: Decrease number of live babies with low birth weight to perform at or above the CMCS 75th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative:</p> <p>Prenatal:</p> <p><u>Start Smart for Baby Case Management Program</u> – The Start Smart Case Management Program promotes the early identification and assessment of pregnant members and encourages appropriate prenatal care and follow-up. The overall goal of the program is to improve birth outcomes. In addition to providing case management services, the program educates members on the importance of prenatal and postpartum care and offers incentives for pregnant members who attend their prenatal and timely postpartum follow-up appointments. The program offers care coordination services to improve birth outcomes and perinatal health to include:</p> <ul style="list-style-type: none"> • Outreaching to members to provide education and assistance with accessing needed medical, nutritional, social, educational, and other services, including coordination of referrals to appropriate specialists. • Educating members on the importance of timely preventive visits and immunizations for the unborn/newborn child. <p>Postpartum:</p> <p><u>Postpartum Incentive</u> – New Moms who complete postpartum visits between the 7th and 84th day post-delivery receive a gift card which can be used to pay for utilities, groceries, transportation, and childcare services</p> <p>Provider Incentives - Peach State Health Plan implemented a provider incentive for providers who submit an</p>	<p>QS Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> • Prenatal and Postpartum Care: Postpartum Care (PPC; PPC-CH)

DCH QS Goal and Objective	Peach State’s Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1.c: Increase number of children receiving well-child and preventive visits to perform at or above the HEDIS 50th percentile by the end of CY 2023 Pillar Three: Access</p>	<p>appropriate CPT II Code for the postpartum visit</p> <p>Description of Quality Initiative:</p> <p>Mobile Unit Collaboration – Peach State has identified that many rural areas do not have adequate access. To help members in those regions find access to care at a convenient location and time, Peach State Health Plan has developed partnerships with providers to utilize mobile units to close care gaps for members in rural areas throughout the state.</p> <p>Concierge Program – In an effort to overcome the challenges of understaffing in providers' offices, Peach State Health Plan has placed staff in key provider offices to help schedule members to increase the number of care gaps closed. Provider offices were extremely receptive to and positive about the assistance from our Quality team members.</p> <p>Member Outreach – Peach State recognizes that members who are educated on their conditions are more likely to seek care. To share information with members, Peach State Health Plan uses several methods, such as two-way text messaging to share educational materials in addition to allowing members to ask questions and to request help scheduling appointments. Additionally, PSHP outreaches to members via live calls through the HALO (Helping All Lives through Outreach) team, pre-scripted POM calls and email.</p> <p>Preventive Screenings Provider Lists – A target list is developed and distributed to providers monthly detailing members' complaints for five visits and due for a sixth visit. Report to include fifteen-month anchor date. This list will help providers to outreach</p>	<p>QS Metric:</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> Well-Child Visits in the First 30 Months of Life (W30) Child and Adolescent Well-Care Visits (WCV)

DCH QS Goal and Objective	Peach State’s Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.2: Increase Wellness and Preventive Care</p> <p>Objective 1.2.c: Increase the number of breast cancer screenings for qualified women to perform at or above the HEDIS 75th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>	<p>to key members to help ensure that this care gap is closed.</p> <p>Description of Quality Initiative:</p> <p>Wellness on Wheels – The Community Health Services Department has partnered with several mobile mammography units throughout the state of Georgia that offers mammography services to non-compliant members.</p> <p>Member Outreach - Peach State Health Plan continues to contact members and assist with setting up appointments for mammography via telephonic and text message outreach.</p> <p>Member Incentives – to encourage members to get the care that is needed, Peach State Health Plan continues to provide member incentives to complete their mammogram.</p>	<p>QS Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> Breast Cancer Screening (BCS)
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.2: Increase Wellness and Preventive Care</p> <p>Objective 1.2.d: Increase the number of qualified women receiving cervical cancer screenings at or above the HEDIS 75th national percentile by the end of 2023</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative:</p> <p>Member Outreach - Peach State Health Plan continues to contact members and assist with setting up appointments for cervical cancer screenings via telephonic and text message outreach.</p>	<p>QS Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> Cervical Cancer Screening
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.3: Improve Outcomes for Chronic Diseases</p> <p>Objective 13.a: Increase the number of members with controlled HbA1c to perform at or above the HEDIS national 50th percentile by the end of 2023</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative:</p> <p>Health Coaches – Peach State Health Plan is piloting a health coach program to help members become re-engaged with their health. The health coaches talk to members about their open care gaps, educate them about diabetes and encourage them to get the care that is needed. The health coaches also work with the members to create healthy habits by helping</p>	<p>QS Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> Comprehensive Diabetes Care— HbA1c Poor Control (>9.5) (CDC, CDC-AD)

DCH QS Goal and Objective	Peach State’s Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.3: Improve Outcomes for Chronic Diseases</p> <p>Objective 1.3.b: Decrease annual hospital admission rate for members with heart failure to perform at or above the CMCS 75th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>	<p>them to set and achieve small goals to help get their health back on track.</p> <p>Description of Quality Initiative:</p> <p><u>Congestive Heart Failure (CHF) Care Coordination Program</u> – The care coordination team uses the predictive modeling tool, Impact Pro, to identify members with a diagnosis of congestive heart failure (CHF) and who also have a higher inpatient probability. Care mangers proactively conduct telephonic outreach to educate members on medication compliance, lifestyle changes and early warning signs that could lead to an ER visit or hospitalization.</p> <p><u>CHF Discharge Planning Program</u> – Discharge planning programming and interdisciplinary care teams also impact members admitted for CHF through:</p> <ul style="list-style-type: none"> • Coordination of care after discharge • DCP nurse follow-up within 30 days • Members monitored for readmissions • Members with complex case needs identified 	<p>QS Metric:</p> <ul style="list-style-type: none"> • PQI 08: Heart Failure: Admission Rate (PQ108- AD)
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.4: Improve Maternal and Newborn Care</p> <p>Objective 1.4.b: Decrease number of live babies with low birth weight to perform at or above the CMCS 75th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative:</p> <p><u>Planning for Health Babies Program</u> – Targets women that have delivered a baby weighing less than 1,500 grams. Through this program women receive family planning service as well as up to 5 primary care visits, limited dental and substance abuse benefits. They receive support from a nurse case manager and resource mother.</p> <p><u>Resource Mothers Program</u> – Conducts telephonic and targeted face-to-face outreach that targets enrollees to reduce the number of low</p>	<p>QS Metric:</p> <ul style="list-style-type: none"> • Live Births Weighing Less Than 2,500 Grams (LBW-CH)

DCH QS Goal and Objective	Peach State’s Quality Initiative	Performance Metric
	<p>birth weight (LBW) and very low birth weight (VLBW) births. During this outreach effort members are educated on the importance of completing their postpartum visit, postpartum wavier extension and benefits, screened for postpartum depression and SDoH needs. Resource mothers provide support through care coordination and community linkages as needed. For those that deliver a baby weighing less than 2,000 grams additional outreach touches, education and care coordination are provided throughout the time the member is eligible for the postpartum extension waiver.</p>	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.5: Improve Behavioral Health Care Outcomes</p> <p>Objective 1.5.a: Decrease the annual behavioral health 30-day readmission rate to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p><i>Pillar One: Quality</i></p>	<p>Description of Quality Initiative:</p> <ul style="list-style-type: none"> • Through the My Health Pays Rewards Program, Peach State Health Plan incentivizes members for following up with a qualified professional within 7 days post discharge from an inpatient psychiatric admission. • Peach State Health Plan’s behavioral health care management team conducts telephonic outreach to members discharged from an inpatient behavioral health setting (within 48 hours) in efforts to engage in BH CM services and/or help schedule a follow up appointment with a mental health provider within seven days. 	<p>QS Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> • Follow-Up After Hospitalization for Mental Illness – 7-Day (FUH)
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.5: Improve Behavioral Health Care Outcomes</p> <p>Objective 1.5.b: Increase the number of adolescents screened for follow-up for depression to perform at or above the HEDIS 50th percentile by the end of CY 2023</p>	<p>Description of Quality Initiative:</p> <ul style="list-style-type: none"> • Peach State Health Plan conducts provider education on the importance of depression screening for members without a previous diagnosis of depression or bipolar disorder, qualifying encounters, age-appropriate standardized screening tools, steps to take if a screening is positive, the importance of having 	<p>QS Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> • Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF-CH)

