GEORGIA DEPARTMENT OF COMMUNITY HEALTH

State of Georgia
Department of Community Health

2021 External Quality Review Annual Report

March 2021

HSAG HEALTH SERVICES ADVISORY GROUP

Contents

1. Executive Summary

Purpose and Overview of Report

States with Medicaid managed care delivery systems are required to annually provide an assessment of managed care entities' (MCEs') performance related to the quality of, timeliness of, and access to care and services they provide, as mandated by 42 Code of Federal Regulations (CFR) §438.364. To meet this requirement, the State of Georgia, Department of Community Health (DCH), contracted with Health Services Advisory Group, Inc. (HSAG), as its external quality review organization (EQRO) to perform the assessment and produce this annual report for external quality review (EQR) activities completed during the period of contract year July 1, 2019, through June 30, 2020 (CY 2020).

The DCH administers the Medicaid program and the Children's Health Insurance Program (CHIP), referred to as PeachCare for Kids® in Georgia. Both programs include fee-for-service (FFS) and managed care components. The DCH managed care program's MCEs include four privately owned care management organizations (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 Georgia Families® 360° (GF 360°) managed care program. The Georgia Families (GF) program serves all other Medicaid and CHIP managed care members not enrolled in the GF 360° program. The MCEs, hereafter referred to as CMOs, contracted with DCH during state fiscal year (SFY) 2019–2020 are displayed in Table 1-1.

Table 1-1—CMOs in Georgia

CMO	Year Operations Began in Georgia as a Medicaid CMO	Profile Description	CMO National Committee for Quality Assurance (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.	Commendable* Accredited through 10/22/2022
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.	Commendable* Accredited through 10/22/2022

CMO	Year Operations Began in Georgia as a Medicaid CMO	Profile Description	CMO National Committee for Quality Assurance (NCQA) Accreditation Status
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** Accredited through 3/1/2022
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.	Commendable* Accredited through 5/22/2023
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.	Accredited** Accredited through 9/18/2023

* Commendable: The NCQA has awarded an accreditation status of Commendable for service and clinical quality that meet NCQA's rigorous requirements for consumer protection and quality improvement.

**Accredited: The 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 quality improvement.

***Amerigroup 360° is not separately accredited from Amerigroup.

Scope of External Quality Review (EQR) 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 the Centers for Medicare & Medicaid Services (CMS).[1-1] The purpose of these activities, in general, is to improve states' ability to oversee and manage MCEs they contract with for services, and help MCEs improve their performance with respect to quality of, timeliness of, and access to care. 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. For the SFY 2019–2020 assessment, HSAG used findings from the mandatory and optional EQR activities displayed in Table 1-2 to derive conclusions and make recommendations about the quality of, timeliness of, and access to care and

[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: Oct 30, 2020.

services provided by each Georgia CMO. Detailed information about each activity's methodology is provided in Appendix A of this report.

Table 1-2—EQR Activities

Activity	Description	CMS Protocol
Validation of Performance Improvement Projects (PIPs)	This activity 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
Performance Measure Validation (PMV)	This activity assesses whether the performance measures (PMs) calculated by a CMO are accurate based on the measure specifications and State reporting requirements.	**Protocol 2.** Validation of Performance Measures
Compliance With Standards	This activity determines the extent to which a Medicaid and CHIP CMO is in compliance with federal standards and associated state-specific requirements, when applicable.	**Protocol 3.** Review of Compliance With Medicaid and CHIP Managed Care Regulations
Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[1-2] Analysis**	This activity assesses member experience with a CMO and its providers and the quality of care members receive.	**Protocol 6.** Administration or Validation of Quality of Care Surveys

* This activity will be mandatory effective no later than one year from the issuance of the associated EQR protocol.

** 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.

Methodology for Aggregating and Analyzing EQR Activity Results

For the 2021 EQR Technical Report, HSAG used findings from the EQR activities conducted from July 1, 2019, through June 30, 2020, to derive conclusions and make recommendations about the quality of, access to, and timeliness of care and services provided to the GF and GF 360º managed care Medicaid members.

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. For each CMO reviewed, HSAG provides a summary of its overall key findings, conclusions, and recommendations based on the CMOs' performance, which

[1-2] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

can be found in sections 5 through 9 of this report. The overall findings and conclusions for all CMOs were also compared and analyzed to develop overarching conclusions and recommendations for the Georgia managed care program. Table 1-3 highlights substantive findings and actionable state-specific recommendations, when applicable, for DCH to further promote its goals and objectives in the Georgia Quality Strategy. Refer to Section 4 for more details.

Table 1-3—Georgia Managed Care Program Substantive Findings

Strengths	**Program Strengths** • The CMOs focus efforts on quality outcomes related to proper diabetes management to prevent other serious health complications, prenatal care to prevent poor birth outcomes, and preventive dental healthcare to mitigate cavities and reduce the risk of oral diseases. Implementing effective initiatives to improve performance in these areas has the potential to greatly impact the services and overall health outcomes of all GF and GF 360º members. • Results from performance measure validation (PMV) indicated that children and young adults are able to access care at least annually for preventive and well visits, as necessary, to stay healthy and reduce unnecessary emergency room (ER) utilization. These results indicate that the CMOs have strong foundations in place to provide preventive and well visits, demonstrating quality and accessible healthcare services to their members. • Results from PMV indicated appropriate chronic illness and medication management, reducing unnecessary emergency department (ED) and inpatient utilization. These results indicate that the CMOs have strong foundations in place to provide medically necessary quality, timely, and accessible healthcare services to their members. • CAHPS survey results indicate that CMOs scored statistically significantly higher than the NCQA Adult Medicaid national average for *How Well Doctors Communicate*, indicating strong and effective provider communication skills. In addition, the CMOs scored statistically significantly higher than the 2019 scores for two measures: *How Well Doctors Communicate* and *Rating of Specialist Seen Most Often*. • CAHPS survey results indicate that CMOs scored statistically significantly higher than the NCQA Child Medicaid national average for *Getting Needed Care*, *How Well Doctors Communicate*, and *Rating of Personal Doctor*, indicating strong and effective provider communication skills and children having access to screening, preventive, well-child, and treatment visits. Also, the CMOs scored statistically significantly higher than the 2019 score for *How Well Doctors Communicate*. These results indicate the CMOs are providing quality, accessible, and timely care and services.
Weaknesses	**Program Weaknesses** • Members are not consistently obtaining the services they need to maintain optimal health, as demonstrated with one or fewer CMOs' performance rates for *Asthma Medication Ratio—19–50 Years* and *51–64 Years*, *Comprehensive Diabetes Care—HbA1c Control (<8.0%)*, and *Controlling High Blood Pressure* measures Healthcare

Program Weaknesses
Effectiveness Data and Information Set (HEDIS)[1-3] 50th percentile and the GF averages falling below the 50th percentile. This performance result suggests that although members are able to access their primary care provider (PCP) to manage chronic conditions, they are not able to manage these conditions. Appropriate asthma, diabetes, and high blood pressure management is critical to reduce risks from complications and prolong the life of DCH members. • The *Percentage of Births Weighing Less Than 2,500 Grams* also demonstrates an opportunity for CMOs to focus quality initiatives on increasing utilization of prenatal care, with only one CMO's rate meeting or exceeding the Center for Medicaid and CHIP Services' (CMCS') national 50th percentile. • The *Well-Child Visits in the First 15 Months of Life—No Well-Child Visits* measure rate indicates that four of the five CMOs' rates are between the 25th and 49th percentile, indicating an opportunity to increase utilization of well-child visits.

Program Recommendations
To improve the management of chronic conditions, promote positive health outcomes, and reduce overall Medicaid spending, HSAG recommends that DCH consider requiring CMOs to conduct a root cause analysis or focused study that targets the most prevalent diagnosed chronic conditions of combined CMO membership.
To prevent poor birth outcomes and reduce infant mortality, HSAG recommends that DCH consider conducting a program-wide focus group of women on Medicaid who have recently given birth or are pregnant to determine potential barriers to timely access of prenatal care. HSAG recommends that the CMOs consider if there are disparities within their populations that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc.
To improve well-child visit utilization, HSAG recommends that DCH consider requiring the CMOs to conduct a root cause analysis to determine why some children have not received a well-child visit. If the CMOs identify disparities within their populations that contributed to lower performance, HSAG recommends that the CMOs implement appropriate interventions to decrease the number of children who do not receive well-child visits, particularly during the first 15 months of life.

[1-3] HEDIS® is a registered trademark of the NCQA.

2. Introduction to the Annual Technical Report

Methodology for Aggregating and Analyzing EQR Activity Results

For each CMO, HSAG analyzed the results obtained from each EQR activity. From these analyses, HSAG determined which results were applicable to the domains of quality of, access to, and timeliness of care and services. HSAG then analyzed the data to determine if common themes or patterns existed that would allow conclusions about overall quality of, access to, and timeliness of care and services to be drawn for each CMO independently 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 Section 4 of this report.

Scope of External Quality Review (EQR) Activities

At the request of DCH, HSAG performed a set of mandatory and optional EQR activities, as described in 42 CFR §438.358. These activities are briefly described below. Refer to Appendix A—Technical Methods of Data Collection and Analysis for a detailed description of each activity's methodology.

Mandatory Activities

Validation of Performance Improvement Projects—The CMOs are required to conduct PIPs that have the potential to affect member health, functional status, or satisfaction. To validate each PIP, HSAG obtained the data needed from each CMO's PIP Summary Forms. These forms provide detailed information about the PIPs related to the steps completed and validated by HSAG for the 2020 validation cycle. The results from the CY 2019 PIP validation are presented in this report.

Validation of Performance Measures—The purpose of PMV is to assess the accuracy of PMs reported by the CMOs and to determine the extent to which PMs reported by the CMOs follow State specifications and reporting requirements.

The DCH contracted with HSAG to conduct PMV for each CMO, validating the data collection and reporting processes used to calculate the PM rates. The DCH identified a set of PMs that the CMOs are required to calculate and report. Measures are required to be reported following the specifications provided by DCH. The DCH identified the measurement period as January 1, 2019, through December 31, 2019.

Review of Compliance With Medicaid and CHIP Managed Care Regulations—HSAG conducts compliance monitoring activities at least once during each three-year EQR cycle. During 2020, HSAG did not conduct CMO compliance with standards review activities for the GF or GF 360º programs.

Validation of Network Adequacy—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 managed care organization (MCO), prepaid inpatient health plan (PIHP), and prepaid ambulatory health plan (PAHP) networks; set threshold standards to establish network adequacy measures for a specified set of providers; establish criteria to develop network adequacy standards for managed long-term services and supports (MLTSS) programs; and ensure the transparency of network adequacy standards. The requirement stipulates that states must establish time and distance standards for the following network provider types: primary care (adult and pediatric), obstetricians/gynecologists, behavioral health, specialist (adult and pediatric), hospital, pharmacy, pediatric dental, and additional provider types when they promote the objectives of the Medicaid program for the provider type to be subject to such time and distance standards. The DCH has implemented network standards in its contracts with the CMOs. The EQRO did not conduct NAV.

Administration or Validation of Quality of Care Surveys—This activity assesses member experience with a CMO and its providers and the quality of care members receive. The EQRO did not administer or validate quality of care surveys.

Optional Activities

Quality Strategy Update—During 2020, DCH contracted with its EQRO to update the Georgia Quality Strategy. The purpose of the update is to include changes to the Medicaid program including the evolution of GF and GF 360º programs. The Quality Strategy updates incorporate programmatic changes such as DCH's focus on a patient-centered approach to care and improved health and wellness.

Organizational Structure of Report

Section 1—Executive Summary

This section of the report presents a summary of the EQR activities. The section also includes high-level findings and conclusions regarding the performance of each CMO.

Section 2—Introduction to the Annual Technical Report

This section of the report presents the scope of the EQR activities and provides a brief description of each section's content.

Section 3—Overview of Georgia's Managed Care Program

This section of the report presents a brief description of the State's managed care program, services, regions, and populations. This section also presents a brief description of the State's quality initiatives.

Section 4—CMO Comparative Information

This section presents methodologically appropriate, comparative information about all CMOs by activity and consistent with the guidance provided in the CMS Protocols. This section includes recommendations for improvement to the quality of healthcare services furnished by the CMOs, including how the State can target goals and objectives in the Quality Strategic Plan to better support improvement in the quality of, timeliness of, and access to healthcare services furnished to members.

Section 5—CMO-Specific Summary—Amerigroup Community Care

This section presents Amerigroup-specific results and conclusions based on the data analysis for each of the mandatory and optional EQR activities. It includes an overall summary of Amerigroup's strengths and recommendations for improvement, including the quality and timeliness of, and access to healthcare services furnished to members. Also included is an assessment of how effectively Amerigroup has addressed the recommendations for quality improvement (QI) made by HSAG during the previous year.

Section 6—CMO-Specific Summary—CareSource

This section presents CareSource-specific results and conclusions based on the data analysis for each of the mandatory and optional EQR activities. It includes an overall summary of CareSource's strengths and recommendations for improvement, including the quality and timeliness of, and access to healthcare services furnished to members. Also included is an assessment of how effectively CareSource has addressed the QI recommendations made by HSAG during the previous year.

Section 7—CMO-Specific Summary—Peach State Health Plan

This section presents Peach State-specific results and conclusions based on the data analysis for each of the mandatory and optional EQR activities. It includes an overall summary of Peach State's strengths and recommendations for improvement, including the quality and timeliness of, and access to healthcare services furnished to members. Also included is an assessment of how effectively Peach State has addressed the QI recommendations made by HSAG during the previous year.

Section 8—CMO-Specific Summary—WellCare of Georgia, Inc.

This section presents WellCare-specific results and conclusions based on the data analysis for each of the mandatory and optional EQR activities. It includes an overall summary of WellCare's strengths and recommendations for improvement, including the quality and timeliness of, and access to healthcare services furnished to members. Also included is an assessment of how effectively WellCare has addressed the QI recommendations made by HSAG during the previous year.

Section 9—CMO-Specific Summary—Amerigroup Community Care for Georgia Families 360°

This section presents Amerigroup 360°-specific results and conclusions based on the data analysis for each of the mandatory and optional EQR activities. It includes an overall summary of Amerigroup 360°'s strengths and recommendations for improvement, including the quality and timeliness of, and access to healthcare services furnished to members. Also included is an assessment of how effectively Amerigroup 360° has addressed the QI recommendations made by HSAG during the previous year.

Appendix A—Technical Methods of Data Collection and Analysis

This section of the report presents the objective(s), 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 conducted during CY 2020 including:

- PIP Validation Methodology
- PMV Methodology
- CAHPS Survey Methodology

Appendix B—CMO Quality Strategy Quality Initiatives

This section of the report presents self-reported quality initiatives implemented by the CMOs to achieve the goals and objectives outlined in the Georgia 2016–2020 Quality Strategic Plan.

3. 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 Medicaid program is referred to as the Georgia Families program. The State refers to its standalone CHIP as PeachCare for Kids®. Both programs include FFS and managed care components. As the largest DCH division, the Medical Assistance Plans Division administers the Medicaid program and CHIP.

The DCH contracts with four privately owned CMOs for the provision of services to Georgia managed care program 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. Table 3-1 displays the DCH annual enrollment by program.

Table 3-1—Fiscal Year (FY) 2020 Annual Program Enrollment

Program	Members Average
Medicaid*	2,031,125
PeachCare for Kids®	142,572

Source: IBM Watson Health Analytics Advantage Suite, based on incurred dates July 1999 through June 2019, paid through August 2020.
Note: "Members Average" is the average number of members per month over the state fiscal year.
Medicaid includes the GF and GF 360° populations.
*Medicaid includes Medicaid Aged, Blind, or Disabled (ABD); Low Income Medicaid (LIM); and inmates, but excludes PeachCare for Kids® members. Inmate members without ABD or LIM secondary aid category were included in the total Medicaid count.

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 Low-Income Medicaid (LIM), Transitional Medicaid, pregnant women and children in the Right from the Start Medicaid (RSM) program, newborns of Medicaid-covered women, refugees, women with breast or cervical cancer, as well as the CHIP population.

COVID-19

During CY 2020, Georgia experienced a significant impact from the coronavirus disease 2019 (COVID-19) pandemic. In response to COVID-19, CMO care coordinators increased their outreach to members, ensuring access to services using telehealth medicine and automatically extending service authorizations and use of out-of-network providers when necessary.

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 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.

Georgia Quality Strategy

In accordance with 42 CFR §438.340, DCH implemented its 2016 written quality strategy for assessing and improving the quality of healthcare and services furnished by the CMOs to Georgia Medicaid and Georgia CHIP members under the Georgia Managed Care Program.

Quality Strategy Purpose

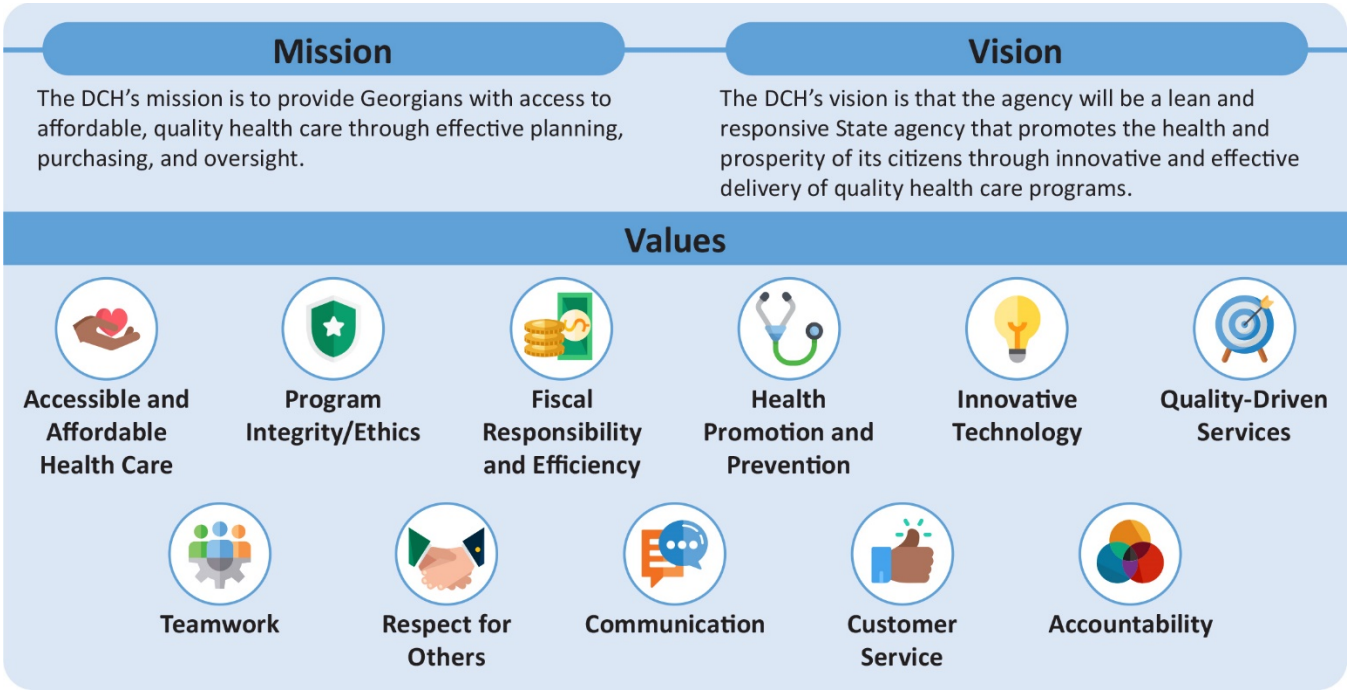
The purpose of the Georgia Quality Strategic Plan is to establish and describe:

- Quality performance measures with targets for the CMOs related to access, utilization, service quality, and appropriateness.
- Value-based purchasing performance metrics for the GF program that align with some of the State's key focus areas for improved care and member outcomes (e.g., low birth weight, diabetes, and attention deficit hyperactivity disorder [ADHD]).
- DCH's processes for assessing, monitoring, and reporting on the CMOs' performance, progress, and outcomes related to the State's strategic goals and areas of focus.
- Adoption of innovative QI strategies, such as rapid-cycle PIPs, and ensuring DCH and the CMOs are in tune with the latest advances in QI science through participation in QI trainings and technical assistance sessions sponsored by CMS and those hosted by the EQRO.
- Numerous collaborative efforts by DCH that include interagency coordination and participation of other key stakeholders, along with the CMOs and provider community, to leverage the talent and resources needed to address shared challenges that impede improved performance.

Quality Strategy Mission, Vision, and Values

The DCH Quality Strategic Plan Mission, Vision, and Values are described in Figure 3-1.

Figure 3-1—DCH Quality Strategic Plan Mission, Vision, and Values



Quality Initiatives

DCH Quality Initiatives Driving Improvement

DCH Commissioner Frank W. Berry describes a clear purpose for DCH: *"Shaping the future of a Healthy Georgia by improving access and ensuring quality to strengthen the communities we serve."*[3-1]

The DCH considers its Quality Strategic Plan to be its roadmap for the future. The Quality Strategic Plan 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 Quality Strategic Plan strives to ensure members receive high-quality care that is safe, efficient, patient-centered, timely, value and quality-based, data-

[3-1] The Georgia Department of Community Health. 2019 Annual Report. Available at: https://dch.georgia.gov/document/document/2019annualreportpdf/download. Accessed on: Jan 27, 2020.

driven, and equitable. The DCH conducts oversight of CMOs to promote accountability and transparency for improving health outcomes.

DCH Commissioner Frank W. Berry describes a clear purpose for DCH: "Shaping the future of a Healthy Georgia by improving access and ensuring quality to strengthen the communities we serve.

Table 3-2 displays a sample of the initiatives DCH implemented or continued during CY 2020 that support DCH's efforts toward achieving the Georgia 2016–2020 Quality Strategic Plan goals and objectives.

Table 3-2—DCH Quality Initiatives Driving Improvement

Georgia Quality Strategic Plan Goal and Objective	DCH Quality Initiatives
Goal: Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members **Objective 1:** Improve access to high-quality physical health, behavioral health and oral health care for all Medicaid and PeachCare for Kids® members so that select performance metrics will reflect a relative 10 percent increase over CY 2014 rates as reported in June of 2020 based on CY 2019 data. **Strategy 1:** Increase and Monitor access to health services for members.	**COVID-19 Response** To best serve Georgia's Medicaid and PeachCare for Kids populations, the Medical Assistance Plans (MAP) team worked with the Centers for Medicare & Medicaid Services (CMS) to create/receive approval for temporary federal waivers to authorize: *Section 1135 Disaster Response Waivers* • Suspension of prior-authorization (PA) requirements • Extension of existing PAs that were in place at the beginning of the Public Health Emergency (PHE) • Suspension of pre-admission screening and Annual Resident Review (PASRR) Assessments • Extension of fair hearing requests and appeal timelines • Streamline provider enrollment processes • Provision of services in nontraditional alternate care sites • Reimbursement for personal care services rendered by alternate individuals (family caregivers) *Disaster Relieve State Plan Amendments (SPAs)* • Suspension of copayments during the Public Health Emergency • Expand telehealth services • Authorize brand name pharmaceutical products if generic products were unavailable and were on the Medicaid Preferred Drug List (PDL) • Authorize interim payments to skilled nursing facilities (SNFs) *915(c) Home and Community Based Services (HCBS) Waiver Appendix K Emergency Response Amendments*

Georgia Quality Strategic Plan Goal and Objective	DCH Quality Initiatives
	• Temporary authorization of retainer payments for providers of services in the Community Care Services Program (CCSP) and the Service Options Using Resources in a Community Environment (SOURCE) Waiver, Independent Care Waiver Program (ICWP), New Option Waiver (NOW) and the Comprehensive Support Waiver Program (COMP) Home and Community Based Services (HCBS) Waiver programs for up to the 90-day federal maximum period.
Goal: Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members **Objective 4:** Decrease the statewide low birth weight (LBW) rate to 8.6 percent by December 2019 as reported in June 2020. **Strategy 2:** Improve access to family planning and interpregnancy care and services.	**Postpartum Care Medicaid Extension—House Bill 1114** House Bill 1114 introduced in the 2020 legislation session provided for the extension of postpartum care coverage in Medicaid from 60 days to 180 days. The bill also extended coverage to include lactation services for mothers in this postpartum period. HB 1114 authorized DCH to submit a state plan amendment or waiver request to the Centers for Medicare & Medicaid Services (CMS) for this coverage. The General Assembly clarified that this change would go into effect upon appropriation by the General Assembly. In subsequent months and following the state level public comment period and approval by the Board of DCH, Medicaid would submit its Section 1115 Demonstration Waiver Application for consideration by CMS.
Goal: Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members **Objective 1:** Improve access to high-quality physical health, behavioral health and oral health care for all Medicaid and PeachCare for Kids® members so that select performance metrics will reflect a relative 10 percent increase over CY 2014 rates as reported in June of 2020 based on CY 2019 data. **Strategy 1:** Increase and Monitor access to health services for members.	**Electronic Visit Verification (EVV)** In accordance with the 21st Century Cures Act, the Department of Administrative Services (DOAS), on behalf of DCH, issued a Request for Proposals (RFP) seeking a single qualified supplier to provide EVV services. In FY 2020, DCH continued to work through the procurement process to secure a vendor for program implementation. EVV is an automated process for home health care and personal care services that electronically verifies the date and time of services, the type of services performed, the individual providing the services, the location where the services are provided, and the individual receiving the services. EVV also provides real-time information and verification to detect potential gaps in care that occur throughout the course of the member's service plan. Another EVV goal is to reduce and eliminate fraud, waste, and abuse in home care service delivery. As part of its implementation efforts, DCH collaborated with member advocacy groups, provider associations, and stakeholders to receive and address a wide range of input and concerns. DCH continued conducting public forums throughout the State of Georgia during FY 2020 to educate the public, Medicaid and PeachCare for Kids providers and members. DCH was able to secure a Good Faith Effort Exemption from CMS to delay implementation of EVV to July 1, 2021.

Georgia Quality Strategic Plan Goal and Objective	DCH Quality Initiatives
Goal: Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members **Objective 1:** Improve access to high-quality physical health, behavioral health and oral health care for all Medicaid and PeachCare for Kids® members so that select performance metrics will reflect a relative 10 percent increase over CY 2014 rates as reported in June of 2020 based on CY 2019 data. **Strategy 1:** Increase and Monitor access to health services for members.	**Non-Emergency Medical Transportation (NEMT)** Through the NEMT program, DCH provided more than 3.6 million trips to Medicaid Members to receive health care services and treatment across Georgia who had no other means of transportation in FY 2020. NEMT modes of transit included ambulatory transport, wheelchair, stretcher, and utilization of public transport. NEMT services in Georgia are managed by two Brokers under contract with DCH who sub-contract with more than 200 transportation providers and independent drivers. In addition, both Brokers utilized innovative ride share services. NEMT also stands ready to assist GEMA and DCH Healthcare Facility Regulation Division in providing transport assistance for evacuations of vulnerable populations during a declared State of Emergency (including hurricane relocations).

The CMOs' ongoing quality assessment and performance improvement (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 B provides examples of the quality initiatives the CMOs highlighted as their efforts toward achieving the DCH Quality Strategic Plan's goals and objectives.

The DCH's FY 2020 Annual Report describes key accomplishments achieved during FY 2020. Table 3-3 displays examples of DCH key accomplishments that reflect the quality and timeliness of, and access to care for the GF, GF 360°, and PeachCare for Kids® programs.

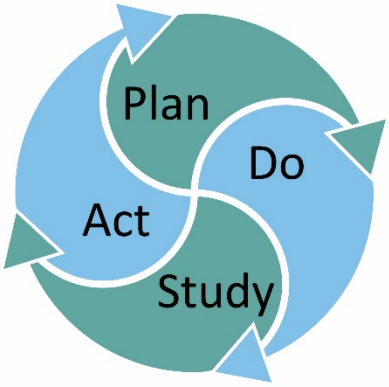
Table 3-3—DCH 2020 Key Accomplishments

Key Accomplishments
Office of Healthcare Analytics and Reporting • Launched a webspace which includes a data request portal and questionnaire. The intent of this portal is to increase the rigor for request parameters and to minimize the amount of time needed to adjudicate the request. This system will maximize DCH's ability to track and control the data requests received, and curate the information provided by requesters. • Launched a webspace that liberates highly sought Medicaid and SHBP fiscal and utilization data by publishing interactive, web-based dashboards. Release of the dashboards are planned with the launch of the new website in September 2020. • In FY 2020, OHAR successfully fulfilled 903 data requests for internal program partners, the general public, the media, legislators, sister agencies and students. One of the data requests was in partnership with the Medicaid program and was instrumental in the development of the 1115 waiver authorized in the Patient's First Act.