DCH QS Goal and Objective	Peach State’s Quality Initiative	Performance Metric
<p>Pillar One: Quality</p>	<p>a documented follow-up plan, billable codes, and best practices.</p>	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.6: Enhance Member Experience</p> <p>Objective 1.6.a: Increase annual CAHPS Overall <i>Rating of Health Plan</i> by 5% by the end of 2023</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative:</p> <ul style="list-style-type: none"> • Peach State Health Plan distributes tools for associates to reference during interactions with members. These tools facilitate coaching of members on ways to better engage with providers on aspects of care coordination. These tools ultimately help members to be active in the process and to receive the best care and information to manage their health. The Plan expects such resources and coaching to positively impact member perception of the Plan. 	<p>QS Metric:</p> <ul style="list-style-type: none"> • CAHPS Overall Rating of Health Plan
<p>Aim 2: Smarter Spending</p> <p>Goal 2.1: Increase Appropriate Utilization of Levels of Care</p> <p>Objective 2.1.a: Decrease hospitalizations and ER utilization rates to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar Two: Stewardship</p>	<p>Description of Quality Initiative:</p> <p>Acute Hospital Utilization (AHU) & Plan All-Cause Readmission:</p> <p>Discharge Planning Program – The purpose of the discharge planning program is to reduce hospital readmission rates and improve quality of care, coordination of care and patient health outcomes. Peach State Health Plan’s discharge planning program is designed to assist the members by implementing timely, appropriate, safe, and cost-effective discharge plans. Peach State Health Plan understands the importance of discharge planning to ensure members follow-up with a PCP after discharge, which is critical in decreasing readmission rates.</p> <p>Post-Hospitalization Follow-up Program – Peach State Health Plan’s post hospitalization follow-up program process addresses the needs of members discharging from the hospital to prevent readmissions for physical and/or behavioral health (BH) issues. The program focuses on removing barriers to care (e.g., coordination of transportation),</p>	<p>QS Metric:</p> <ul style="list-style-type: none"> • Acute Hospital Utilization • Emergency Department Utilization • Plan All-Cause Readmission

DCH QS Goal and Objective	Peach State’s Quality Initiative	Performance Metric
	<p>providing members’ education on the disease, and outreach to providers to improve the member’s health and quality of life and increase treatment and medication compliance. This is achieved by conducting telephonic follow-up with members enrolled in the care management program to assist with arranging follow-up appointments (post-discharge) and providing information on community-based services.</p> <p>Emergency Department Utilization (EDU):</p> <p>PCP Medical Home Steerage Intervention – The PCP medical home steerage intervention provided outreach and care coordination for chronic/high risk members who have been identified as using multiple PCPs and ER visits with no PCP utilization. This program’s intent is to ensure members have a primary medical home and encourage usage of the PCP.</p>	
<p>Aim 2: Smarter Spending</p> <p>Goal 2.1: Increase Appropriate Utilization of Levels of Care</p> <p>Objective 2.1.a: Decrease hospitalizations and ER utilization rates to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar Two: Stewardship</p>	<p>Description of Quality Initiative:</p> <ul style="list-style-type: none"> • Telehealth Partnerships – Over the last eight years, Peach State Health Plan has entered telehealth partnerships with select providers across the state to encourage providers and members to embrace telehealth technology. These partnerships include donations of telehealth scopes, computers, and remote specialist access to Albany Area Primary Clinic; Kids Care Clinic; Eastman Pediatrics and Mercer Medicine Clay County. • Telehealth Partnerships (Retinavue) – Recognizing a need for members with diabetes in rural locations to receive diabetic retinal eye exams, Peach State Health Plan purchased three 	<p>QS Metric:</p> <ul style="list-style-type: none"> • Number of Telemedicine Visits

DCH QS Goal and Objective	Peach State’s Quality Initiative	Performance Metric
	Retinavue machines and worked with CareConnect, Gwinnett Clinic and Curtis V. Cooper to locate the machines in their offices and ensured their staffs were trained on the appropriate use of the machines.	

Amerigroup 360°

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

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360’s Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1.b: Increase annual number of postpartum care visits to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar Three: Access</p>	<p>Description of Quality Initiative:</p> <p>Dedicated efforts towards improving maternal/fetal outcomes and maternal/infant mortality and morbidity, such as:</p> <ul style="list-style-type: none"> • Offering an OB case management (CM) program that supports the high-risk pregnant mother during prenatal care and post-partum period. The OB case manager assists with care coordination during the pregnancy journey. • Continue My Advocate™ Program (an opt-in program): Maternal health education by telephone and by smartphone app to pregnant and postpartum women. Ensure outreach to all OB members that fall out of the MyAdvocate process via weekly text campaigns and live outbound calls. • Leveraging the NOP (notification of pregnancy) report to engage moms into OB health benefits and OB CM as early as possible. • Offering member incentives for completing timely pregnancy visits. • Offering provider incentives to groups enrolled in the OBQIP program that meet identified targets. • Ongoing high-risk rounds with representation from various areas including the OB medical director, CM, disease management, 	<p>QS Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> • Prenatal and Postpartum Care: Postpartum Care (PPC)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
	<p>behavioral health medical director, a diabetic educator as well as the pharmacy department.</p> <ul style="list-style-type: none"> • Launching a doula pilot program to provide ongoing support to moms and families during pregnancy and postpartum period. • Obstetric (OB) practice consultant (PC) RN - works directly with OB provider groups focusing on women's health and pregnancy gaps in care, identifying opportunities for better outcomes for pregnant women. The OB PC serves as a clinical liaison between practice groups and the health plan, establishing collaborative relationships, sharing HEDIS and state provider outcome data, educating providers on current best practices, and developing strategies for quality improvement to positively impact maternal and fetal outcomes. The OB PC also partners with the OB CM team to ensure referral coordination for high-risk members and increase accessibility to member pregnancy benefits. • Offering a virtual breastfeeding class during the prenatal period which provides education, support, and resources that encourage breastfeeding. • Hosting community baby showers and diaper day events with resources available, baby items giveaways and maternal health information. • Taking Care of Baby and Me (TCOBAM) program identifies pregnant women as early as possible, which allows Amerigroup to act quickly to assess OB risk, ensure appropriate levels of care and CM services are in place to mitigate risk. 	
<p>Aim 1: Improve Health, Services & Experience</p>	<p>Description of Quality Initiative:</p>	<p>QS Metric: HEDIS Measure(s)</p>

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
<p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1.c: Increase number of children receiving well-child and preventive visits to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar Three: Access</p>	<p>Dedicated efforts towards ensuring timely preventive health visits including, but not limited to:</p> <ul style="list-style-type: none"> • Ongoing member outreach, engagement and/or education including live calls and text messages. • Offering member incentives to complete well-visits. • Preventive health mailers & overdue reminder postcards. • Provider engagement, including ongoing mailings/letters to providers with members past due for EPSDT services. • Offering provider incentives via the PQIP program for closing care gaps. • Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. 	<ul style="list-style-type: none"> • Well-Child Visits in the First 30 Months of Life (W30) • Child and Adolescent Well-Care Visits (WCV)
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.1: Improve Access to Care</p> <p>Objective 1.1.e: Increase percentage of members <i>Getting Needed Care</i> to perform at or above the 67th percentile by the end of CY 2023</p> <p>Pillar Three: Access</p>	<p>Description of Quality Initiative:</p> <p>Focused efforts towards ensuring members get the care they need, such as:</p> <ul style="list-style-type: none"> • Cleaning up provider data in PDM to ensure members are receiving and have access to accurate information. • Maintaining an up-to-date list of in-network providers on the plan's website • Identify assignment errors and accurately assign prospective members to the appropriate PCP. • Reviewing PCP assignment data for prospective members to identify assignment errors prior to the member ID being sent. • Work with the Service Experience Learning Team (Enterprise) to ensure health plan updates captured in the Knowledge Management System which is utilized by Member Services Team 	<p>QS Metric:</p> <p>CAHPS Measure</p> <ul style="list-style-type: none"> • Getting Needed Care

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
	<ul style="list-style-type: none"> • Share/incorporate best practices across LOBs at Enterprise and HP level • Joint in-office provider education events. • Promote and engage providers in "What Matters Most: Improving the Patient Experience" online CME course • Track incentive utilization and HEDIS compliance on a monthly basis • Schedule quarterly meetings with Marketing and HP member-facing associates to review incentive utilization, HEDIS compliance, and current marketing campaigns 	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.2: Increase Wellness and Preventive Care</p> <p>Objective 1.2.a: Increase the percentage of children less than 21 years of age that receive preventive oral health services to perform at or above the CMCS 75th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative:</p> <p>Amerigroup offers dental homes to members to further facilitate coordination of care and improve outcomes related to dental conditions. dental homes, or primary dental providers, serve as the point of reference for coordinating dental care. Amerigroup's delegated dental vendor, DentaQuest, completes most dental initiatives. As part of this delegation agreement, Amerigroup and DentaQuest have ongoing collaboration meetings to discuss performance outcomes and initiatives. Key dental initiatives include:</p> <ul style="list-style-type: none"> • Ongoing member outreach, engagement and/or education including live calls, mailings, and text messages. • Offering member incentives to complete dental visits. • Ongoing provider engagement, including noncompliant reports to dental providers. • Partnering with DentaQuest for development of clinic days, as appropriate. • Continue partnership with Help a Child smile for Mobile Assessment Units. 	<p>QS Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> • Annual Dental Visit—Total (ADV) <p>CMS Measure</p> <ul style="list-style-type: none"> • Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
	<ul style="list-style-type: none"> Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. 	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.2: Increase Wellness and Preventive Care</p> <p>Objective 1.2.b: Increase overall rate of immunizations and vaccinations across all ages and populations to perform at or above the HEDIS 90th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative:</p> <p>Despite dedicated efforts towards encouraging members to receive timely immunizations, the pandemic has continued to have a negative impact on the plan's ability to improve immunization rates. Initiatives employed included, but were not limited to:</p> <ul style="list-style-type: none"> Ongoing member outreach, engagement and/or education including live calls and text messages. Implement flu outreach campaign including IVR, text and postcard to promote flu vaccinations. Host Fight the Flu community events at provider offices and pharmacy locations to promote flu vaccination. Offering member incentives to complete well-visits and complete immunizations. Social media campaigns promoting importance of vaccinations, such as flu and HPV. Provider engagement, including ongoing mailings/letters to providers with members past due for EPSDT services. Offering provider incentives via the PQIP program for closing care gaps. Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. 	<p>QS Metric:</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> Childhood Immunization Status (CIS) Immunizations for Adolescents (IMA) Flu Vaccinations for Adults 18-65 (FVA) Flu Vaccinations for Adults Ages 65 and Older (FVO) Pneumococcal Vaccination Status for Older Adults (PNU)
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.3: Improve Outcomes for Chronic Diseases</p> <p>Objective 1.3.a: Increase the number of members with controlled HbA1c to perform</p>	<p>Description of Quality Initiative:</p> <p>Amerigroup's Care coordination, case and disease management programs address a variety of needs for members with chronic conditions including complex health challenges, preventive counseling, as well as</p>	<p>QS Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9.5)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
<p>at or above the HEDIS national 50th percentile by the end of 2023</p> <p>Pillar One: Quality</p>	<p>social, environmental, financial and other issues that go beyond health and prevent a positive outcome. Care coordinators and case managers will also:</p> <ul style="list-style-type: none"> • Promote effective prevention and treatment of chronic disease. • Promote effective communication and coordination of care (provider/member). • Encourage family engagement as partners in members' care. • Work with communities to promote best practices of healthy living (member experience and advocacy). <p>Other initiatives for members with diabetes include:</p> <ul style="list-style-type: none"> • Ongoing member outreach, engagement and/or education including live calls and text messages. • Offering member incentives to complete annual well-visits, A1c screenings, BP readings, etc. • Targeted initiatives, such as annual call campaigns to members with chronic conditions per claims that have not had a PCP visit within the previous 9 months. Members are contacted through an introductory letter and a live phone call for education on the importance of medical follow-up and medication adherence. • Provider reimbursement initiative for billing identified CAT II Codes. • Offering provider incentives via the PQIP program for closing care gaps. • Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. • Discussions with provider offices to share benefits of providing supplemental data and/or remote electronic medical record access to obtain/capture data not 	