Key Accomplishments
• In conjunction with DCH Office of Information Technology, OHAR worked with our strategic partner, the Georgia Tech Research Institute, to develop and manage a secure, cloud-based data environment to facilitate COVID-19 analyses. The effort includes matching Medicaid and SHBP claims data to public health COVID-19 surveillance data and health record data from the Georgia Health Information Exchange.
Office of Continuous Program Improvement • Eliminated a manual provider upload process with the Medicaid Care Management Organizations (CMO) and implemented an electronic process which expedited provider billing to each CMO for services rendered. • Developed and implemented a standardized data capture process to ensure consistent data entry for newly enrolled physicians to a medical group. • Enhanced the Medicaid provider portal interface with user-friendly functionality to promote the adoption of a single-entry point for provider information. • Increased awareness of the Medicaid provider portal by heightening visibility on the DCH website.

CMO Best and Emerging Practices

The DCH Quality Strategic Plan 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.



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 Plan-Do-Study-Act (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. Table 3-4 identifies the CMO self-reported best and emerging practices.

Table 3-4—CMO Best and Emerging Practices**

CMO	Best and Emerging Practices
Amerigroup	• Utilizing automated short message service (SMS) text messaging as an additional way to close care gaps, engage members, and promote healthy outcomes. • Integrating behavioral health and physical health providers. • Conducting townhalls/trainings that offer education to provider offices and allow for the

CMO	Best and Emerging Practices
	opportunity to earn continuing education units (CEUs). • Offering members the opportunity to earn an incentive for completing healthy activities such as well visits and screenings for diabetes and breast cancer. • Offering quality incentive programs that allow providers the opportunity to earn incentive payments by closing care gaps in areas such as preventive care, pregnancy, and behavioral health. • Collaborating with providers to obtain NCQA Patient-Centered Medical Home (PCMH) recognition.
CareSource	• Restructuring of quality improvement team to have a team of program evaluators and an epidemiologist. The expertise that falls within these individuals allows the CMO to identify predictors that are significantly associated with measure noncompliance to help identify targeted subgroups based on statistical significance when developing the intervention dissemination plan. • Training program evaluators to correctly execute PIPs, track interventions for intervention effectiveness, and conduct qualitative analysis among members through focus groups or interviews. • Revising the roles of the quality improvement clinical staff to be provider-facing to ensure they are meeting with providers to review best practices to improve quality measures, review quality reports, and provide PCMH transformation support or PCMH support to maintain the recognition. • Implementing a PCMH transformation training program for quality improvement and Health Partner staff to work with a non-PCMH provider group (rural and urban) in the field weekly to transform the provider group to receive NCQA PCMH recognition. • CareSource staff coaches earning NCQA's PCMH Certified Content Expert (CCE) credential using an innovative approach that allows staff to not only pass the PCMH certification exam but to first have practical experience while working with provider groups to earn PCMH CCE for CareSource staff or NCQA PCMH recognition for the provider group. • Implementing a focus measure workgroup composed of CareSource staff from each department: quality improvement, pharmacy, care management, regulatory, Health Partners, and medical/dental directors. The workgroup strategic planning session reviewed the statistical analysis the epidemiologist conducted, reviewed the evidence-based interventions identified by the program evaluator though peer-reviewed journals, and developed interventions following the HSAG reference and Institute for Healthcare Improvement (IHI) model.[3-2] The workgroups developed, implemented, and tracked the interventions throughout the following year. • Identifying that the development of videos for members by CareSource staff disseminated via text message may increase well-child visits, immunizations, and postpartum visits.

[3-2] Institute for Healthcare Improvement. How to Improve. Available at: http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx. Accessed on: Dec 30, 2020.

CMO	Best and Emerging Practices
Peach State	• Identifying and disseminating best practices: - Revision, refinement, and establishment of standard operating policies and procedures - Development of new programs - Individual and group provider trainings (newsletters, in-person, and web-based) - Inclusion in newsletters, online, and other distributed materials - Internal education - Incorporate into business and strategic planning - Committee meetings • Continuing clinical management (prior authorization, inpatient utilization on-site and telephonic,* integrated care management). • Continuing care coordination/care management (high-risk obstetrical case management,* adult/pediatric/behavioral health case management face-to-face, ER case management,* lead case manager, sickle cell case management, integrated behavioral health/medical case management, neonatal intensive care unit case management). • Continuing education and disease management (diabetes disease management,* asthma disease management, hypertension program,* substance abuse disorder program, depression program). • Continuing or implementing innovative programs (Start Smart for Your Baby,* Healthy Start Women and Newborn Program,* community health services, embedded Federally Qualified Health Center (FQHC),* mutual approach to parenting and partnership) • Implementing Start Smart Pregnancy Program (Dorland Case-In-Point Platinum Award Winner): Promotes the early identification and assessment of pregnant members and encourages appropriate prenatal care and follow-up to improve birth outcomes. In addition, 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. • Conducting Mutual Approach to Parenting and Partnership (MAPP) Events: MAPP events enhance face-to-face member outreach by facilitating the early identification of a member resource to help reduce the risk of health complications resulting from social determinants of health. • Continuing 17-P Program: Targeting pregnant mothers who have a history of previous preterm births to improve birth outcomes. • Continuing Discharge Planning Program: Reduce hospital readmission rates and improve quality of care, coordination of care, and patient health outcomes, and ensure members follow up with a PCP after discharge. **Award winning; nationally recognized*
WellCare	• Using a PDSA cycle to determine if the benefit of the intervention outweighed the effort and cost. • Abiding by nationally recognized protocols, standards of care, and benchmarks by which performance was measured.

CMO	Best and Emerging Practices
	• Collaborating with HSAG on performing both mandatory and optional activities for the State of Georgia Medicaid program: compliance monitoring and corrective action follow-up evaluation, PMV, and HEDIS Compliance Audits.[3-3] • Conducting adult, child, and PeachCare for Kids® population CAHPS surveys. • Controlling expenditures and overseeing all categories of service including capitation payments, pharmacy, inpatient hospital, outpatient hospital, nursing, and long-term care facility and transportation. • Addressing member needs through Medicaid and PeachCare for Kids® provider relations and claims resolution services. • Evaluating opportunities to improve efficiency and effectiveness in Medicaid operations. • Implementing changes that streamline processes for providers as well as Medicaid and PeachCare for Kids® members.
Amerigroup 360º	• Implementing specialized care coordination model consisting of the following elements: - Care transition supports - Specialized care coordination teams (including post-discharge management and disease management) - Community and provider training program - Specialized community partnerships - Person- and family-centered care - Single point of contact - Enhanced outreach, services, and education for transition age youth - Integrated community supports - COVID-19 rapid response team • Automated SMS text messaging as an additional way to close care gaps, engage members, and promote healthy outcomes. • Integrated behavioral health and physical health providers. • Townhalls/trainings that offer education to provider offices and allow for the opportunity to earn CEUs. • Offered members the opportunity to earn an incentive for completing healthy activities such as well visits and screenings for diabetes and breast cancer. • Offered quality incentive programs that allowed providers the opportunity to earn incentive payments by closing care gaps in areas such as preventive care, pregnancy, and behavioral health. • Collaborated with providers to obtain NCQA PCMH recognition.

***Note—The narrative within the CMO's Best and Emerging Practices section was provided by the CMO and has not been altered by HSAG except for minor formatting.*

[3-3] HEDIS Compliance Audit™ is a trademark of the NCQA.

4. CMO Comparative Information

Comparative Analysis of the CMOs by Activity

In addition to performing a comprehensive assessment of the performance of each CMO, HSAG compared the performance findings and results across CMOs to assess the quality and timeliness of, and accessibility of the GF and GF 360° programs.

Definitions

HSAG used the following definitions to evaluate and draw conclusions about CMO performance in each of the domains of quality of, access to, and timeliness of care and services.

Quality

CMS defines "quality" in the final rule at 42 CFR §438.320 as follows:

> Quality, as it pertains to external quality review, means the degree to which an MCO or prepaid inpatient health plan (PIHP) increases the likelihood of desired health outcomes of its enrollees through its structural and operations characteristics, through the provision of services consistent with current professional evidence-based knowledge, and through interventions for performance improvement.[4-1]

Access

CMS defines "access" in the final 2016 regulations at 42 CFR §438.320 as follows:

> Access, as it pertains to external quality review, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcomes information for the availability and timeliness elements defined under §438.68 (network adequacy standards) and §438.206 (availability of services).[4-2]

Timeliness

NCQA defines "timeliness" relative to utilization decisions as follows: "The organization makes utilization decisions in a timely manner to accommodate the clinical urgency of a situation."[4-3] NCQA further states that the intent of this standard is to minimize any disruption in the provision of healthcare.

[4-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Federal Register*. *Code of Federal Regulations*. Title 42, Volume 81, May 6, 2016.

[4-2] Ibid.

[4-3] National Committee for Quality Assurance. *2013 Standards and Guidelines for MBHOs and MCOs*.

HSAG extends this definition of "timeliness" to include other managed care provisions that impact services to enrollees and that require timely response by the CMO—e.g., processing appeals and providing timely care. In the final 2016 Federal Managed Care Regulations, CMS recognized the importance of timeliness of services by incorporating timeliness into the general rule at 42 CFR §438.206 (a) and by, at 42 CFR §438.68 (b), requiring states to develop both time and distance standards for network adequacy.

CMO Comparative and Statewide Aggregate Performance Improvement Project Results

In calendar year (CY) 2020, each CMO continued with the one clinical PIP and one nonclinical PIP initiated in 2018. With the rapid-cycle PIP approach, each CMO may have the same overarching PIP topic; however, the selected narrowed focus and SMART [Specific, Measurable, Attainable, Relevant, and Time-bound] Aim statements vary; therefore, a comparison of performance on the same topic cannot be made. Table 4-1 summarizes the PIP topics for each CMO. The topics addressed CMS requirements related to quality outcomes, specifically the quality and timeliness of, and access to care and services.

Table 4-1—CY 2020 PIP Topics

CMO	PIP Topics
Amerigroup	*Diabetes—Dilated Retinal Eye Exam*
	Customer Satisfaction
Amerigroup 360°	*Antidepressant Continuation Phase Adherence*
	AA Member Contact Information and EPSDT Compliance
CareSource	*Follow-up After Hospitalization for Mental Illness within 7 Days of Discharge*
	Improve the Timeliness of Utilization Management Decisions
Peach State	*Improving Follow-up After Hospitalization for Mental Illness (7-Day)*
	Improving Provider Satisfaction
WellCare	*17–p–Alpha–Hydroxyprogesterone Caproate (17p) Initiation*
	Member Realignment

Strengths, Weaknesses, and Recommendations

Strengths	**Strength:** Due to a lack of comparability in PIP topics, CMO strengths were not able to be compared.

Weaknesses

Weakness: There were no identified weaknesses.

Performance Measure Validation (PMV)—CMOs

Monitoring of performance measures allows for the assessment of quality of, access to, and timeliness of the care and services provided to Medicaid members. Validation of CMOs' performance measure rates reported to the State during the preceding 12 months is a mandatory EQR activity set forth in 42 CFR §438.358(b)(ii).

As part of performance measurement, the Georgia CMOs were required to submit performance measure data to the State. To ensure that rates were accurate and reliable, each CMO was required to undergo an EQR PMV audit, which was conducted by HSAG, an NCQA-licensed organization (LO).

HSAG validated a set of performance measures identified by DCH that were calculated and reported by the CMOs for their GF population for CY 2019. All performance measures were selected from CMS' Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set),[4-4] Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set),[4-5] or the Agency for Healthcare Research and Quality's (AHRQ's) Quality Indicator measures. HSAG reviewed the CMOs' performance measure data and information systems (IS) compliance tools. All CMOs were compliant with the reporting requirements for the Adult and Child Core Set measures. All CMOs had a designation of *Report (R)* for all the performance measures.

Due to COVID-19's possible effect on HEDIS hybrid measures, specifically an MCO's ability to collect medical record data, NCQA allowed MCOs to report or rotate their audited HEDIS 2019 (measurement year [MY] 2018) hybrid rates if these rates were better than their HEDIS 2020 (MY 2019) hybrid rates. The DCH, in alignment with NCQA's direction, granted a one-year exception to allow MCOs to consider rotating hybrid measure rates.

Using the validation methodology and protocols described in Appendix A, HSAG determined results for each performance measure. The CMS EQRO PMV protocol identifies two possible validation finding designations for performance measures: *Report (R)*—Measure data were compliant with HEDIS and DCH specifications and the data were valid as reported, or *Not Reported (NR)*—Measure data were

[4-4] The Centers for Medicare & Medicaid Services. Core Set of Children's Health Care Quality Measures for Medicaid and CHIP, November 2019.

[4-5] The Centers for Medicare & Medicaid Services. Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid, November 2019.

materially biased. Table 4-2 lists the performance measures that HSAG validated and displays the key review findings and final audit results for the CMOs for each performance measure rate.

Table 4-2—CMO Validation Results

	Performance Measure	Amerigroup	Amerigroup 360°	CareSource	Peach State	WellCare
1.	*Contraceptive Care—All Women Ages 15–20*	32.77%		25.57%	33.37%	27.40%
2.	*Contraceptive Care—All Women Ages 21–44*	25.16%		17.55%	25.44%	24.10%
3.	*Developmental Screening in the First Three Years of Life*	58.15%*	71.78%*	50.12%	59.37%*	59.37%
4.	*Diabetes Short-Term Complications Admission Rate*	11.61	42.82	14.71	13.15	18.03
5.	*Heart Failure Admission Rate*	6.24		9.17	5.74	8.71
6.	*Live Births Weighing Less Than 2,500 Grams*	9.47%	14.29%	10.92%	9.78%	9.75%
7.	*Percentage of Eligibles Who Received Preventive Dental Services*	53.67%		33.61%	52.49%	56.86%
8.	*Screening for Depression and Follow-Up Plan (Ages 12–17)*	2.17%	2.12%	1.52%	1.49%	2.39%
9.	*Screening for Depression and Follow-Up Plan (Ages 18 and Older)*	2.88%	2.64%	2.41%	3.03%	3.09%

* In alignment with DCH and NCQA guidance, results for this measure were rotated with the HEDIS 2019 (MY 2018) hybrid rate.

Performance Measure Validation (PMV)—DCH

To meet the PMV requirement, DCH also submitted HEDIS data to NCQA. The DCH contracted with DXC Technology (DXC) as its Medicaid Management Information System (MMIS) vendor. DXC was responsible for calculating performance measure rates for CY 2019 for the PeachCare for Kids® program.

The DCH contracted with its EQRO, HSAG, to conduct the validation activities as outlined in the CMS publication, *CMS External Quality Review (EQR) Protocols, October 2019.*[4-6] HSAG validated rates for the following set of performance measures selected by DCH for validation. All performance measures were selected from the 2019 HEDIS measures developed by NCQA, CMS' Child Core Set,[4-7] Adult Core Set,[4-8] and AHRQ's Quality Indicator measures.