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.3: Improve Outcomes for Chronic Diseases</p> <p>Objective 1.3.c: Increase number of members with controlled high blood pressure to perform at or above the HEDIS national 50th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>	<p>submitted on claims such as HbA1c and/or BP results.</p> <p>Description of Quality Initiative:</p> <p>Amerigroup's care coordination, case and disease management programs address a variety of needs for members with chronic conditions including complex health challenges, preventive counseling, as well as social, environmental, financial and other issues that go beyond health and prevent a positive outcome. Care coordinators and case managers will also:</p> <ul style="list-style-type: none"> • Promote effective prevention and treatment of chronic disease • Promote effective communication and coordination of care; (provider/ member) • Encourage family engagement as partners in members' care • Work with communities to promote best practices of healthy living; and (member experience and Advocacy) • Ongoing member outreach, engagement and/or education including live calls and text messages • Offering member incentives to complete annual well-visits, A1c screenings, BP readings, etc. • Targeted initiatives, such as annual call campaigns to members with chronic conditions per claims that have not had a PCP visit within the previous 9 months. Members are contacted through an introductory letter and a live phone call for education on the importance of medical follow-up and medication adherence. • Offering provider incentives via the PQIP program for closing care gaps • Care Compass Review: Members in a CM program with open HEDIS alerts have these gaps addressed by a case manager. 	<p>QS Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> • Controlling High Blood Pressure (CBP)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
	<ul style="list-style-type: none"> • Discussions with provider offices to share benefits of providing supplemental data and/or remote electronic medical record access to obtain/capture data not submitted on claims such as HbA1c and/or BP results • Implementing Mom's Heart Matters Concierge Program for Moms that deliver at Liberty Hospital in Hinesville, Georgia. Mom's Heart Matters aims to reduce the rate of hypertension related mortality among postpartum women, with a focus on the group most impacted by postpartum hypertension, black and brown moms. The program will form linkages with resources that can be leveraged to support intervention targeted for postpartum women and their families and ultimately will target the social determinants of health that perpetuate the health disparities in our vulnerable population of women and children by supporting innovation and increasing utilization of supports that address: <ul style="list-style-type: none"> – Cardiovascular care (specifically hypertension) – Mental health/substance use – Maintenance of health and insurance coverage/ access to care/ navigation of a complex and fragmented healthcare system – Nutrition optimization 	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.5: Improve Behavioral Health Care Outcomes</p> <p>Objective 1.5.a: Decrease the annual behavioral health 30-day readmission rate to perform at or above the HEDIS 50th percentile by the end of CY 2023</p>	<p>Description of Quality Initiative:</p> <p>Amerigroup facilitates integrated physical and behavioral health services as a vital part of healthcare. Amerigroup's mission is to address the physical and behavioral healthcare of members by offering a wide range of targeted interventions, education and enhanced access to care to ensure improved outcomes and quality of life for members, such as:</p>	<p>QS Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> • Follow-Up After Hospitalization for Mental Illness – 7-Day (FUH)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
<p>Pillar One: Quality</p>	<ul style="list-style-type: none"> • Ongoing member outreach, family and/or caregiver inclusion and engagement • Launched an NCQA approved program where internal care coordinators can complete the follow-up assessment within seven days of discharge to close FUH care gaps. • Continue post discharge management (PDM) for all members discharged from behavioral health inpatient reminding them of follow up appointment. • Offering a BH case management program that does not require a referral • Offering a \$50 member incentive to complete for completing a timely follow up appointment • Launched a pilot program with inpatient and outpatient facility to facilitate a warm transfer. 	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.5: Improve Behavioral Health Care Outcomes</p> <p>Objective 1.5.b: Increase the number of adolescents screened for follow-up for depression to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative:</p> <p>Dedicated efforts towards ensuring timely preventive health visits including, but not limited to:</p> <ul style="list-style-type: none"> • Ongoing member outreach, engagement and/or education including live calls and text messages • Offering member incentives to complete annual well-visits • Offering provider incentives via the PQIP program for closing care gaps for well-visits • Ongoing provider education to screen members for behavioral health (BH) conditions as part of initial assessments, or whenever there is a suspicion that a member may have a behavioral health condition • Provider outreach, engagement and/or education regarding measure and billing requirements 	<p>QS Metric:</p> <p>CMS Measure</p> <ul style="list-style-type: none"> • Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF-CH)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.4: Improve Maternal and Newborn Care</p> <p>Objective 1.4.b: Decrease number of live babies with low birth weight to perform at or above the CMCS 75th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p>	<p>Description of Quality Initiative:</p> <p>Dedicated efforts towards improving low birth weight rate:</p> <ul style="list-style-type: none"> • Leverage the NOP (notification of pregnancy) report to engage moms into OB health benefits and OB CM as early as possible. • Offer member incentives for completing timely pregnancy visits. • Amerigroup’s “Planning for Healthy Babies (P4HB)” obstetric case management services. The P4HB program provides no-cost family planning services to eligible women in Georgia. An eligible woman can be enrolled in one of the following P4HB services: <ul style="list-style-type: none"> – Family planning only. – Inter-pregnancy care (IPC), which includes family planning (FP), case management (CM) and a resource mother (RM). – Resource mother outreach, which includes current Medicaid recipients. • Continue My Advocate™ Program (an opt-in program): Maternal health education by telephone and by smartphone app to pregnant and postpartum women. Continue to outreach members that fall out of the MyAdvocate process via weekly text campaign and live outbound calls. • Ongoing high-risk rounds with representation from various areas including the OB medical director, case management, disease management, behavioral health medical director, a diabetic educator as well as the pharmacy department. • Launch a doula pilot program to provide ongoing support to moms and families during pregnancy and postpartum period. • Obstetric (OB) practice consultant RN - works directly with OB provider groups focusing on 	<p>QS Metric:</p> <p>CMS Measure</p> <ul style="list-style-type: none"> • Live Births Weighing Less Than 2,500 Grams (LBW-CH)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
	<p>women's health and pregnancy gaps in care, identifying opportunities for better outcomes for pregnant. The practice consultant serves as a clinical liaison between practice groups and the health plan, establishing collaborative relationships, sharing HEDIS and state provider outcome data, educating providers on current best practices, and developing strategies for quality improvement to positively impact maternal and fetal outcomes. The OB practice consultant also partners with the OB case management team to ensure coordination of referrals for high-risk members and increase accessibility to member pregnancy benefits.</p> <ul style="list-style-type: none"> • Enhance the PCM referral process with local health departments to engage moms in OB care and OB CM earlier. • Launched Mom's Meals targeting diabetic mothers. 	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.5: Improve Behavioral Health Care Outcomes</p> <p>Objective 1.5.a: Decrease the annual behavioral health 30-day readmission rate to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p> <p>Pillar Three: Access</p>	<p>Description of Quality Initiative:</p> <p>Amerigroup facilitates integrated physical and behavioral health services as a vital part of healthcare. Our mission is to address the physical and behavioral healthcare of members by offering a wide range of targeted interventions, education, and enhanced access to care to ensure improved outcomes and quality of life for members, such as:</p> <ul style="list-style-type: none"> • Ongoing member outreach, family and/or caregiver inclusion and engagement. • Launched an NCQA approved program where internal care coordinators can complete the follow-up assessment within seven days of discharge to close FUH care gaps. • Continue post discharge management (PDM) for all members discharged from 	<p>QS Metric:</p> <p>HEDIS Measure</p> <ul style="list-style-type: none"> • Follow-Up After Hospitalization for Mental Illness – 7-Day (FUH)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
	behavioral health inpatient reminding them of follow up appointment. <ul style="list-style-type: none"> • Offering a BH case management program that does not require a referral. • Offering a \$50 member incentive to complete for completing a timely follow up appointment. • Launched a pilot program with Inpatient and outpatient facility to facilitate a warm transfer. 	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.5: Improve Behavioral Health Care Outcomes</p> <p>Objective 1.5.b: Increase the number of adolescents screened for follow-up for depression to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar One: Quality</p> <p>Pillar Three: Access</p>	<p>Description of Quality Initiative:</p> <p>Dedicated efforts towards ensuring timely preventive health visits including, but not limited to:</p> <ul style="list-style-type: none"> • Ongoing member outreach, engagement and/or education including live calls and text messages. • Offering member incentives to complete annual well-visits. • Offering provider incentives via the PQIP program for closing care gaps for well-visits. • Ongoing provider education to screen members for behavioral health (BH) conditions as part of initial assessments, or whenever there is a suspicion that a member may have a behavioral health condition. • Provider outreach, engagement and/or education regarding measure and billing requirements. 	<p>QS Metric:</p> <p>CMS Measure</p> <ul style="list-style-type: none"> • Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF-CH)
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.5: Improve Behavioral Health Care Outcomes</p> <p>Objective 1.5.c: Increase the number of adults screened and receiving follow-up for depression to perform at or above the HEDIS 50th percentile by the end of CY 2023</p>	<p>Description of Quality Initiative:</p> <p>Dedicated efforts towards ensuring timely preventive health visits including, but not limited to:</p> <ul style="list-style-type: none"> • Ongoing member outreach, engagement and/or education including live calls and text messages. • Offering member incentives to complete annual well-visits. • Offering provider incentives via the PQIP program for closing care gaps for well-visits. 	<p>QS Metric:</p> <p>CMS Measure</p> <ul style="list-style-type: none"> • Screening for Depression and Follow-Up Plan: Ages 18 and up (CDF-AD)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
<p>Pillar One: Quality</p> <p>Pillar Three: Access</p>	<ul style="list-style-type: none"> Ongoing provider education to screen members for behavioral health (BH) conditions as part of initial assessments, or whenever there is a suspicion that a member may have a behavioral health condition. Provider outreach, engagement and/or education regarding measure and billing requirements. 	
<p>Aim 1: Improve Health, Services & Experience</p> <p>Goal 1.6: Enhance Member Experience</p> <p>Objective 1.6.a: Increase annual CAHPS Overall Rating of Health Plan by 5% by the end of 2023</p> <p>Pillar Four: Service</p>	<p>Description of Quality Initiative:</p> <p>Amerigroup conducts annual and ongoing root cause analysis of study indicators identified as areas of low performance for both Adult and Child CAHPS results. Amerigroup has engaged in various efforts to gather real-time feedback and address barriers to improving the member experience timely. These efforts include:</p> <ul style="list-style-type: none"> Inclusion of CAHPS education and a live survey of low-performing questions during member Health Education Advisory Committee (HEAC) meetings. Provider CAHPS education and guidance on how to address key drivers of the member/patient experience. Biannual (at a minimum) associate wide CAHPS education and monthly CAHPS workgroup meetings held to identify barriers and to track/monitor interventions. Offer provider/member incentives for HEDIS compliance, focusing on access to care. Mandate all health plan associates take CAHPS 101 training annually. Launched Community Service Center in May 2022. 	<p>QS Metric:</p> <p>CAHPS Measure</p> <ul style="list-style-type: none"> Overall Rating of Health Plan (CPA-AD)
<p>Aim 2: Smarter Spending</p> <p>Goal 2.1: Increase Appropriate Utilization of Levels of Care</p>	<p>Description of Quality Initiative:</p> <p>Amerigroup continues to monitor hospitalization and ER utilization. Several key initiatives dedicated to decreasing utilization of these services include:</p>	<p>QS Metric:</p> <p>HEDIS Measure(s)</p> <ul style="list-style-type: none"> Acute Hospital Utilization (AHU)

DCH QS Aim, Goal, Objective and Pillar	Amerigroup 360°'s Quality Initiative	Performance Metric
<p>Objective 2.1.a: Decrease hospitalizations and ER utilization rates to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p>Pillar Two: Stewardship</p>	<ul style="list-style-type: none"> • Developed an ER CM program to outreach to our frequent utilizers and overutilizers to education them on the right care, right time, right setting. • Developed a marketing brochure to share with members about PCP, when to go to urgent care versus the ER. • Ongoing social media campaign promoting urgent care/PCP versus ER visits. • Developed an emerging risk program and post discharge program to support members that have been discharged from an acute inpatient setting and to minimize readmissions. 	<ul style="list-style-type: none"> • Emergency Department Utilization (EDU) • Hospitalization for Potentially Preventable Complications (HPC) • Plan All-Cause Readmissions (PCR)
<p>Aim 2: Smarter Spending</p> <p>Goal 2.2: Effective Medical Management of Care</p> <p>Objective 2.2.a: Increase telemedicine visits by 10% for members residing in select Medically Underserved Areas (MUA) by the end of CY 2022</p> <p>Pillar Two: Stewardship</p>	<p>Description of Quality Initiative:</p> <p>In response to the COVID-19 state of emergency in March 2020, the health plan implemented DCH's waiving of certain policies related to telemedicine to support increased use of telehealth for diagnosis and treatment. Telemedicine/telehealth use expansion was supported by expanding the list of originating sites and allowing telehealth services through telephone communication, use of webcam or other audio and video technology and video cell phone communication. Providers were educated on complying with the state's Telehealth Manual provisions in providing medically necessary services in a HIPAA compliant way and the appropriate codes for documenting telemedicine services.</p>	<p>QS Metric:</p> <ul style="list-style-type: none"> • Number of Telemedicine Visits

Appendix E. CMO Follow-Up on Prior EQRO Recommendations

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

Amerigroup

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

Recommendation—Performance Improvement Projects		
<p>Aim 1: Improve Health, Services & Experience</p> <p>Pillar One: Quality</p>	<p>Goal 1.4: Improve Maternal and Newborn Care</p> <p>Objective 1.4.a: Decrease number of live babies with low birth weight to perform at or above the CMCS 75th percentile by the end of CY 2023</p>	<p>Metric: Timeliness of Prenatal Care (PPC)</p>
<p>Weakness: There were no identified weaknesses.</p> <p>Recommendation: Although there were no identified weaknesses, as Amerigroup progresses into its first remeasurement, HSAG recommends that the CMO complete its causal/barrier analysis to identify barriers to desired outcomes and implement timely interventions to address those barriers. In the next annual submission, Amerigroup should have evaluation processes and outcomes data to determine the effectiveness of each intervention.</p>		
<p>CMO’s Response (Note—The narrative within the CMO’s response section was provided by the CMO and has not been altered by HSAG except for minor formatting)</p>		
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <ul style="list-style-type: none"> Initiate targeted live telephonic outreach to members to educate on the importance of the timely prenatal visit and assist with appointment scheduling Increase timely perinatal case management (PCM) referrals coming from Health Departments (HDs) Increase enrollment and engagement of high volume Obstetric (OB) providers in our Obstetric Quality Incentive Program (OBQIP) 		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):</p> <p>PMV results showed:</p> <p>Metric: Timeliness of Prenatal Care (HEDIS-like)</p>		

Recommendation—Performance Improvement Projects

PIP results:
Q2 2021 (baseline): 93.99%
Q2 2022: Data for this measurement period is currently pending. The anticipated data is expected to be complete by Q4 2022.

PMV results
2020: 83.45%
2021: 76.36%

- Identify any barriers to implementing initiatives:
- Live telephonic outreach –
 - Minimal staff available to complete live outreach
 - Increase timely perinatal case management (PCM) referrals coming from HD
 - PCM referral not an essential service during Covid-19
 - Lack of HD staff trained on PCMs
 - Increase enrollment and engagement of high volume obstetric (OB) providers in our OBQIP
 - Provider unable to commit to additional program/workflow due to Covid-19 stress
 - Provider unaware of timely prenatal care recommendations and best practices
 - Provider unaware of appropriate billing for timely prenatal care

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

Recommendation—Performance Improvement Projects

Aim 1: Improve Health, Services & Experience	Goal 1.4: Improve Maternal and Newborn Care	Metric: OB Enrollment Rate
Pillar One: Quality	Objective 1.4.a.: Decrease number of live babies with low birth weight to perform at or above the CMCS 75th percentile by the end of CY 2023	

Weakness: There were no identified weaknesses.

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

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

Describe initiatives implemented based on recommendations (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 address recommendations and improve performance, Amerigroup implemented or enhanced multiple initiatives, including but not limited to:
- Initiated targeted live telephonic outreach to members to educate on the importance of the timely prenatal visit and assist with appointment scheduling
 - Increase timely perinatal case management (PCM) referrals coming from Health Departments (HDs)

Recommendation—Performance Improvement Projects		
<ul style="list-style-type: none"> • Create auto-case creation for notification of pregnancy (NOP) referrals • Increase OBCM referrals coming from OB providers throughout pregnancy through the OB referral inbox 		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): PMV results showed:</p> <p>Metric: <u>OB Enrollment Rate</u></p> <p>Q2 2021 (baseline): <u>93.99%</u> Q2 2022: <u>Data for this measurement period is currently pending. The anticipated data is expected to be complete by Q4 2022.</u></p>		
<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> • Live telephonic outreach <ul style="list-style-type: none"> – Minimal staff available to complete live outreach • Referrals coming from HD <ul style="list-style-type: none"> – PCM referral not an essential service during Covid-19 – Lack of HD staff trained on PCMs • Create auto-case creation for NOP <ul style="list-style-type: none"> – Providers not engaged with NOP process • Increase OBCM referrals coming from OB providers throughout pregnancy through the OB referral inbox <ul style="list-style-type: none"> – Provider unaware of OBCM referral criteria – Provider unaware of OBCM referral process after NOP submission – Provider unaware of value of OBCM program 		
<p>HSAG Response: HSAG determined that the CMO addressed the recommendations in the prior year’s annual technical report.</p>		
Recommendations—PM Validation		
<p>Aim 1: Improve Health, Services & Experience</p> <p>Pillar One: Quality</p>	<p>Goal 1.3: Improve Outcomes for Chronic Diseases</p> <p>Objective 1.3.a: Increase the number of members with controlled HbA1c to perform at or above the HEDIS national 50th percentile by the end of 2023</p> <p>Objective 1.3.c: Increase number of members with controlled high blood pressure to perform at or above the HEDIS national 50th percentile by the end of CY 2023</p>	<p>Metric: Comprehensive Diabetes Care—HbA1c Poor Control (>9.5) (CDC, CDC-AD)</p> <p>Metric: Controlling High Blood Pressure (CBP, CBP-AD)</p>
<p>Weakness: In the Quality of Care domain, the <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i> measure indicator rates and <i>Controlling High Blood Pressure</i> measure indicated lower performance, as Amerigroup’s measure rates fell below the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 25th percentile.</p>		

Recommendation—Performance Improvement Projects

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

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

Describe initiatives implemented based on recommendations (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 address recommendations and improve performance, Amerigroup implemented or enhanced multiple initiatives, including but not limited to:

- Discussions with provider offices to discuss benefits of providing supplemental data and/or remote electronic medical record access to obtain/capture data not submitted on claims such as HbA1c and/or BP results.
- Inclusion of key measures for improvement in the 2021 PQIP Program (i.e., CDC A1c <8).
- Utilization of an emerging risk model to proactively identify members with prospective risk to address and resolve member needs/issues promptly, improve member engagement, coordinate member’s Medical Neighborhood, and optimize member’s benefits and available resources.
- Developed and implemented a remote patient monitoring program to target members with uncontrolled HbA1C to ensure better management.
- Offering provider reimbursement for billing identified CAT II Codes.
- Amerigroup’s care coordination, case and disease management programs continued to address a variety of needs for members with chronic conditions, including preventive counseling, as well as social, environmental, financial and other issues that go beyond health and prevent a positive outcome. Case managers also continued to:
 - Provide ongoing care management and support.
 - Promote effective prevention and treatment of chronic diseases.
 - Promote effective communication and coordination of care (provider/member).
 - Encourage family engagement as partners in members’ care.
 - Work with communities to promote best practices of healthy living (member experience and advocacy).

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

- Enhancing internal processes and reports for members with poor control (– i.e., member’s last HbA1c result) for member discussions and importance of provider follow-up, medication adherence and self-management of chronic condition.
- Improving referral process to care coordination, case and disease management.
- Continuing to monitor program outcomes and goals to measure success.
- Increasing focus on social determinants of health to understand member’s needs, improve health outcomes and reduce disparities

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

PMV results showed:

Recommendation—Performance Improvement Projects

Metric: *Comprehensive Diabetes Care — Poor HbA1c Control (lower rate is better)*

2020: 56.93%

2021: 50.85%

Metric: *Controlling High Blood Pressure*

2020: 47.45%

2021: 54.26%

Identify any barriers to implementing initiatives:

The COVID-19 (as well as the subsequent PHE) continued throughout 2021 with new variants and surges, which continued to significantly impact our members, our providers, and the healthcare system overall. Amerigroup continued to navigate this unprecedented time by honoring our commitment to remove barriers and support communities by providing increased access to care and resources, while partnering with providers and the community to find solutions to reduce fears and get members the services and care they needed. Additional identified barriers encountered include but are not limited to:

- COVID-19 pandemic, which resulted in:
 - Office closures or limited hours, lack of staff, disruptions and/or limited services to members.
 - Member fears with face-to-face visits/services to receive necessary services to monitor and/or manage their conditions.
- Members were unaware of the need for ongoing screenings and importance of provider follow-up for management poor control.
- Social determinants of health that continue to impact member health and outcomes.
- Challenges with data such as lack of providers (*or the inability to bill*) billing CPT II codes for HbA1c/BP results, thus the performance rate not truly reflecting member self-management.
- Members may have other health insurance OHI and thus, providers do not submit claims to Amerigroup for quality reporting purposes.