The measurement period specified by DCH was CY 2019 for all measures. Table 4-3 lists the performance measures that HSAG validated for the audited population, the measure type, the methodology that was initially required for data collection (i.e., Admin, Hybrid), and the methodology used by DCH. Performance measures listed as Core Set and HEDIS were reported according to the age stratifications required by both sets of specifications if different.

Table 4-3—Key Review Findings and Audit Results for DCH PeachCare for Kids®

Performance Measure		Initial Required Method	Method Used	Measure Type
1	*Adolescent Well-Care Visits (AWC)*	Hybrid	Admin	HEDIS, Child Core Set
2	*Ambulatory Care—Emergency Department Visits (AMB)*	Admin	Admin	HEDIS, Child Core Set
3	*Asthma Medication Ratio (5–11 Years) (AMR)*	Admin	Admin	HEDIS, ChildCore Sets
4	*Childhood Immunization Status (CIS)*	Hybrid	Admin	HEDIS, Child Core Set
5	*Chlamydia Screening in Women (16–20 Years* and *21–24 Years) (CHL)*	Admin	Admin	HEDIS, Child Core Sets
6	*Developmental Screening in the First Three Years of Life (DEV)*	Hybrid	Admin	Custom[1]
7	*Immunizations for Adolescents (IMA)*	Hybrid	Admin	HEDIS, Child Core Set
8	*Inpatient Utilization—General Hospital/Acute Care (IPU)*	Admin	Admin	HEDIS
9	*Live Births Weighing Less Than 2,500 Grams (PQI-09)*	Admin	Admin	Custom[1]

[4-6] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *CMS External Quality Review (EQR) Protocols, October 2019*. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf. Accessed on: Oct 19, 2020.

[4-7] The Centers for Medicare & Medicaid Services. Core Set of Children's Health Care Quality Measures for Medicaid and CHIP, November 2019.

[4-8] The Centers for Medicare & Medicaid Services. Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid, November 2019.

Performance Measure		Initial Required Method	Method Used	Measure Type
10	*Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC)*	Hybrid	Admin	HEDIS, Child Core Set
11	*Screening for Depression and Follow-Up Plan (12–17 Years* and *18 Years and Older) (CDF)*	Admin	Admin	Child Core Sets
12	*Well-Child Visits in the First 15 Months of Life (W15)*	Hybrid	Admin	HEDIS, Child Core Set
13	*Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)*	Hybrid	Admin	HEDIS, Child Core Set

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

Additionally, HSAG reviewed several aspects crucial to the calculation of performance measure data: data integration, data control, and documentation of performance measure calculations. 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. HSAG validated DCH's data integration processes and determined that the data integration processes were acceptable.

Data Control—The organizational infrastructure supports all necessary information systems; its quality assurance practices and backup procedures are sound to ensure timely and accurate processing of data and to provide data protection in the event of a disaster. HSAG validated DCH's data control processes and determined that the data control processes in place were acceptable.

Performance Measure Documentation—The completed DCH roadmap, job logs, computer programming code, output files, workflow diagrams, narrative descriptions of performance measure calculations, and other related documentation. HSAG determined that DCH's documentation, interviews, and system demonstrations of performance measure generation were acceptable.

CMO Comparative and Georgia Families Aggregate Performance Measure 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, NCQA required each CMO to undergo an NCQA HEDIS Compliance Audit conducted by a certified independent auditor.

Each CMO contracted with an NCQA-LO to conduct the HEDIS Compliance Audit. HSAG reviewed the CMO's final audit reports (FARs), IS compliance tools, and the Interactive Data Submission System (IDSS) files approved by each CMO's LO. HSAG found that all five of the CMO's IS compliance tools

and processes were compliant with the applicable IS standards. All CMOs were compliant with the HEDIS reporting requirements for the key GF Medicaid measures for HEDIS 2020.

Table 4-4 displays the CMO rates and GF averages for HEDIS 2020, along with the performance rating for NCQA's HEDIS measure rate results compared to NCQA's Quality Compass national Medicaid HMO percentiles (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*), where available. Additionally, measure cells shaded gray indicate non-HEDIS rates that were compared to the CMCS' national 50th percentile for the federal fiscal year (FFY) 2019 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 these measures, rates that fall at or below the 50th percentile are shaded yellow. Benchmarks were not available for comparisons to the *Screening for Depression and Follow-Up Plan, Inpatient Utilization—General Hospital/Acute Care, Plan All-Cause Readmissions,* and *Prenatal and Postpartum Care* measures.

Table 4-4—Reporting Year (RY) 2020 Results for GF CMOs

Measure	Amerigroup	CareSource	Peach State	WellCare	GF Average
Quality of Care					
Asthma Medication Ratio					
5–11 Years	74.54% ★★	77.12% ★★★	80.05% ★★★★	76.44% ★★★	77.10% ★★★
12–18 Years	71.27% ★★★★	71.24% ★★★★	77.80% ★★★★★	65.54% ★★	71.16% ★★★★
19–50 Years	51.56% ★★	46.91% ★	58.78% ★★★★	44.06% ★	49.63% ★★
51–64 Years	NA	NA	NA	43.90% ★	47.52% ★
Comprehensive Diabetes Care					
HbA1c Control (<8.0%)	33.51% ★	31.02% ★	33.09% ★	39.60% ★	35.20% ★
Controlling High Blood Pressure					
Controlling High Blood Pressure	45.99% ★	43.80% ★	43.07% ★	45.26% ★	44.68% ★
Diabetes Short-Term Complications Admission Rate*,[1]					
Diabetes Short-Term Complications Admission Rate	11.61	14.71	13.15	18.03	14.54
Heart Failure Admission Rate*,[1]					
Heart Failure Admission Rate	6.24	9.17	5.74	8.71	7.40
Percentage of Live Births Weighing Less Than 2,500 Grams*,[1]					
Percentage of Live Births Weighing Less Than 2,500 Grams	9.47%	10.92%	9.78%	9.75%	9.81%
Screening for Depression and Follow-Up Plan					

Measure	Amerigroup	CareSource	Peach State	WellCare	GF Average
12–17 Years	2.17% NC	1.52% NC	1.49% NC	2.39% NC	1.98% NC
18 Years and Older	2.87% NC	2.41% NC	3.03% NC	3.09% NC	2.90% NC
Stewardship					
Ambulatory Care—Total					
*ED Visits—Total**	54.34 ★★★	NR	52.04 ★★★	59.89 ★★	55.79 ★★★
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	4.44 NC	NR	5.20 NC	5.04 NC	4.91 NC
Total Inpatient—Average Length of Stay—Total	3.56 NC	NR	3.54 NC	3.40 NC	3.49 NC
Plan All-Cause Readmissions*					
Index Total Stays—Observed Readmissions—Total	7.18% NC	7.38% NC	6.02% NC	5.29% NC	5.93% NC
Index Total Stays—O/E Ratio—Total	0.89 NC	0.90 NC	0.79 NC	0.76 NC	0.81 NC
Access to Care					
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	64.32% ★★★★	48.91% ★★	59.51% ★★★	60.85% ★★★	59.56% ★★★
Breast Cancer Screening					
Breast Cancer Screening	61.06% ★★★	41.28% ★	60.99% ★★★	64.51% ★★★★	59.89% ★★★
Cervical Cancer Screening					
Cervical Cancer Screening	72.68% ★★★★★	58.64% ★★	69.13% ★★★★	67.64% ★★★★	67.68% ★★★★
Childhood Immunization Status					
Combination 7	64.48% ★★★★	40.15% ★	65.21% ★★★★	61.07% ★★★	61.15% ★★★
Chlamydia Screening in Women					
16–20 Years	62.65% ★★★	59.79% ★★★	62.46% ★★★	61.98% ★★★	61.93% ★★★
21–24 Years	71.12% ★★★★	72.03% ★★★★	72.86% ★★★★	72.01% ★★★★	72.03% ★★★★
Developmental Screening in the First Three Years of Life[1]					
Total	58.15%	50.12%	59.37%	59.37%	58.98%
Immunizations for Adolescents					

Measure	Amerigroup	CareSource	Peach State	WellCare	GF Average
Combination 1 (Meningococcal, Tdap)	91.24% ★★★★★	84.43% ★★★	92.70% ★★★★★	94.16% ★★★★★	91.74% ★★★★★
Combination 2 (Meningococcal, Tdap, HPV)	36.50% ★★★	29.93% ★★	41.12% ★★★★	36.01% ★★★	36.63% ★★★
Percentage of Eligibles Who Received Preventive Dental Services[1]					
Percentage of Eligibles Who Received Preventive Dental Services	53.67%	33.61%	52.49%	56.86%	51.59%
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	77.62% NC	73.72% NC	73.97% NC	83.04% NC	77.58% NC
Well-Child Visits in the First 15 Months of Life					
*No Well-Child Visits**	0.73% ★★★★	1.70% ★★	1.84% ★★	2.43% ★★	1.73% ★★
Six or More Well-Child Visits	66.42% ★★★	61.31% ★★	66.05% ★★★	70.08% ★★★★	66.99% ★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	77.32% ★★★	63.26% ★	71.55% ★★	73.10% ★★★	72.74% ★★

** 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 2019 Child and Adult Core Set.

NC indicates comparisons to benchmarks for the RY 2020 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.

NR indicates the measure was not reported in RY 2020.

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

Yellow shading indicates that the performance measure rate for RY 2020 met or exceeded CMCS' national 50th percentile.

RY 2020 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*

Overall, the CMOs and the GF average demonstrated strength with quality of care, stewardship, and access to care for HEDIS 2020, with the GF average exceeding the 50th percentile for 16 of 23 (69.6 percent) measure rates that were comparable to benchmarks. Amerigroup and Peach State demonstrated the highest performance among the CMOs, exceeding the 50th percentile for 18 of 22 (81.8 percent) and 17 of 22 (77.3 percent) reportable measure rates, respectively. Conversely, CareSource demonstrated low performance compared to the other CMOs, with only eight of 21 (38.1 percent) reportable measure rates meeting or exceeding the 50th percentile.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: In the Access to Care domain, the CMOs' performance for more than half of the reportable CMO measure rates and the GF average met or exceeded the 50th percentile, indicating that children and young adults are able to access a PCP at least annually for preventive services and appropriate treatment as necessary to stay healthy and reduce unnecessary ER utilization.

Strength: Under the Quality of Care domain the CMOs' performance demonstrated appropriate medication management of members with asthma as indicated by three out of four more than CMO measure rates and the GF average meeting or exceeding the 50th percentile for the *Asthma Medication Ratio—5–11 Years* and *12–18 Years* rates. This performance implies that the CMOs' contracted providers are reducing the need for rescue medications and ER use.

Strength: Within the Quality of Care domain, the CMOs' performance measure rates and the GF average also met or exceeded CMCS' national 50th percentile for *Diabetes Short-Term Complications Admission Rate* and *Heart Failure Admission Rate*, indicating that the CMOs' members are able to access a PCP to help them manage their chronic condition thereby reducing unnecessary inpatient utilization.

Strength: In the Stewardship domain, the *Ambulatory Care—ED Visits—Total* rate for half of the CMOs and the GF average met or exceeded the 50th percentile, indicating that members were able to access a PCP and receive appropriate treatment as necessary to stay healthy and reduce unnecessary ER utilization.

Weaknesses

Weakness: In the Quality of Care domain, the *Asthma Medication Ratio—19–50 Years* and *51–64 Years*, *Comprehensive Diabetes Care—HbA1c Control (<8.0%)*, and *Controlling High Blood Pressure* measures indicated lower performance as most of the reportable CMO measure rates and the GF average fell below the 50th percentile. This performance suggests that although members are able to access their PCP to manage chronic conditions, they are not able to manage their condition. Appropriate asthma, diabetes, and high blood pressure management is critical to reduce risks from complications and prolong the life of DCH members.

Why the weakness exists: Although members with chronic conditions may have access to care, these members are not consistently managing their conditions according to evidence-based guidelines through the appropriate use of medications, diet and nutrition, or physical activity.

Recommendation: HSAG recommends that the CMOs conduct a root cause analysis or focused study to determine why members are not maintaining their chronic health condition at optimal levels. Upon identification of a root cause, the

CMOs should implement appropriate interventions to improve the performance related to these chronic conditions.

Weakness: The *Percentage of Live Births Weighing Less Than 2,500 Grams* measure rates within the Quality of Care domain also indicated lower performance, with only one CMO's rate meeting or exceeding the CMCS' national 50th percentile, indicating an opportunity to increase utilization of prenatal care.

Why the weakness exists: Having three out of four CMOs fall below the CMCS national 50th percentile suggests that a disparity may exist in access to care for pregnant members.

Recommendation: HSAG recommends that the CMOs conduct a root cause analysis or focused study to determine why members were delivering babies weighing less than 2,500 grams. The CMOs should consider if there are disparities within the CMOs' populations that contribute to lower performance in 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 improve performance related to low birth weight.

Weakness: The *Well-Child Visits in the First 15 Months of Life—No Well-Child Visits* measure rates for three of the four CMOs fell between the 25th and 49th percentiles, indicating an opportunity to increase well-child visit utilization.

Why the weakness exists: Although the *Well-Child Visits in the First 15 Months of Life—Six or More Visits* measure rates represent a strength for the CMOs, indicating that children have access to preventive/well-child visits, CMOs need to understand what may be the cause for the small percentage of children who have not had a well-child visit.

Recommendation: HSAG recommends that the CMOs conduct a root cause analysis to determine why some children have not received a well-child visit during the first 15 months of life. HSAG recommends that the CMOs consider if there were disparities within the CMOs' populations that contributed to lower performance in 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 decrease the number of children who do not receive a well-child visit during the first 15 months of life.

Compliance With Standards

HSAG conducts compliance monitoring activities for DCH at least once during each three-year EQR cycle. During CY 2019, HSAG conducted a comprehensive compliance with standards review of each

CMO for the GF and the GF 360° programs. HSAG did not conduct compliance monitoring during CY 2020. During 2020, DCH monitored the CMOs' implementation of federal and State requirements and corrective action plans (CAPs) from prior years' compliance with standards reviews.

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: primary care (adult and pediatric), obstetricians/gynecologists, behavioral health specialists (adult and pediatric), hospital, pharmacy, pediatric dental, and additional provider types when they promote the objectives of the Medicaid program for the provider type to be subject to such time and distance standards. The DCH established time and distance standards and additional network capacity requirements in its contracts with the CMOs. The DCH receives regular CMO network files and conducts internal analyses to determine network adequacy and compliance with contractual 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. And finally, CMS removed the requirement for states to establish standards for additional provider types.