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

Recommendation—Member Experience of Care: CAHPS—Adult

Aim 1: Improve Health, Services & Experience

Pillar Four: Service

Goal 1.6: Enhance Member Experience

Objective 1.6.a: Increase annual CAHPS Overall Rating of Health Plan by 5% by the end of 2023

Metric: CAHPS *How Well Doctors Communicate* (CPA-AD)

Metric: *Discussing Cessation Medications* (CPA-AD)

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

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

Recommendation—Member Experience of Care: CAHPS—Adult		
CMO’s Response (Note—The narrative within the CMO’s response section was provided by the CMO and has not been altered by HSAG except for minor formatting)		
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <ul style="list-style-type: none"> Reminder notice to providers regarding appointment accessibility standards sent to all network providers and specialists, posted on the provider website, and will be included in a provider newsletter. Exploring identification of low performing provider-specific member satisfaction survey results for targeted interventions and education. Provider newsletter to include CAHPS focused articles, Provider portal postings and CME trainings. 		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): PMV results showed:</p> <p>Metric: <u>Adult CAHPS How Well Doctors Communicate</u> 2021: <u>91.00%</u> 2022: <u>91.35%</u></p> <p>Metric: <u>Adult CAHPS Discussing Cessation Medications</u> 2021: <u>33.33%</u> 2022: <u>21.95%</u></p>		
<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> Providers may not want to participate in trainings, education and newsletters. Providers may not be aware of CAHPS Survey & Resources. COVID-19 impacting provider office appointment availability due to short staffing, limited hours, and limiting number of additional family members who can attend appointments. 		
<p>HSAG Response: HSAG determined that the CMO did not fully address the recommendations in the prior year’s annual technical report.</p>		
Recommendation—Member Experience of Care Survey: CAHPS—Child		
<p>Aim 1: Improve Health, Services & Experience</p> <p>Pillar Four: Service</p>	<p>Goal 1.6: Enhance Member Experience</p> <p>Objective 1.6.a: Increase annual CAHPS Overall Rating of Health Plan by 5% by the end of 2023</p>	<p>Metric: CAHPS <i>Getting Care Quickly</i> (CPA-AD)</p>
<p>Weakness: Fewer parents/caretakers of child members enrolled in Amerigroup reported positive overall experiences with timeliness of getting care for their child since the score for the <i>Getting Care Quickly</i> measure was statistically significantly lower in 2021 compared to 2020.</p> <p>Recommendation: HSAG recommends that Amerigroup conduct root cause analyses of study indicators that have been identified as areas of low performance. This type of analysis is conducted to investigate process deficiencies and unexplained outcomes to identify causes and devise potential improvement strategies. In addition, HSAG also recommends that Amerigroup continue to monitor the measures to ensure significant decreases in scores over time do not continue to occur.</p>		

Recommendation—Member Experience of Care Survey: CAHPS—Child		
CMO’s Response (Note—The narrative within the CMO’s response section was provided by the CMO and has not been altered by HSAG except for minor formatting)		
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <ul style="list-style-type: none"> Member education regarding: <ul style="list-style-type: none"> CAHPS awareness via Health Education Advisory Committee meetings. Proper utilization of urgent care, ER, or PCP provided via nurse line, website, and social media, Telehealth options, where available. Monthly CAHPS workgroup to address any member issues Internal staff education on CAHPS, including: <ul style="list-style-type: none"> Ongoing reminders of upcoming CAHPS seasons. Mandatory annual CAHPS Training. 		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): PMV results showed:</p> <p>Metric: <u>Child CAHPS Getting Care Quickly</u> 2021: <u>88.14%</u> 2022: <u>89.53%</u></p>		
<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> Members and providers may be unaware of CAHPS survey and resources. Members may not always know the PCP selected during enrollment. Providers may not want to participate in CAHPS trainings, education and newsletters. COVID-19 impacting provider office appointment availability due to short staffing, limited hours, and limiting number of additional family members who can attend appointments. Member knowledge deficit on when urgent care is available/should be sought. Rural areas may not have urgent care available (PCP/urgent care center) or may not have telehealth options. 		
<p>HSAG Response: HSAG determined that the CMO addressed the recommendations in the prior year’s annual technical report.</p>		

CareSource

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

Recommendation—Performance Improvement Projects		
Aim 1: Improve Health, Services & Experience	Goal 1.1: Improve Access to Care	Metric: Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC, PPC-CH)
Pillar Three: Access		
<p>Weakness: CareSource had opportunities to improve its documentation related to data completeness for the <i>Increase the Percentage of Pregnant Women Identified as High Risk or Complex Who Enroll in Complex Case Management (CCM)</i> PIP. The CMO did not describe its process for determining its administrative data completeness.</p>		

Recommendation—Performance Improvement Projects		
<p>Recommendation: HSAG recommends that CareSource completely describe its process for determining data completeness to ensure the reported results are accurate and complete at the time the data are generated.</p>		
<p>CMO’s Response (Note—The narrative within the CMO’s response section was provided by the CMO and has not been altered by HSAG except for minor formatting)</p>		
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <p>The CMO did not describe initiatives implemented to address the EQRO findings and recommendations.</p>		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):</p> <p>PMV results showed:</p> <p>The CMO did not describe any performance improvement.</p>		
<p>Identify any barriers to implementing initiatives:</p> <p>The CMO did not describe any barriers to implementing initiatives.</p>		
<p>HSAG Response: HSAG determined that the CMO did not address the recommendations in the prior year’s annual technical report.</p>		
Recommendation—PM Validation		
<p>Aim 1: Improve Health, Services & Experience</p> <p>Pillar One: Quality</p>	<p>Goal 1.3: Improve Outcomes for Chronic Diseases</p>	<p>Metric: Comprehensive Diabetes Care—HbA1c Poor Control (>9.5) (CDC, CDC-AD)</p> <p>Metric: Controlling High Blood Pressure (CBP, CBP-AD)</p>
<p>Weakness: In the Quality of Care domain, the <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> and <i>HbA1c Poor Control (>9.0%)</i> measure indicator rates and the <i>Controlling High Blood Pressure</i> measure indicated lower performance, as CareSource’s measure rates fell below the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 25th percentile.</p> <p>Recommendation: HSAG recommends that the CMO conduct a root cause analysis or focus study to determine why members were not maintaining their chronic health condition at optimal levels. Upon identification of a root cause, the CMO should implement appropriate interventions to improve the performance related to these chronic conditions. This could include the CMO conducting focus groups to identify barriers that their members may be experiencing in accessing care and services in order to implement appropriate interventions. HSAG also recommends that the CMO identify opportunities to better connect with members to leverage evidence-based practices and to implement a holistic approach to wellness.</p>		
<p>CMO’s Response (Note—The narrative within the CMO’s response section was provided by the CMO and has not been altered by HSAG except for minor formatting)</p>		
<p>The Chronic Disease Case Management Team conducted member outreach to educate members with chronic disease(s) on importance of routine provider visits to maintain optimal levels of health and partnered with Member Advisory Council to gain feedback from members to identify barriers to care. Member feedback was related to knowledge gap, access and transportation. Example, some diabetic members didn’t know they needed to have annual screening or an A1c every 3 months, members with hypertension was not monitoring BP because they didn’t have a BP cuff and/or members were not aware of transportation benefit. Based on the feedback CareSource received from members we’ve implemented the following, preventive care postcards are mailed based on member feedback to case management, contracted with a vendor to supply In-Home A1c test kits which CareSource delivers to the member’s door, implemented CBP self-monitoring program and mailed out BP cuffs to members with hypertension. CareSource shares A1c and CBP results with providers and continues to provide ongoing member and provider education related to transportation benefits.</p>		

Recommendation—PM Validation		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): PMV results showed:</p> <p>Metric CDC- HbA1c: 2020: <u>25.55%</u> 2021: <u>22.74%</u></p> <p>Metric CBP: 2020: <u>39.42%</u> 2021: <u>38.83%</u></p>		
<p>Identify any barriers to implementing initiatives: Members are transient and contact information becomes invalid, so unable to reach many members within the CMO.</p>		
<p>HSAG Response: HSAG determined that the CMO addressed the recommendations in the prior year’s annual technical report.</p>		
Recommendation—PM Validation		
<p>Aim 1: Improve Health, Services & Experience</p> <p>Pillar One: Quality Pillar Three: Access</p>	<p>Goal 1.1: Improve Access to Care</p> <p>GOAL 1.2: Increase Wellness and Preventive Care</p>	<p>Metric: Well Child Visits in the First 15 Months of Life (W15-CH) Metric: Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34-CH) Metric: Adolescent Well-Care Visits (AWC) Metric: Well-Child Visits in the First 30 Months of Life (W30) Metric: Child and Adolescent Well-Care Visits (WCV) Metric: Adults’ Access to Preventive/Ambulatory Health Services (AAP) Metric: Annual Dental Visit—Total (ADV) Metric: Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH) Metric: Breast Cancer Screening (BCS) Metric: Cervical Cancer Screening (CCS; CCS-AD) Metric: Childhood Immunization Status (CIS; CIS-CH) Metric: Immunizations for Adolescents (IMA; IMA-CH)</p>

Recommendation—PM Validation

Weakness: In the Access to Care domain, CareSource exhibited opportunities for improvement, as five of 17 (29.4 percent) measure rates related to health and preventive screenings, child and adolescent immunizations, and timely prenatal and postpartum care fell below the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 25th percentile.

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

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

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

CareSource conducted a focus group with our teenage population to gain feedback and insight on how they felt about well visits and immunizations. Currently waiting on the final results, however preliminary findings show members need more reminders of their appointments, better understanding of their benefits and covered providers. They were also interested in gifts cards from places like Amazon and Walmart as incentives

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

PMV results showed:

Metric PPC Prenatal:

2020: 76.40%

2021: 58.38%

Metric PPC Postpartum:

2020: 63.02%

2021: 46.10%

Metric WCV:

2020: 43.74%

2021: 45.43%

Metric IMA Combo 2:

2020: 27.98%

2021: 21.79%

Metric BCS:

2020: 41.03%

2021: 41.63%

Recommendation—PM Validation		
<p>Identify any barriers to implementing initiatives: Due to the ongoing pandemic we continue to see slight decrease in measures across the board. We continue educate both providers and members on the importance of getting and/or resuming annual healthcare screening and vaccinations.</p>		
<p>HSAG Response: HSAG determined that the CMO addressed the recommendations in the prior year’s annual technical report.</p>		
Recommendation—CAHPS—Adult		
<p>Aim 1: Improve Health, Services & Experience</p> <p>Pillar Four: Service</p>	<p>GOAL 1.6: Enhance Member Experience</p>	<p>Metric: CAHPS Overall Rating of Health Plan (CPA-AD) Metric: CAHPS Getting Care Quickly (CPA-AD)</p>
<p>Weakness: Fewer adult members enrolled in CareSource reported positive experiences with timeliness of getting care since the score for the <i>Getting Care Quickly</i> measure was statistically significantly lower than the 2020 NCQA adult Medicaid national average. In addition, all of the Effectiveness of Care scores for CareSource were statistically significantly lower than the 2020 NCQA adult Medicaid national averages.</p> <p>Recommendation: HSAG recommends that CareSource conduct root cause analyses of study indicators that have been identified as areas of low performance. This type of analysis is used to investigate process deficiencies and unexplained outcomes to identify causes and potential improvement strategies. HSAG recommends that CareSource work with providers to adopt strategies to improve member awareness of smoking cessation. In addition, HSAG recommends that CareSource continue to monitor the measures to ensure there are no significant decreases in scores over time.</p>		
<p>CMO’s Response (Note—The narrative within the CMO’s response section was provided by the CMO and has not been altered by HSAG except for minor formatting)</p>		
<p>Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):</p> <p>CareSource is working to improve members’ awareness of the dangers caused by tobacco use. We now have a dedicated site for tobacco users, which provides them with resource materials for smoking cessation. Currently researching opportunities to send reminders to tobacco users to make them aware of resources available. In our Quarterly Provider Advisory Council (PAC) meetings, we share information and resource available to members for smoking cessation with providers to include medication formulary list.</p>		
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):</p> <p>PMV results showed:</p> <p>Metric CAHPS/Getting Care Quickly: The following ratings are pertaining to the child measure scores for the following years. This is the rating of never, sometimes, usually or always in their response. This percentage is related to members who responded <i>Usually</i> or <i>Always</i>.</p> <p>2020: <u>89.2%</u> 2021: <u>87.6%</u></p> <p>Metric CAHPS/Smoking Cessation: The following ratings are pertaining to the adult measure scores for the following years. This is the rating of never, sometimes, usually or always in their response. This percentage is related to members who responded sometimes, usually, or always.</p> <p>2020: <u>69.8%</u> 2021: <u>64.5%</u></p>		

Recommendation—CAHPS—Adult		
Identify any barriers to implementing initiatives: The CMO did not identify any barriers.		
HSAG Response: HSAG determined that the CMO addressed the recommendations in the prior year’s annual technical report.		
Recommendation—CAHPS—Child		
Aim 1: Improve Health, Services & Experience Pillar Four: Service	Goal 1.6: Enhance Member Experience	Metric 1.2.3: CAHPS Composite Measure – Overall Rating of Health Plan (CPA-AD)
Weakness: HSAG did not identify any weaknesses for CareSource for the CAHPS survey. Recommendation: HSAG recommends that CareSource continue to monitor the measures to ensure there are no significant decreases in scores over time.		
CMO’s Response (Note—The narrative within the CMO’s response section was provided by the CMO and has not been altered by HSAG except for minor formatting)		
Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation): CareSource continues to work to improve its CAHPS scores each year. The CMO continues to strategize ways to improve member’s experience.		
Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable): PMV results showed: Metric CAHPS Survey/Rating of All Health Care: The following ratings are pertaining to the child measure scores for the following years. This is the rating of 0-10 scale, this percentage is related to members who gave 9-10 overall ratings. 2020: <u>76.6%</u> 2021: <u>76.0%</u>		
Identify any barriers to implementing initiatives: The CMO did not specify any barriers.		
HSAG Response: HSAG determined that the CMO addressed the recommendations in the prior year’s annual technical report.		

Peach State

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

Recommendation—Performance Improvement Projects		
Aim 1: Improve Health, Services & Experience Pillar One: Quality Pillar Three: Access	Goal: 1.1: Improve Access to Care Goal: 1.4: Improve Maternal and Newborn Care	Metric: Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC; PPC-CH) Metric: DPH Reported Maternal Mortality Rate Metric: Live Births Weighing Less Than 2,500 Grams (LBW-CH)

Recommendation—Performance Improvement Projects

Weakness: There were no identified weaknesses.

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

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

Describe initiatives implemented based on recommendations (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 encouraged providers to submit notice of pregnancy (NOP) forms
- Incorporated NOP training into network/provider relations visits

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

PMV results showed:

Metric: Increase the percent of pregnant members who receive a prenatal care visit within 42 days of confirmation of pregnancy or RSM (Right from the Start Medicaid) enrolment by Q2 2022 and sustain improvement through Q2 2023.

2020: Baseline: 56.34%

Q4 2021: 73.04%

Identify any barriers to implementing initiatives:

Notice of Pregnancy is not automated resulting in decreased completion.

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

Recommendation—PM Validation

Aim 1: Improve Health, Services & Experience

Goal 1.3: Improve Outcomes for Chronic Disease

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

Pillar One: Quality

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

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

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

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—PM 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):

- Peach State works with provider offices to provide supplemental data and/or remote access to electronic medical records to obtain data not submitted on claims such as HbA1c and blood pressure results.
- Peach State has included HbA1C<8 in its provider pay for performance program.
- Peach State has offered members access to services in locations most convenient to them including but not limited to telehealth, in home services, mail order labs and mobile clinics.
- Worked with large provider groups to hold chronic illness clinic days which included education about the disease, health eating, labs, and eye exams.

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

PMV results showed:

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

2020: 78.35%

2021: 58.88%

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

2020: 45.01%

2021: 41.61%

Identify any barriers to implementing initiatives:

- Continued COVID-19 concerns have kept members from going to hospital.

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

Recommendation—CAHPS—Adult

Aim 1: Improve Health, Services & Experience

Goal 1.6: Enhance Member Experience

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

Pillar Four: Service

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

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

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

Describe initiatives implemented based on recommendations (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):

- During 2022, Peach State Health Plan offered financial incentives to providers who successfully coached and encouraged pregnant members to cease nicotine use. The Plan compensated providers \$75 for every correctly ordered nicotine test of pregnant members and an additional \$75 for the retest of members at the postpartum visit (if they were identified with a positive nicotine result on the first visit). Using the results of

Recommendation—CAHPS—Adult		
the second test, the Plan rewarded members who successfully quit tobacco use. Peach State also encouraged members to ask for assistance to quit smoking by contacting the Quit Smoking Hotline at 1-800-QUIT-NOW or text MOM to 222888 for help.		
Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):		
PMV results showed:		
Metric: Medicaid Adult CAHPS Discussing Cessation Strategies		
2020: 32.3%		
2021: 34.5%		
Identify any barriers to implementing initiatives:		
Low provider participation was a barrier to sustaining this initiative long term.		
HSAG Response: HSAG determined that the CMO addressed the recommendations in the prior year’s annual technical report.		
Recommendation—CAHPS—Child		
Aim 1: Improve Health, Services & Experience	Goal 1.6: Enhance Member Experience	Metric: CAHPS Overall Rating of Health Plan (CPA-AD)
Pillar Four: Service		
Weakness: Fewer parents/caretakers of child members enrolled in Peach State reported positive experiences with timeliness of getting care for their child since the score for the <i>Getting Care Quickly</i> measure was statistically significantly lower than the 2020 NCQA child Medicaid national average. In addition, fewer parents/caretakers of child members reported positive overall experiences with their child’s personal doctor since the score for the <i>Rating of Personal Doctor</i> measure was statistically significantly lower in 2021 compared to 2020.		
Recommendation: HSAG recommends that Peach State conduct root cause analyses of study indicators that have been identified as areas of low performance. This type of analysis is conducted to investigate process deficiencies and unexplained outcomes to identify causes and devise potential improvement strategies. In addition, HSAG recommends that Peach State continue to monitor the measures to ensure significant decreases in scores over time do not continue to occur.		
CMO’s Response (Note—The narrative within the CMO’s response section was provided by the CMO and has not been altered by HSAG except for minor formatting)		
Describe initiatives implemented based on recommendations (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):		
Presently, associates with Peach State’s provider relations team engage with providers to reinforce access and availability standards. The Plan also engages members in the mock CAHPS survey annually, which identifies measures of improvement key to provider action planning in preparation for the official CAHPS survey. Quality practice advisors (QPAs) play an important role by coaching providers one-on-one to help them understand the significance of CAHPS measures such as <i>Getting Needed Care</i> , encouraging providers to commit to areas of improvement to improve member experience.		
Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):		
PMV results showed:		
Metric: Medicaid Child CAHPS <i>Getting Needed Care</i>		

Recommendation—CAHPS—Adult
2020: 85.1% 2021: 85.4%
Identify any barriers to implementing initiatives: The COVID-19 pandemic was disruptive to providers' ability to offer members care when members needed it most. Staffing challenges, office closures and limited office hours created challenges to members' ability to receive care.
HSAG Response: HSAG determined that the CMO addressed the recommendations in the prior year's annual technical report.