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, WellCare, and GF 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 effectively and efficiently obtain information on members' experiences with their healthcare. The following section includes summary information for each of the State's Medicaid populations (adult and child) and GF 360°, along with conclusions for each population. Detailed, CMO-specific findings and comparisons can be found in sections 5 through 9.

Adult CMO Comparisons

Table 4-5 shows the results of the CMO comparisons analysis of the 2020 adult Medicaid CAHPS top-box scores.

Table 4-5—Adult Medicaid Plan Comparisons

	State Average	Amerigroup	CareSource	Peach State	WellCare
Composite Measures					
Getting Needed Care	80.67%	80.89%+ ↔	77.90%+ ↔	81.13% ↔	84.91%+ ↔
Getting Care Quickly	81.06%	89.84%+ ↔	79.16%+ ↔	79.03% ↔	82.92%+ ↔
How Well Doctors Communicate	95.30%	99.31%+ ↑	93.58%+ ↔	94.09% ↔	98.11%+ ↔
Customer Service	86.70%	87.87%+ ↔	84.67%+ ↔	87.97%+ ↔	88.10%+ ↔
Global Ratings					
Rating of All Health Care	78.28%	71.11%+ ↔	78.40% ↔	78.17% ↔	83.61%+ ↔
Rating of Personal Doctor	84.46%	87.23%+ ↔	85.45% ↔	81.16% ↔	88.14%+ ↔
Rating of Specialist Seen Most Often	86.71%	86.96%+ ↔	89.09%+ ↔	83.82%+ ↔	88.89%+ ↔
Rating of Health Plan	74.95%	66.13%+ ↔	79.88% ↔	72.22% ↔	78.16%+ ↔
Effectiveness of Care*					
Advising Smokers and Tobacco Users to Quit	68.88%	64.62%+ ↔	69.79%+ ↔	68.18%+ ↔	70.83% ↔

	State Average	Amerigroup	CareSource	Peach State	WellCare
Discussing Cessation Medications	35.86%	26.15%+ ↔	35.11%+ ↔	32.31%+ ↔	43.70% ↔
Discussing Cessation Strategies	37.13%	38.46%+ ↔	36.56%+ ↔	32.31%+ ↔	39.50% ↔

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 Comparisons Results

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

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Amerigroup's 2020 top-box score for *How Well Doctors Communicate* was statistically significantly higher than the overall Georgia CMO program score.

Weaknesses

Weakness: There were no identified weaknesses.

Child CMO Comparisons

Table 4-6 shows the results of the CMO comparisons analysis of the 2020 child Medicaid CAHPS top-box scores.

Table 4-6—Child Medicaid Plan Comparisons

	State Average	Amerigroup	CareSource	Peach State	WellCare
Composite Measures					
Getting Needed Care	87.15%	87.89%+ ↔	87.42% ↔	85.11% ↔	90.35% ↔
Getting Care Quickly	91.00%	95.76%+ ↑	89.18% ↔	89.77% ↔	92.30% ↔
How Well Doctors Communicate	95.35%	94.76% ↔	93.21% ↓	96.24% ↔	97.60% ↑

	State Average	Amerigroup	CareSource	Peach State	WellCare
Customer Service	90.43%	94.44%+ ↔	88.40% ↔	90.31% ↔	92.27%+ ↔
Global Ratings					
Rating of All Health Care	88.27%	85.04% ↔	88.49% ↔	87.78% ↔	91.56% ↔
Rating of Personal Doctor	91.88%	87.67% ↔	92.01% ↔	92.54% ↔	93.65% ↔
Rating of Specialist Seen Most Often	87.71%	78.38%+ ↔	88.52%+ ↔	88.04%+ ↔	93.48%+ ↔
Rating of Health Plan	87.84%	84.97% ↔	84.90% ↔	89.36% ↔	92.09% ↑

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.

Strengths, Weaknesses, and Recommendations

Summary of Child Medicaid Plan Comparisons Results

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

Strengths

Strength: The following CMOs' 2020 top-box scores were statistically significantly higher than the Georgia CMO program score:

- Amerigroup (*Getting Care Quickly*)
- WellCare (*How Well Doctors Communicate* and *Rating of Health Plan*)

Weaknesses

Weakness: CareSource's 2020 top-box score for *How Well Doctors Communicate* was statistically significantly lower than the overall Georgia CMO program score.

Statewide Performance and Findings

Statewide Adult Medicaid Findings

Table 4-7 shows the 2019 and 2020 statewide adult Medicaid CAHPS top-box scores.

Table 4-7—Statewide Adult Medicaid CAHPS Results

	2019 Top-Box Rates	2020 Top-Box Rates
Composite Measures		
Getting Needed Care	80.50%	80.67%
Getting Care Quickly	80.57%	81.06%
How Well Doctors Communicate	92.02%	95.30% ▲
Customer Service	88.46%	86.70%
Global Ratings		
Rating of All Health Care	76.46%	78.28%
Rating of Personal Doctor	82.82%	84.46%
Rating of Specialist Seen Most Often	80.27%	86.71% ▲
Rating of Health Plan	76.82%	74.95%
Effectiveness of Care*		
Advising Smokers and Tobacco Users to Quit	71.01%	68.88%
Discussing Cessation Medications	34.90%	35.86%
Discussing Cessation Strategies	34.58%	37.13%

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 2020 score is statistically significantly higher than the 2019 national average.

Indicates the 2020 score is statistically significantly lower than the 2019 national average.

▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.

Statewide Child Medicaid Findings

Table 4-8 shows the 2019 and 2020 statewide child Medicaid CAHPS top-box scores.

Table 4-8—Statewide Child Medicaid CAHPS Results

	2019 Top-Box Rates	2020 Top-Box Rates
Composite Measures		
Getting Needed Care	86.10%	87.15%

	2019 Top-Box Rates	2020 Top-Box Rates
Getting Care Quickly	90.65%	91.00%
How Well Doctors Communicate	93.41%	95.35% ▲
Customer Service	88.31%	90.43%
Global Ratings		
Rating of All Health Care	89.94%	88.27%
Rating of Personal Doctor	91.81%	91.88%
Rating of Specialist Seen Most Often	87.14%	87.71%
Rating of Health Plan	88.25%	87.84%

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

Indicates the 2020 score is statistically significantly higher than the 2019 national average.

Indicates the 2020 score is statistically significantly lower than the 2019 national average.

▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.

Statewide Georgia Families 360° Findings

Table 4-9 shows the 2019 and 2020 Amerigroup 360° program CAHPS top-box scores.

Table 4-9—Statewide Amerigroup 360° CAHPS Results[4-9]

	2019 Top-Box Rates	2020 Top-Box Rates
Composite Measures		
Getting Needed Care	89.45%	86.88%
Getting Care Quickly	98.21%	98.16%
How Well Doctors Communicate	96.92%	97.97%
Customer Service	91.15%	92.05% +
Global Ratings		
Rating of All Health Care	87.31%	90.99%
Rating of Personal Doctor	93.42%	93.95%
Rating of Specialist Seen Most Often	92.05%	88.31% +
Rating of Health Plan	82.48%	84.35%

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 2020 score is at least 5 percentage points higher than the 2019 national average.

Indicates the 2020 score is at least 5 percentage points lower than the 2019 national average.

[4-9] Based on the data HSAG received from Amerigroup 360°, HSAG was unable to perform statistical testing on the results (i.e., summary report only).

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Comparison of the 2020 Georgia CMO program average scores for the adult Medicaid population to the 2019 NCQA adult Medicaid national averages revealed that the Georgia CMO program's 2020 score was statistically significantly higher than the 2019 NCQA adult Medicaid national average for one measure, *How Well Doctors Communicate*.

Strength: Comparison of the 2020 Georgia CMO program average scores for the adult Medicaid population to the corresponding 2019 scores revealed that the Georgia CMO program's 2020 scores were statistically significantly higher than the 2019 scores for two measures: *How Well Doctors Communicate* and *Rating of Specialist Seen Most Often*.

Strength: Comparison of the 2020 Georgia CMO program average scores for the child Medicaid population to the 2019 NCQA child Medicaid national averages revealed that the Georgia CMO program's 2020 scores were statistically significantly higher than 2019 NCQA child Medicaid national averages for three measures: *Getting Needed Care*, *How Well Doctors Communicate*, and *Rating of Personal Doctor*.

Strength: Comparison of the 2020 Georgia CMO program average scores for the child Medicaid population to the corresponding 2019 scores revealed that the Georgia CMO program's 2020 score was statistically significantly higher than the 2019 score for one measure, *How Well Doctors Communicate*.

Strength: Comparison of the 2020 Amerigroup 360° program top-box scores for the child Medicaid population to the 2019 NCQA child Medicaid national averages revealed that Amerigroup 360°'s 2020 top-box score was at least 5 percentage points higher than the 2019 national average for one measure, *Getting Care Quickly*.

Weaknesses

Weakness: Comparison of the 2020 Georgia CMO program average scores for the adult Medicaid population to the 2019 NCQA adult Medicaid national averages revealed that the Georgia CMO program's 2020 score was statistically significantly lower than the 2019 NCQA adult Medicaid national average for three measures: *Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation Medications*, and *Discussing Cessation Strategies*.

5. CMO-Specific Summary—Amerigroup Community Care

Activity-Specific Findings

This section presents HSAG's findings and conclusions from the EQR activities conducted for Amerigroup. It provides a discussion of Amerigroups's 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 Amerigroup addressed the QI recommendations made by HSAG during the previous year. The methodology for each activity can be found in Appendix A—Technical Methods of Data Collection and Analysis.

Validation of Performance Improvement Projects

Findings

Table 5-1 displays the Amerigroup PIP topic, tested interventions, baseline rate, SMART Aim goal rate, highest rate achieved, and overall confidence level for the PIP topics validated in CY 2020.

Table 5-1—SMART Aim Measure Results

PIP Topic	Tested Intervention	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level
Diabetes—Dilated Retinal Eye Exam	Generated a list of members due for a dilated retinal exam (DRE), conducted telephonic outreach to educate members on the importance of DREs, and assisted members with scheduling an appointment.	44.94%	61%	23.05%	*Low Confidence*
Customer Satisfaction	Reviewed first call resolution (FCR) results for customer service associates and trained those with FCR scores below 70 percent.	92%	97%	92.5%	*Low Confidence*

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Specific strengths were not identified for Amerigroup.

Weaknesses

Weakness: For the *Diabetes—Dilated Retinal Eye Exam* PIP, the SMART Aim measure remained below the baseline rate during intervention testing. Amerigroup did not provide a complete and accurate summary of the intervention testing results or include the required numerator and denominator counts for each rolling 12-month measurement. HSAG was unable to clearly interpret the data reported. Due to these deficiencies, not all evaluation criteria received *Achieved* scores, resulting in the assigned *Low Confidence* rating

Why the weakness exists: Amerigroup did not provide a complete and accurate summary of the intervention testing results or include the required numerator and denominator counts for each rolling 12-month measurement.

Recommendation: HSAG recommends that Amerigroup request technical assistance throughout the PIP process to ensure all requirements are met and validation processes result in a *High Confidence* rating. HSAG recommends that Amerigroup apply lessons learned and knowledge gained from its efforts and HSAG's feedback throughout the PIP to future PIPS and other QI activities. HSAG also recommends that Amerigroup consider other barriers/failures that identify opportunities for improvement and develop additional interventions to achieve the desired improvement in diabetic eye exams and customer satisfaction rates.

Weakness: For the *Customer Satisfaction* PIP, the SMART Aim measure did not achieve the goal during intervention testing. Amerigroup did not include the numerator and denominator counts for each rolling 12-month measurement period; therefore, HSAG could not validate the data reported. Due to these deficiencies, not all evaluation criteria received *Achieved* scores, resulting in the assigned *Low Confidence* rating.

Why the weakness exists: The CMO did not provide a numerator and denominator count for each rolling 12-month measurement period.

Recommendation: HSAG recommends that the CMOs request technical assistance throughout the PIP process to ensure all requirements are met and validation processes result in a *High Confidence* rating. HSAG recommends that Amerigroup apply lessons learned and knowledge gained from its efforts and HSAG's feedback throughout the PIP to future PIPs and other QI activities. HSAG also recommends that Amerigroup consider other barriers/failures that identify opportunities for improvement and develop additional interventions to achieve the desired improvement in diabetic eye exams and customer satisfaction rates.

Assessment of Follow-Up on Prior Recommendations

Table 5-2 presents the prior recommendations made regarding the 2019 PIPs as well as Amerigroup's response to those recommendations.

Table 5-2—PIP Validation—Prior Recommendations and Amerigroup's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for PIPs*	Amerigroup'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)*
HSAG recommended that Amerigroup develop an internal process to discuss, support, and report PIP progression and outcomes, including methodology development and effective use of QI tools.	• Establishing monthly PIP Steering Committee meetings to discuss barriers, share resources, and collaborate across all lines of business • Committing to (at a minimum) separate bimonthly meetings with the administrative and clinical PIP teams • Creating a collaborative PIP action plan to improve coordination and tracking of action items and interventions • Utilizing quality improvement collaborative software tools to ensure accurate and timely communication of updates and key activities
HSAG recommended that Amerigroup apply lessons learned and knowledge gained from its efforts and HSAG's feedback throughout the PIP process to final modules, future PIPs, and other QI activities.	• Remaining committed to adhering to the Plan-Do-Study-Act methodology to improve current processes. Amerigroup will continue to seek technical assistance if barriers are identified.
HSAG recommended that Amerigroup ensure it addresses all documentation requirements for each module. The CMO should use HSAG's Rapid-Cycle PIP Reference Guide and the module-specific instructions within each module as modules are completed and the CMO progresses through the PIP process.	• Remaining committed to adhering to HSAG's methodology as outlined within the PIP Reference Guide and the module-specific instructions. Amerigroup will continue to seek technical assistance if barriers are identified.
HSAG Assessment: HSAG has determined that Amerigroup has addressed the recommendations in the prior year's annual technical report.	

Validation of Performance Measures

Amerigroup contracted with an NCQA-LO to conduct the HEDIS Compliance Audit. HSAG reviewed Amerigroup's FARs, IS compliance tools, and IDSS files approved by the CMO's LO. HSAG found

that the CMO's IS compliance tools and processes were compliant with the applicable IS standards. Amerigroup was compliant with the HEDIS reporting requirements for the key GF Medicaid measures for HEDIS 2020.

Amerigroup demonstrated the highest performance among the CMOs, meeting or exceeding the 50th percentile for 18 of 22 (81.8 percent) reportable measure rates, respectively. Please refer to Section 4 for detailed information on performance measure results for Amerigroup.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: In the Access to Care domain, the CMO's performance met or exceeded the HEDIS 75th percentile in the *Adolescent Well Care Visits, Cervical Cancer Screening, Childhood Immunization Status—Combination 7, Chlamydia Screening in Women—21–24 Years, Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)*, and *Well-Child Visits in the First 15 Months of Life—No Well-Child Visits* measures, indicating that Amerigroup members were able to access a provider for preventive, screening, and well visits to stay healthy and reduce unnecessary ER utilization. In the Quality of Care domain, the *Asthma Medication Ratio—12–18 Years* measure met or exceeded the 75th percentile.

Weaknesses

Weakness: In the Quality of Care domain, the *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* and *Controlling High Blood Pressure* measures indicated lower performance, with the CMO's rates falling below the HEDIS 25th percentile. This performance suggests that although members were able to access their PCP to manage chronic conditions, they were not able to manage their condition. Appropriate diabetes and high blood pressure management is critical to reduce risks from complications and prolong the life of DCH members.

Why the weakness exists: Although members with chronic conditions may have access to care, these members were not consistently managing their conditions according to evidence-based guidelines through the appropriate use of medications, diet and nutrition, or physical activity.

Recommendation: HSAG recommends that Amerigroup conduct a root cause analysis or focused study to determine why its members are not maintaining their chronic health condition at optimal levels. Upon identification of a root cause, HSAG recommends that Amerigroup implement appropriate interventions to improve the performance related to these chronic conditions.

Assessment of Follow-Up on Prior Recommendations

From the results of the 2019 PMV activity, Amerigroup received one recommendation. Table 5-3 presents the recommendation made during HEDIS MY 2019 as well as Amerigroup's response to this recommendation.

Table 5-3—PMV—Prior Recommendations and Amerigroup's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures–NCQA HEDIS Compliance Audit (Medicaid)*	Amerigroup'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)*
HSAG recommended that Amerigroup focus QI efforts on the following 2019 measure rates that were determined to be opportunities for improvement (i.e., below the 25th percentile): • *Asthma Medication Ratio—19–50 Years* • *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* • *Colorectal Cancer Screening*	• Providing education to member/caregiver on the importance of preventive screenings, management of certain chronic conditions, as well as medication adherence. • Reestablishing quality sub-workgroups that include a diverse group of individuals representing different roles of the care team to address healthcare challenges that impact members receiving care or providers that offer care (i.e., COVID-19). • Continuing to provide education to members to ensure an understanding of the importance of prescription fills/refills as well as utilizing medications correctly (long-term versus short-acting). • Continuing to provide education to members on the benefits of a lower HbA1c. • Encouraging members to keep their follow-up appointments with their provider. • Targeting outreach call campaigns to members to schedule their visit with their provider. • Encouraging member/provider referrals to Amerigroup's disease management program to ensure continued outreach and education to members and enhance access and care coordination. • Providing gap-in-care reports to providers with a list of members who have outstanding and/or are noncompliant for services. • Providing education to providers on the utilization of Current Procedural Terminology (CPT) Category II codes to capture HbA1c test results. • Completing member reminder mailings for medication refills and screenings. • Conducting text message campaign to noncompliant members.

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures–NCQA HEDIS Compliance Audit (Medicaid)*	Amerigroup'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)*
HSAG Assessment: HSAG has determined that Amerigroup has addressed the recommendations in the prior year's annual technical report.	

Validation of Performance Measures—NCQA HEDIS Compliance Audit

Based on HSAG's validation of performance measures, HSAG identified no concerns with Amerigroup's data processing, integration, and measure production. HSAG determined that Amerigroup followed the State's measure specifications and produced reportable rates for all measures in the scope of the PMVs.

The Amerigroup HEDIS auditor found that Amerigroup was fully compliant with all IS standards and determined that Amerigroup submitted valid and reportable rates for all measures in the scope of the NCQA HEDIS Compliance Audit.

Compliance With Standards Review

HSAG conducts compliance monitoring activities at least once during each three-year EQR cycle. During CY 2019, HSAG conducted a comprehensive compliance review of each CMO for the GF and GF 360° programs. Compliance monitoring was not conducted during CY 2020.

During the 2018 Compliance With Standards review process, HSAG identified strengths and opportunities for improvement specific to Amerigroup. The CMO has outlined its response to the recommendations in Table 5-4.

Table 5-4—Compliance With Standards Review—Prior Recommendations and Amerigroup's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Compliance With Standards Review*	Amerigroup'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*
HSAG recommended that the CMO review and update vendor agreements to consistently contain required contract language.	• Submitting to DCH copies of the Amendment By Notice (ABN) documents delivered to delegated vendors Avesis (vision), DentaQuest (dental), and LogistiCare (non-emergency medical transportation—NEMT). The ABN informed vendors of Amerigroup's continued responsibility to assure that all activities under the DCH contract are carried out. The vendors

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Compliance With Standards Review*	Amerigroup'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*
	understand the ABN documents are incorporated by reference into the existing contracts between each vendor and Amerigroup.
HSAG recommended that the CMO review its expedited appeal process to ensure it is consistent with the required time frame and includes the following: • Ensure the appeal receipt date is always documented and easy to locate in the file • Ensure appropriate documentation is in all files • Ensure timeliness in mailing the expedited appeal resolution/determination letters for both GF and GF 360°	• Using the electronic system PEGA (NextGen Pega Grievance and Appeals) for grievances and appeals. The received date is displayed at the top of the opening page, listed as "company received date." • Ensuring the due date is on the top of the opening page under "case due date" and the number of days left till the case must be completed under "days remaining." • Creating a documentation template for the appeals team in June 2020. The grievance and appeals team performs random audits monthly (three audits per associate per month); the corporate audit team performs random audits to ensure constant state of readiness (CSR). All appeal nurses have been trained on correct documentation. • Ensuring determination letters complete [undergo] a quality assurance review prior to mailing. • Increasing the grievance and appeals leadership team monitoring of the appeals workbasket and individual worklists to ensure timely resolution of standard/expedited appeals and to ensure timely completion of the resolution letter. Monitoring is completed on a daily basis. Appeals in the workbasket that are close to reaching the due date for resolution are assigned to an individual nurse's worklist for resolution. In addition, a reminder email is sent to nurses who have appeals in their individual worklist that need to be addressed to ensure timely resolution.
HSAG recommended that the CMO review its grievance process to ensure all grievances are resolved within 90 calendar days of receipt of the grievance.	• Increasing the grievance and appeals leadership team monitoring of the appeals workbasket and individual worklists to ensure timely resolution of standard/expedited appeals and to ensure timely completion of the resolution letter. Monitoring is completed on a daily basis. Appeals in the

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Compliance With Standards Review*	Amerigroup'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*
	workbasket that are close to reaching the due date for resolution are assigned to an individual nurse's worklist for resolution. In addition, a reminder email is sent to nurses who have appeals in their individual worklist that need to be addressed to ensure timely resolution.
HSAG recommended that the CMO review its expedited appeals process to ensure that notices to affected parties are consistently provided within 72 clock hours.	• Using the electronic system PEGA (NextGen Pega Grievance and Appeals) for grievances and appeals. The received date is displayed at the top of the opening page, listed as "company received date." • Ensuring the due date is on the top of the opening page under "case due date" and the number of days left till the case must be completed under "days remaining." • Creating a documentation template for the appeals team in June 2020. The grievance and appeals team performs random audits monthly (three audits per associate per month); the corporate audit team performs random audits to ensure CSR. All appeal nurses have been trained on correct documentation. • Ensuring determination letters complete [undergo] a quality assurance review prior to mailing. • Increasing the grievance and appeals leadership team monitoring of the appeals workbasket and individual worklists to ensure timely resolution of standard/expedited appeals and to ensure timely completion of the resolution letter. Monitoring is completed on a daily basis. Appeals in the workbasket that are close to reaching the due date for resolution are assigned to an individual nurse's worklist for resolution. In addition, a reminder email is sent to nurses who have appeals in their individual worklist that need to be addressed to ensure timely resolution.
HSAG recommended that the CMO document processes used to screen and verify the accuracy, completeness, logic, consistency, and timeliness of claims or encounters submitted by providers or subcontractors.	• Conducting the quality code review (QCR) department complex audits that are initiated based on claims received that align with the criteria of a certain concept. Algorithms are used to query post-payment data to find and review

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Compliance With Standards Review*	Amerigroup'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*
	claims in order to ensure the providers are billing correctly and according to the coding guidelines. These advanced queries produce files which identify claims for medical record review. The reviews of these claims-based data and medical charts ensures that services are billed appropriately, reimbursement is accurate, and care is delivered in accordance with industry standards, medical policy guidelines, and generally accepted medical practices. This is done off-site by a post-pay audit of medical records. • Provider Audit—Overview: Reserving Amerigroup's right to audit claims to ensure services were billed appropriately and reimbursement was accurate. Amerigroup uses both desk and on-site audits to complete these audits, which may be performed by an Amerigroup employee or contracted vendor auditor. • Offering providers standard reconsideration/appeal rights as outlined in their provider agreements. • Selecting claims for audit based on specific criteria such as, but not limited to, diagnosis related group (DRG), DRG outlier, diagnosis, and dollar amount and are not specific to a facility. The selection criteria are routinely updated to reflect claim characteristics with the highest opportunity for error. • Provider Audit—Desk Audit: Requesting medical records from the facility once a claim is selected for audit. If records are not received within 30 days, the address is validated and a second request is sent. A final letter is sent at 45 days. Failure to provide the records requested within 60 days may result in recouping dollars paid in accordance with Amerigroup's reimbursement policy. Timing of the generation of letters can be changed depending on the line of business (LOB). The records and all associated documentation are reviewed by nurse auditors and findings are

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Compliance With Standards Review*	Amerigroup'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*
	shared with the facility. If an overpayment is identified, that claim will be sent to Cost Containment to initiate recovery. Standard recovery processes and procedures are utilized. • Provider Audit—On-Site Audit (Performed by Subcontractor): Seeking approval to proceed with the audit once a claim is selected. Upon approval, the subcontractor will notify the facility of the intent to perform an on-site audit. If applicable, the subcontractor will work with the provider to schedule an on-site review. • Reviewing the records and all associated documentation by the subcontractor's nurse auditors and findings are shared with the facility. Overpayment findings are shared with the facility and given 30 days to rebut the findings. The facility may issue a refund voluntarily or sign an audit agreement for future claim offset. • Recouping dollars paid in accordance with Amerigroup's reimbursement policy for failure to rebut or issue a refund.
HSAG Assessment: HSAG has determined that Amerigroup has addressed the recommendations in the prior year's annual technical report.	

CAHPS Surveys

Adult Findings

Table 5-5 displays Amerigroup's 2019 and 2020 adult Medicaid CAHPS top-box scores. In 2020, a total of 1,755 adult members were administered a survey, of which 64 completed a survey. After ineligible members were excluded(1,691), the response rate was 3.65 percent. In 2019, the average NCQA response rate for the adult Medicaid population was 19.6 percent, greater than Amerigroup's response rate.

Table 5-5—Amerigroup Adult Medicaid CAHPS Results

	2019 Top-Box Rates	2020 Top-Box Rates
Composite Measures		
Getting Needed Care	80.93%	80.89% +
Getting Care Quickly	76.28%	89.84% + ▲
How Well Doctors Communicate	92.86%	99.31% + ▲
Customer Service	88.89% +	87.87% +
Global Ratings		
Rating of All Health Care	81.29%	71.11% +
Rating of Personal Doctor	88.10%	87.23% +
Rating of Specialist Seen Most Often	83.72% +	86.96% +
Rating of Health Plan	79.92%	66.13% + ▼
Effectiveness of Care*		
Advising Smokers and Tobacco Users to Quit	64.42%	64.62% +
Discussing Cessation Medications	25.24%	26.15% +
Discussing Cessation Strategies	32.04%	38.46% +

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

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

Indicates the 2020 score is statistically significantly higher than the 2019 national average.

Indicates the 2020 score is statistically significantly lower than the 2019 national average.

▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Adult members enrolled in Amerigroup had more positive experiences with timeliness of getting care and communication with their doctor, as indicated by the scores for these measures which were statistically significantly higher in 2020 compared to 2019 and statistically significantly higher than the 2019 NCQA adult Medicaid national averages.

Weaknesses

Weakness: Fewer adult members enrolled in Amerigroup reported positive overall experiences with their health plan, since the score for this measure was statistically significantly lower in 2020 compared to 2019. In addition, two of the

three Effectiveness of Care scores were statistically significantly lower than the 2019 NCQA adult Medicaid national averages.

Why the weakness exists: Amerigroup adult members are reporting more negative experiences with their health plan. When compared to national benchmarks, the results indicate that Amerigroup providers may not be advising members who smoke or use tobacco to quit as much as other providers.

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. In addition, HSAG also recommends that Amerigroup continue to monitor the measures to ensure there are no significant decreases in scores over time.

Child Findings

Table 5-6 displays Amerigroup's 2019 and 2020 child Medicaid CAHPS top-box scores. In 2020, a total of 2,640 child members were administered a survey, of which 176 completed a survey. After ineligible members were excluded (2,464), the response rate was 6.68 percent. In comparison, the 2019 average NCQA response rate for the child Medicaid population was 18.3 percent.

Table 5-6—Amerigroup Child Medicaid CAHPS Results

	2019 Top-Box Rates	2020 Top-Box Rates
Composite Measures		
Getting Needed Care	83.19%	87.89% +
Getting Care Quickly	88.63%	95.76% + ▲
How Well Doctors Communicate	91.90%	94.76%
Customer Service	88.75%	94.44% +
Global Ratings		
Rating of All Health Care	90.80%	85.04%
Rating of Personal Doctor	92.52%	87.67%
Rating of Specialist Seen Most Often	84.25%	78.38% +
Rating of Health Plan	91.41%	84.97% ▼

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

Indicates the 2020 score is statistically significantly higher than the 2019 national average.

Indicates the 2020 score is statistically significantly lower than the 2019 national average.

▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Parents/caretakers of child members enrolled in Amerigroup had more positive experiences with timeliness of getting care for their child, as indicated by the score for this measure being statistically significantly higher in 2020 compared to 2019 and statistically significantly higher than the 2019 NCQA child Medicaid national average.

Weaknesses

Weakness: Fewer parents/caretakers of child members enrolled in Amerigroup reported positive overall experiences with their child's health plan, since the score for this measure was statistically significantly lower in 2020 compared to 2019.

Why the weakness exists: Parents/caretakers of child members are reporting more negative experiences with their child's health plan.

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 recommends that Amerigroup continue to monitor the measures to ensure there are no significant decreases in scores over time.

Assessment of Follow-Up on Prior Recommendations

From the results of the CY 2019 CAHPS Survey, Amerigroup received five recommendations. Table 5-7 presents the prior recommendations made by HSAG during CY 2020 as well as Amerigroup's response to HSAG's recommendations.