WellCare

On January 23, 2020, WellCare Health Plans, Inc. became a wholly owned subsidiary of Centene Corporation. The merger with Peach State Health Plan was completed on April 30, 2021. As a result of the merger, WellCare did not provide the follow-up performed related to the prior year's EQRO recommendations.

Amerigroup 360°

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

Recommendation—Performance Improvement Projects		
Aim 1: Improve Health, Services & Experience	Goal 1.5: Improve Behavioral Health Care Outcomes	Metric: Follow-Up After Hospitalization for Mental Illness – 7-Day (FUH)
Pillar Three: Access:		
Weakness: There were no identified weaknesses.		
Recommendation: Although there were no identified weaknesses, as Amerigroup 360° progresses into its first remeasurement, HSAG recommends that the CMO complete its causal/barrier analysis to identify barriers to desired outcomes and implement timely interventions to address those barriers. In the next annual submission, Amerigroup 360° should have evaluation processes and outcomes data to determine the effectiveness of each intervention.		
CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)		
Describe initiatives implemented based on recommendations (include a summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):		
<ul style="list-style-type: none"> GF 360 Complex team conducts the follow-up appointment assessment after BH inpatient hospitalization to meet the measure requirement (within 5 days post discharge). Plan to spread to other teams. Pilot project with CSB and IP on scheduling appointments for members upon discharge. Member incentives for completion of seven-day f/u appointments Post discharge management (PDM) for all members discharging from BH IP. 		
Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):		
PMV results showed:		

Recommendation—Performance Improvement Projects		
<p>Metric: Percentage of youth readmitted to a behavioral health facility or an acute care facility with a Behavioral Health Primary Diagnosis within 30 days of discharge. Baseline Q22021: 14.69% Remeasurement 1 Q2022: <i>Pending</i></p>		
<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> • Inadequate discharge planning. • Members not attending scheduled discharge appointment. • Frequent placement disruptions; lack of continuity of care. • Unable to Contact. 		
<p>HSAG Response: HSAG determined that the CMO addressed the recommendations in the prior year’s annual technical report.</p>		
Recommendation—PM Validation		
<p>Aim 1: Improve Health, Services & Experience</p> <p>Pillar One: Quality Pillar Three: Access</p>	<p>Goal 1.1: Improve Access to Care Goal 1.3: Improve Outcomes for Chronic Diseases</p>	<p>Metric: Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA) Metric: Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment (AMM) Metric: Comprehensive Diabetes Care—HbA1c Poor Control (>9.5) (CDC, CDC-AD) Metric: Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC; PPC-CH)</p>
<p>Weakness: Five of Amerigroup 360°’s measure indicator rates in the Quality of Care domain fell below the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 50th percentile: <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia, Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment, Comprehensive Diabetes Care—HbA1c Control (<8.0%), and Mental Health Utilization—ED—Total.</i> One of Amerigroup 360°’s measure indicator rates in the Access to Care domain, <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care,</i> fell below the HEDIS MY 2021 NCQA Quality Compass national Medicaid HMO 50th percentile. These results demonstrate opportunities to improve members’ quality of care related to managing medications and chronic conditions and ensuring timely access to prenatal care.</p> <p>Recommendation: HSAG recommends that Amerigroup 360° conduct a root cause analysis or focus study to determine why members were not maintaining their chronic health conditions at optimal levels. Upon identification of a root cause, Amerigroup 360° should implement appropriate interventions to improve the performance related to these chronic conditions. This could include the CMOs conducting focus groups to identify barriers that their members may be experiencing in accessing care and services in order to implement appropriate interventions. HSAG also recommends that the CMO identify opportunities to better connect with members to leverage evidence-based practices and to implement a holistic approach to wellness.</p>		
<p>CMO’s Response (Note—The narrative within the CMO’s response section was provided by the CMO and has not been altered by HSAG except for minor formatting)</p>		

Recommendation—PM 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):

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

- Discussions with provider offices to discuss benefits of providing supplemental data and/or remote electronic medical record access to obtain/capture data not submitted on claims such as HbA1c and/or BP results
- Inclusion of key measures for improvement in the 2021 PQIP Program (i.e., CDC A1c <8)
- Utilization of an emerging risk model to proactively identify members with prospective risk to address and resolve member needs/issues promptly, improve member engagement, coordinate member’s medical neighborhood, and optimize member’s benefits and available resources.
- Developed and implemented a remote patient monitoring program to target members with uncontrolled HbA1C to ensure better management.
- Offering provider reimbursement for billing identified CAT II codes
- Behavioral health HEDIS work groups convene monthly to discuss trends, barriers, and interventions.
- Encourage the use of LAIA in schizophrenia patients who are non-adherent to oral therapies and have had recent schizophrenia hospitalization.
- Pharmacy team actively involved in provider outreach and care gap reports for AMM and SAA.
- Focused monthly Healthcrowd/mPulse text messaging campaigns for CBP, AMM and CDC members.
- Amerigroup’s care coordination, case and disease management programs continued to address a variety of needs for members with chronic conditions, including preventive counseling, as well as social, environmental, financial, and other issues that go beyond health and prevent a positive outcome. Case managers also continued to:
 - Provide ongoing care management and support
 - Promote effective communication and coordination of care; (provider/member)
 - Encourage family engagement as partners in members’ care
 - Work with communities to promote best practices of healthy living (member experience and advocacy)

Amerigroup continues to utilize the DCH QS as the framework to guide and identify future enhancements and initiatives such as:

- Enhancing internal processes and reports for members with poor control (– i.e., member’s last HbA1c result) for member discussions and importance of provider follow-up, medication adherence and self-management of chronic condition
- Improving referral process to care coordination, case and disease management
- Continuing to monitor program outcomes and goals to measure success
- Increasing focus on social determinants of health to understand member’s needs, improve health outcomes and reduce disparities

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*

2020: 58.73%

2021: 35.48%

Recommendation—PM Validation

Metric: *Antidepressant Medication Management Effective Acute Phase Treatment*

2020: 46.56%

2021: 40.59%

Effective Continuation Phase Treatment

2020: 25.19%

2021: 26.47%

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

2020: 30.67%

2021: 24.32%

Metric: *Mental Health Utilization—ED—Total*

2020: 8%

2021: 12%

Metric: *Prenatal and Postpartum Care—Timeliness of Prenatal Care:*

2020: 80.25%

2021: 76.36%

Identify any barriers to implementing initiatives:

- Small denominators for GF360 population.
- UTC
- Member/Provider lack of knowledge

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

Recommendation—CAHPS—Child

Aim 1: Improve Health, Services & Experience

Goal 1.6: Enhance Member Experience

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

Pillar Four: Service

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

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

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

Describe initiatives implemented based on recommendations (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):

Member education regarding:

- CAHPS awareness via Health Education Advisory Committee meetings
- Proper utilization of urgent care, ER, or PCP provided via nurse line, website, and social media,
- Telehealth options, where available
- Monthly CAHPS workgroup to address any member issues

Recommendation—CAHPS—Child
<ul style="list-style-type: none"> • Internal staff education on CAHPS, including: • Ongoing reminders of upcoming CAHPS seasons • Mandatory annual CAHPS training
<p>Identify any noted performance improvement or decline in performance as a result of initiatives implemented (if applicable):</p> <p>PMV results showed:</p> <p>Metric: Child CAHPS <i>Getting Care Quickly</i></p> <p>2020: <u>98.6%</u></p> <p>2021: <u>93.15%</u></p>
<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> • Members and providers may be unaware of CAHPS survey and resources • Members may not always know the PCP selected during enrollment • Providers may not want to participate in CAHPS trainings, education and newsletters • COVID-19 impacting provider office appointment availability due to short staffing, limited hours, and limiting number of additional family members who can attend appointments. • Member knowledge deficit on when urgent care is available/should be sought • Rural areas may not have urgent care available (PCP/urgent care center) or may not have telehealth options
<p>HSAG Response: HSAG determined that the CMO addressed the recommendations in the prior year’s annual technical report.</p>