Table 5-7—CAHPS Survey—Prior Recommendations and Amerigroup's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	Amerigroup'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)*
Amerigroup's top-box scores showed a substantial decrease of 5 percentage points or more between 2018 and 2019 for two measures: • *Advising Smokers and Tobacco Users to Quit* (6.75 percentage points) • *Discussing Cessation Medications* (9.31 percentage points)	• Referring identified members who smoke to the Georgia Tobacco Quit Line (GTQL), managed by the Georgia Department of Public Health. • Amerigroup health coaches providing education about the benefits of smoking cessation, assisting members with creating a personalized smoking cessation plan,

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	Amerigroup'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)*
	referring members to the National Tobacco Quit Line, and making referrals to the disease management nurse, when appropriate. • Providing members with Amerigroup's Smoking Cessation Health Tips and information about Aunt Bertha Community Based Programs for a smoking cessation program.
Amerigroup's 2019 top-box scores were at least 5 percentage points less than the 2018 NCQA adult Medicaid national averages for four measures: • *Getting Care Quickly* • *Advising Smokers and Tobacco Users to Quit* • *Discussing Cessation Medications* • *Discussing Cessation Strategies*	• Streamlining the process to access care from a primary care physician or specialist. • Facilitating member access to laboratory, pharmacy, or treatment services. • Conducting provider education to enhance provider communication skills. • Implementing process improvement to facilitate access to specialists, tests, and treatment, and to provide easy access to care to patients received from other healthcare providers. • Annually monitoring practitioner appointment accessibility, after-hour accessibility, and telephone accessibility. • Evaluating its partnerships with urgent care providers to ensure there is adequate access, supporting network growth, and meeting members' needs for urgent care access. • Referring identified members who smoke to the Georgia Tobacco Quit Line (GTQL), managed by the Georgia Department of Public Health. • Amerigroup health coaches providing education about the benefits of smoking cessation, assisting members with creating a personalized smoking cessation plan, referring members to the National Tobacco Quit Line, and making referrals to the disease management nurse, when appropriate. • Providing members with Amerigroup's

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	Amerigroup'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)*
	Smoking Cessation Health Tips and information about Aunt Bertha Community Based Programs for a smoking cessation program.
HSAG recommended that Amerigroup focus QI efforts on the measure scores that exhibited a decrease from 2018 to 2019 and were lower than the NCQA adult Medicaid national averages. Amerigroup should conduct root cause analyses of study indicators that have been identified as areas of low performance. This type of analysis is typically conducted to investigate process deficiencies and unexplained outcomes to identify causes and devise potential improvement strategies. In addition, HSAG recommended that Amerigroup continue to monitor the measures to ensure there are no significant decreases in rates over time.	• Conducting outreach call campaigns to identified members to schedule members for their annual visit, well visits, immunizations, and follow-up for chronic conditions. • Performing [implementing] text message campaigns to noncompliant members. • Completing provider education on utilization of CPT CAT II codes for timeliness measure. • Providing gap-in-care reports to providers with list of members who have outstanding services. • Educating members/providers on Amerigroup's disease management program. • Offering provider/member incentives for NCQA compliance.
HSAG recommended that Amerigroup focus QI initiatives on the medical assistance it provides related to smoking and tobacco use cessation, since these scores fell below NCQA's 2018 adult Medicaid national averages by at least 5 percentage points. For those patients who smoke or use tobacco, Amerigroup should encourage providers to discuss strategies and possible medication options on how to quit smoking and tobacco use. Amerigroup may also identify opportunities to collaborate with public health and community organizations and their work related to smoking and tobacco cessation campaigns.	• Referring identified members who smoke to the Georgia Tobacco Quit Line (GTQL), managed by the Georgia Department of Public Health. • Amerigroup health coaches providing education about the benefits of smoking cessation, assisting members with creating a personalized smoking cessation plan, referring members to the National Tobacco Quit Line, and making referrals to the disease management nurse, when appropriate. • Providing members with Amerigroup's Smoking Cessation Health Tips and information about Aunt Bertha Community Based Programs for a smoking cessation program. • Encouraging providers to discuss options

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	Amerigroup'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)*
	for quitting smoking/tobacco use with members.
Amerigroup's 2019 top-box scores for *Getting Needed Care*, *Getting Care Quickly*, and *Rating of Specialist Seen Most Often* decreased slightly from 2018; therefore, HSAG recommended that Amerigroup should focus on interventions targeted toward improving members' access to care, getting the care needed quickly, and interactions with specialists to help improve these scores. In addition, HSAG recommended that Amerigroup continue to monitor the measures to ensure there are no significant decreases in rates over time.	• Streamlining the process to access care from a primary care physician or specialist. • Facilitating member access to laboratory, pharmacy, or treatment services. • Ensuring accurate and timely communication of health plan benefits, services, or updates to members and providers. • Offering provider education to enhance provider communication skills. • Implementing process improvement to facilitate access to specialists, tests, and treatment, and provide easy access to care to patients received from other healthcare providers. • Annually monitoring practitioner appointment accessibility, after-hour accessibility, and telephone accessibility. • Evaluating on an ongoing basis Amerigroup's partnerships with urgent care providers to ensure there is adequate access that supports network growth to meet members' needs for urgent care access.
HSAG Assessment: HSAG has determined that Amerigroup has addressed the recommendations in the prior year's annual technical report.	

6. CMO-Specific Summary—CareSource

Activity-Specific Findings

This section presents HSAG's findings and conclusions from the EQR activities conducted for CareSource. It provides a discussion of CareSource's 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 CareSource addressed the QI recommendations made by HSAG during the previous year. The methodology for each activity can be found in Appendix A—Technical Methods of Data Collection and Analysis.

Validation of Performance Improvement Projects

Findings

Table 6-1 displays the PIP topic, tested interventions, baseline rate, the SMART Aim goal rate, highest rate achieved, and overall confidence level for the PIP topics validated in CY 2020.

Table 6-1—SMART Aim Measure Results

PIP Topic	Tested Intervention	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level
Follow-up After Hospitalization for Mental Illness Within 7 Days of Discharge	Developed a contact list between the CMO and Tanner Medical Center to improve CareSource notification by the hospital of an inpatient stay within two days of the admission.	41.4%	55%	46.5%	*Low Confidence*
Improve the Timeliness of Utilization Management Decisions	Trained Soft Touch Medical provider staff on the following: prior authorization (PA) turnaround time, difference between pre-authorization and retrospective review, and the durable medical equipment (DME) that require PAs.	76.6%	86.9%	98.2%	*High Confidence*

Strengths, Weaknesses, and Recommendations

Strengths

Strength: For the *Improve the Timeliness of Utilization Management Decisions* PIP, the SMART Aim measure exceeded the goal during intervention testing. The intervention testing results of month-over-month improvement suggest an increase in medical outpatient PA compliance of timely and correct decisions. All evaluation criteria received *Achieved* scores, and CareSource received a *High Confidence* rating.

Weaknesses

Weakness: For the *Follow-up After Hospitalization for Mental Illness Within 7 Days of Discharge* PIP, the SMART Aim measure did not achieve the goal. The intervention testing results suggest that CareSource's efforts improved communication between CareSource and Tanner Medical Center; however, the CMO's communication efforts did not address barriers to members attending the seven-day follow-up visit. Due to these deficiencies, not all evaluation criteria received *Achieved* scores, resulting in the assigned *Low Confidence* rating.

Why the weakness exists: Based on the PIP results, it appeared that CareSource's intervention was effective but not sufficient to achieve the SMART Aim goal.

Recommendation: HSAG recommends that CareSource consider other barriers/failures that need to be addressed and develop additional interventions to achieve the desired improvement in the measure rate. For future interventions involving training or education, HSAG recommends that CareSource explore other methods of evaluating knowledge gained by recipients, allowing for more complete evaluation effectiveness data. HSAG also recommends that CareSource consider getting buy-in from provider partners on pre-test/post-test data collection methods at the initiation of the intervention.

Assessment of Follow-Up on Prior Recommendations

Table 6-2 presents the prior recommendations made regarding the 2019 PIPs as well as CareSource's response to those recommendations.

Table 6-2—PIP Validation—Prior Recommendations and CareSource's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for PIPs*	CareSource'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)*
HSAG recommended that CareSource apply lessons learned and knowledge gained from its QI efforts and HSAG's feedback throughout the PIP process to final modules, future PIPs, and other QI activities.	• Completing QI Strategic Planning Sessions in 2019 (for the development of 2020 interventions) and 2020 (for the development of 2021 interventions) using the IHI model throughout the planning session. The session included staff from all departments. The QI Strategic Planning session identified factors that were significantly associated with noncompliant members, identified evidence-based interventions that improved health outcomes (nationally and state), developed targeted SMART Aims, interventions, and intervention effectiveness tools. The outcomes of the interventions were tracked and reported during QAPI and QOC [Quality of Care] meetings.
HSAG recommended that CareSource ensure it addresses all documentation requirements for each module. The CMO should use HSAG's Rapid-Cycle PIP Reference Guide and the module-specific instructions within each module as modules are completed and the CMO progresses through the PIP process.	• Continuing to use the HSAG Rapid-Cycle PIP Reference Guide for DCH PIPs and internal PIPs. All DCH PIPs have been submitted to DCH and HSAG. CareSource uses the same methodology for internal PIPs as well.
HSAG Assessment: HSAG has determined that CareSource has addressed the prior recommendations.	

Validation of Performance Measures

CareSource contracted with an NCQA-LO to conduct the HEDIS Compliance Audit. HSAG reviewed CareSource's FARs, IS compliance tools, and IDSS files approved by the CMO's LO. HSAG found that the CMO's IS compliance tools and processes were compliant with the applicable IS standards. CareSource was compliant with the HEDIS reporting requirements for the key GF Medicaid measures for HEDIS 2020.

CareSource demonstrated low performance among the CMOs, with only eight of 21 (38.1 percent) reportable measure rates meeting or exceeding the HEDIS 50th percentile. Please refer to Section 4 for detailed information on performance measure results for CareSource.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: In the Quality of Care domain, the CMO's performance met or exceeded the 75th percentile for the *Asthma Medication Ratio—12–18 Years* measure, indicating that members were able to access a provider for screening visits and visits related to their chronic health condition and were able to follow evidence-based guidance received during the visits.

Strength: In the Access to Care domain, the CMO's performance met or exceeded the 75th percentile for the *Chlamydia Screening in Women—21–24 Years* measure, indicating that members were able to access a provider for a screening and treatment visit.

Weaknesses

Weakness: In the Quality of Care domain, the *Asthma Medication Ratio—19–50 Years*, *Comprehensive Diabetes Care—HbA1c Control (<8.0%)*, and *Controlling High Blood Pressure* measures indicated lower performance, with the CMO's rates falling below the HEDIS 25th percentile. This performance suggests that although members were able to access their PCP to manage chronic conditions, they were not able to manage their condition. Appropriate asthma, diabetes, and high blood pressure management is critical to reduce risks from complications and prolong the life of DCH members.

Why the weakness exists: Although members with chronic conditions may have had access to care, these members were not consistently managing their conditions according to evidence-based guidelines through the appropriate use of medications, diet and nutrition, or physical activity.

Recommendation: HSAG recommends that CareSource conduct a root cause analysis or focused study to determine why its members are not maintaining their chronic health condition at optimal levels. Upon identification of a root cause, HSAG recommends that CareSource implement appropriate interventions to improve the performance related to these chronic conditions.

Weakness: In the Access to Care domain, the *Breast Cancer Screening*; *Childhood Immunization Status—Combination 7;* and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measures indicated lower performance, with the CMO's rates falling below the HEDIS 25th percentile. This performance suggests possible access to care issues for women and children in receiving screening, preventive, and well-visit services.

Why the weakness exists: With three measures in the Access to Care domain falling below the HEDIS 25th percentile, a disparity in access to care for women and children may exist.

Recommendation: HSAG recommends that the CMO conduct a root cause analysis to determine why some women and children have not received screening, preventive, and well-child visits. HSAG recommends that the CMO consider if there are disparities within the CMO's populations that contribute to lower performance in 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 improve access to care and services.

Assessment of Follow-Up on Prior Recommendations

From the results of the 2019 PMV activity, CareSource received one recommendation. Table 6-3 presents the prior recommendation made during HEDIS 2019 as well as CareSource's response to this recommendation.

Table 6-3—PMV—Prior Recommendations and CareSource's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures–NCQA HEDIS Compliance Audit (Medicaid)*	CareSource'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)*
HSAG recommended that CareSource focus QI efforts on the following 2019 measure rates that were determined to be opportunities for improvement (i.e., below the 25th percentile): • *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* • *Childhood Immunization Status—Combination 7* • *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* • *Prenatal and Postpartum Care—Timeliness of Prenatal Care* • *Well-Child Visits in the First 15 Months of Life—No Well-Child Visits* and *Six or More Well-Child Visits* • *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*	• Including the measures as focused measures for 2020 to improve compliance. • Including the members serving on the member advisory committee when reviewing best practices to increase specific measures and including their experiences as they related to effective interventions and barriers members face.
HSAG Assessment: HSAG has determined that CareSource has not addressed the prior recommendation. Specific programs or initiatives to improve the measures have not been provided.	

Validation of Performance Measures—NCQA HEDIS Compliance Audit

Based on HSAG's validation of performance measures, HSAG identified no concerns with CareSource's data processing, integration, and measure production. HSAG determined that CareSource followed the State's specifications and produced reportable rates for all measures in the scope of PMV.

The CareSource HEDIS auditor found that the CMO was fully compliant with all IS standards and determined CareSource submitted valid and reportable rates for all measures in the scope of the NCQA HEDIS Compliance Audit.

Compliance With Standards Review

HSAG conducts compliance monitoring activities at least once during each three-year EQR cycle. During CY 2019, HSAG conducted a comprehensive compliance with standards review of each CMO for the GF and the GF 360° programs. Compliance monitoring was not conducted during CY 2020.

During the Compliance With Standards review process, HSAG identified strengths and opportunities for improvement specific to CareSource as outlined in Table 6-4.

Table 6-4—Compliance With Standards Review—Prior Recommendations and CareSource's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Compliance With Standards Review*	CareSource'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*
HSAG recommended that the CMO review and update its process to ensure that oral appeals are followed by a written appeal and that members approve appeals submitted by a provider on behalf of a member and the extension of an appeal time frame.	• Revising the Grievance and Appeals Clinical Appeal of Member and Provider Pre-Service Procedure to include the fact that a written, signed appeal must be submitted by the member following an oral submission of a standard appeal. • Conducting staff training to ensure compliance with this requirement. • Updating member call center procedures to reinforce the requirement that all oral appeals must be followed up with a written appeal.
HSAG recommended that the CMO review its administrative review/appeal process to ensure that all notices and all grievance acknowledgement letters are sent within the required time frames.	Administrative Reviews and Appeals: • Automating issuance of the appeal acknowledgment letter to ensure the letter is sent within ten (10) business days of receipt of the appeal. Grievances: • Implementing system-generated case reminders to remind health plan grievance staff to issue acknowledgment letters when the case is opened

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Compliance With Standards Review*	CareSource'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*
	by the user. Note: The reminder remains on the case until the user issues the acknowledgment. • Implementing a grievance queue that allows health plan grievance staff and the applicable management team to view outstanding cases requiring acknowledgement.
HSAG recommended that the CMO implement a process to ensure the accuracy and completeness of grievance resolution letters.	• Conducting grievance staff refresher training to include reeducation on grievance resolution standards and associated requirements.
HSAG Assessment: HSAG has determined that CareSource has addressed the prior recommendations.	

CAHPS Surveys

Adult Findings

Table 6-5 displays CareSource's 2019 and 2020 adult Medicaid CAHPS top-boxes scores. In 2020, a total of 2,025 adult members were administered a survey, of which 170 completed a survey. After ineligible members were excluded (1,855) the response rate was 8.53 percent. In 2019, the average NCQA response rate for the adult Medicaid population was 19.6 percent, which was greater than CareSource's response rate.

Table 6-5—CareSource Adult Medicaid CAHPS Results

	2019 Top-Box Rates	2020 Top-Box Rates
Composite Measures		
Getting Needed Care	77.02%	77.90% +
Getting Care Quickly	80.64%	79.16% +
How Well Doctors Communicate	91.19% +	93.58% +
Customer Service	88.71% +	84.67% +
Global Ratings		
Rating of All Health Care	73.47%	78.40%
Rating of Personal Doctor	80.65%	85.45%
Rating of Specialist Seen Most Often	80.88% +	89.09% +
Rating of Health Plan	71.36%	79.88%

	2019 Top-Box Rates	2020 Top-Box Rates
Effectiveness of Care*		
Advising Smokers and Tobacco Users to Quit	71.76%	69.79% +
Discussing Cessation Medications	37.69%	35.11% +
Discussing Cessation Strategies	35.16%	36.56% +

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

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

Indicates the 2020 score is statistically significantly higher than the 2019 national average.

Indicates the 2020 score is statistically significantly lower than the 2019 national average.

▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: HSAG did not identify any CAHPS survey strengths for CareSource.

Weaknesses

Weakness: Two of the three CareSource Effectiveness of Care scores were statistically significantly lower than the 2019 NCQA adult Medicaid national averages.

Why the weakness exists: When compared to national benchmarks, the results indicate that providers may not be advising members who smoke or use tobacco to quit as much as other providers.

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. In addition, HSAG recommends that CareSource continue to monitor the measures to ensure there are no significant decreases in scores over time.

Child Findings

Table 6-6 shows CareSource's 2019 and 2020 child Medicaid CAHPS top-box scores. In 2020, a total of 3,300 child members were administered a survey, of which 368 completed a survey. After ineligible members were excluded (2,932), the response rate was 11.26 percent. In 2019, the average NCQA response rate for the child Medicaid population was 18.3 percent, greater than CareSource's response rate.

Table 6-6—CareSource Child Medicaid CAHPS Results

	2019 Top-Box Rates	2020 Top-Box Rates
Composite Measures		
Getting Needed Care	83.43%	87.42%
Getting Care Quickly	90.03%	89.18%
How Well Doctors Communicate	93.57%	93.21%
Customer Service	89.31%	88.40%
Global Ratings		
Rating of All Health Care	88.30%	88.49%
Rating of Personal Doctor	92.25%	92.01%
Rating of Specialist Seen Most Often	86.21% +	88.52% +
Rating of Health Plan	81.34%	84.90%

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 2020 score is statistically significantly higher than the 2019 national average.

Indicates the 2020 score is statistically significantly lower than the 2019 national average.

▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: HSAG did not identify any CAHPS survey strengths for CareSource.

Weaknesses

Weakness: HSAG did not identify any weaknesses for CareSource for the CAHPS survey.

Why the weakness exists: N/A.

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

Assessment of Follow-Up on Prior Recommendations

From the results of the CY 2019 CAHPS Survey, CareSource received four recommendations. Table 6-7 presents the prior recommendations made by HSAG during CY 2020 as well as CareSource's response to HSAG's recommendations.

Table 6-7—CAHPS Survey—Prior Recommendations and CareSource's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	CareSource'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)*
CareSource's 2019 top-box scores were at least 5 percentage points less than the 2018 NCQA adult Medicaid national averages for five measures: • *Getting Needed Care* • *Rating of Health Plan* • *Advising Smokers and Tobacco Users to Quit* • *Discussing Cessation Medications* • *Discussing Cessation Strategies*	• Implementing a CAHPS workgroup that is a multidisciplinary workgroup that meets to develop and implement initiatives to improve member satisfaction. The CAHPS adult percentages showed a positive increase from 2019 to 2020 for the following areas. - *Getting Needed Care* (+0.9%) - *Rating of Health Plan* (+12.7%) - *Discussing Cessation Strategies* (+1.4%) • Continuing workgroup meetings to implement year-round initiatives to increase member satisfaction among child and adult members.
HSAG recommended that CareSource continue to monitor the measures to ensure there are no significant decreases in rates over time.	• Monitoring the performance measures on a monthly basis statewide and among the top high-volume, noncompliant providers.
HSAG recommended that CareSource focus QI initiatives on the medical assistance it provides related to smoking and tobacco use cessation, since these scores fell below NCQA's 2018 adult Medicaid national averages by at least 5 percentage points. For those patients who smoke or use tobacco, CareSource should encourage providers to discuss strategies and possible medication options on how to quit smoking and tobacco use. CareSource may also identify opportunities to collaborate with public health and community organizations and their work related to smoking and tobacco cessation campaigns. Along with smoking and tobacco cessation initiatives, the CMO should focus QI activities on members' overall experience and access to care.	• Implementing the recommendations and encouraging providers to discuss strategies and possible medication options on how to quit smoking and tobacco use. • Identifying opportunities to collaborate with public health and community organizations and their work related to smoking and tobacco cessation campaigns.
HSAG recommended that the CMO should focus QI activities on improving members' positive experiences with CareSource and its contracted providers. CareSource's 2019 top-box score for *Rating of Specialist Seen Most Often* declined from 2018. HSAG recommended that CareSource conduct a root cause analysis on this area. This type of analysis is typically conducted to investigate process deficiencies and unexplained outcomes to identify causes and devise potential improvement strategies.	• CareSource's adult CAHPS score positively increased in *Rating of Specialist [Seen Most Often]* from 2019 to 2020 by 4.7 percentage points.

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	CareSource'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)*
In addition, HSAG recommended that CareSource continue to monitor the measures to ensure there are no significant decreases in rates over time.	
HSAG Assessment: HSAG has determined that CareSource has addressed the prior recommendations.	

7. CMO-Specific Summary—Peach State Health Plan

Activity-Specific Findings

This section presents HSAG's findings and conclusions from the EQR activities conducted for Peach State. It provides a discussion of Peach State's 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 Peach State has addressed the QI recommendations made by HSAG during the previous year. The methodology for each activity can be found in Appendix A—Technical Methods of Data Collection and Analysis.

Validation of Performance Improvement Projects

Findings

Table 7-1 displays the PIP topic, tested interventions, baseline rate, the SMART Aim goal rate, highest rate achieved, and overall confidence level for the PIP topics validated in CY 2020.

Table 7-1—SMART Aim Measure Results

PIP Topic	Tested Intervention	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level
Improving Follow-up After Hospitalization for Mental Illness (7-Day)	Partnered with Peachford hospital to notify inpatient members of an incentive of up to $100 for keeping and attending their scheduled follow-up visit appointment	47.53%	57.53%	51.28	*Low Confidence*
Improving Provider Satisfaction	Offered an incentive for members who schedule and complete a well-visit appointment with Snellville Pediatrics	58.8%	80.6%	75%	*Low Confidence*

Strengths, Weaknesses, and Recommendations

Strengths	**Strength:** Specific strengths were not identified for Peach State.
Weaknesses	**Weakness:** For the *Improving Follow-up After Hospitalization for Mental Illness (7-Day)* PIP, the SMART Aim measure did not achieve the goal during

intervention testing. As a result, not all evaluation criteria received *Achieved* scores, and the CMO received the *Low Confidence* rating.

Why the weakness exists: The CMO did not achieve the goal during intervention testing.

Recommendation: HSAG recommends that Peach State apply lessons learned and knowledge gained from its efforts and HSAG's feedback throughout the PIP to future PIPs and other QI activities. HSAG recommends that Peach State use lessons learned along with additional causal barrier analysis to explore other interventions to further improve the seven-day follow-up rate.

Weakness: For the *Improving Provider Satisfaction* PIP, Peach State determined through provider feedback that provider staff were not satisfied with the CMO's involvement with encouraging preventive care and wellness. As a result, Peach State tested an intervention offering an incentive for members completing a well-visit appointment. Upon validation of Module 5, the SMART Aim goal was not achieved during intervention testing, with the highest compliance percentage at 75 percent. As a result, not all evaluation criteria received *Achieved* scores, and the CMO received the *Low Confidence* rating.

Why the weakness exists: Peach State did not achieve the SMART Aim goal during intervention testing.

Recommendation: HSAG recommends that Peach State apply lessons learned and knowledge gained from its efforts and HSAG's feedback throughout the PIP to future PIPs and other QI activities. HSAG also recommends that Peach State use lessons learned along with additional causal barrier analysis to explore other interventions to further improve provider satisfaction.

Assessment of Follow-Up on Prior Recommendations

Table 7-2 presents the prior recommendations made regarding the 2019 PIPs as well as Peach State's response to those recommendations.

Table 7-2—PIP Validation—Prior Recommendations and Peach State's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for PIPs*	Peach State'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)*
HSAG recommended that Peach State apply lessons learned and knowledge gained from its efforts and	• Ensuring when working with a provider office, buy-in on all intervention steps is achieved to

Prior Year Recommendations *From the CY 2019 EQR Technical Report for PIPs*	Peach State'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)*
HSAG's feedback throughout the PIP process to final modules, future PIPs, and other QI activities.	ensure evaluation data are collected and accurate. This was a lesson learned from the CY 2017 PIPs. • Understanding that the reasons for member and provider dissatisfaction often change. Over the life of the CY 2019 Provider Satisfaction PIP, providers were initially dissatisfied by member no-shows and the perception that the CMO was not assisting. Later, the collaborating provider office determined they were dissatisfied by the CMO change in Pharmacy Benefit Manager (PBM). Toward the end of the PIP cycle, the collaborating provider office was dissatisfied with the CMO as they did not like the choice for lunch the CMO provided for free. *Lesson learned:* The reasons for provider dissatisfaction vary and often include claims, members, and CMO policy/process. Addressing each of these components is needed to improve overall provider satisfaction. • The CY 2019 Provider Satisfaction PIP required calling members to ask if the reason they kept their appointment was the incentive. Initially, members shared that it was not. The PIP team discussed what was believed to be that members (caregivers) underreported that the incentive was the reason for the kept appointment related to perceived judgement. The team agreed to institute changes in the way members were asked about the efficacy of the intervention by performing code switching, speaking with a smile, and showing empathy. After implementing these simple steps, more members reported that the incentive worked. *Lesson Learned:* Motivational interviewing and establishing a rapport with the member (caregiver) was why the appointment was kept.
HSAG recommended that Peach State ensure it addresses all documentation requirements for each module. The CMO should use HSAG's Rapid-Cycle PIP Reference Guide and the module-specific	• Ensuring the use of HSAG's Rapid Cycle PIP tools (modules and resource guide) when completing the CY 2019 PIPs: - Improving Provider Satisfaction

Prior Year Recommendations *From the CY 2019 EQR Technical Report for PIPs*	Peach State'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)*
instructions within each module as modules are completed and the CMO progresses through the PIP process.	- Improving the FUH [*Follow-up After Hospitalization for Mental Illness]* 7-day follow-up rate
HSAG Assessment: HSAG has determined that Peach State addressed the prior technical report recommendations and recommends that Peach State proceed with its plan to use the rapid-cycle PIP tools.	

Validation of Performance Measures

Peach State contracted with an NCQA-LO to conduct the HEDIS Compliance Audit. HSAG reviewed Peach State's FARs, IS compliance tools, and IDSS files approved by the CMO's LO. HSAG found that the CMO's IS compliance tools and processes were compliant with the applicable IS standards. Peach State was compliant with the HEDIS reporting requirements for the key GF Medicaid measures for HEDIS 2020.

Peach State demonstrated high performance for two measure rates that were at or above the HEDIS 90th percentile. Peach State also had six rates that scored between the 75th and 89th HEDIS percentiles. Please refer to Section 4 for detailed information on performance measure results for Peach State.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: In the Quality of Care domain, Peach State's performance met or exceeded the HEDIS 75th percentile for the *Asthma Medication Ratio—5–11 Years, 12–18 Years,* and *19–50 Years* measure rates, indicating that members were able to access a provider for preventive and well visits to stay healthy and reduce unnecessary ER utilization.

Strength: In the Access to Care domain, Peach State's performance met or exceeded the 75th percentile in the *Cervical Cancer Screening; Childhood Immunization Status—Combination 7; Chlamydia Screening in Women—21–24 Years;* and the *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)* and *Combination 2 (Meningococcal, Tdap, HPV)* measures, indicating that members were able to access a provider for preventive, screening, and well visits to stay healthy and reduce unnecessary ER utilization.

Weaknesses

Weakness: In the Quality of Care domain, the *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* and *Controlling High Blood Pressure* measures indicated lower performance, with Peach State's rates falling below the HEDIS 25th percentile. This performance suggests that although members were able to access their PCP to manage chronic conditions, they were not able to manage their condition. Appropriate diabetes and high blood pressure management is critical to reduce risks from complications and prolong the life of DCH members.

Why the weakness exists: Although members with chronic conditions may have had access to care, these members were not consistently managing their conditions according to evidence-based guidelines through the appropriate use of medications, diet and nutrition, or physical activity.

Recommendation: HSAG recommends that Peach State conduct a root cause analysis or focused study to determine why its members are not maintaining their chronic health condition at optimal levels. Upon identification of a root cause, HSAG recommends that the CMO implement appropriate interventions to improve the performance related to these chronic conditions.

Assessment of Follow-Up on Prior Recommendations

From the results of the 2019 PMV activity, Peach State received one recommendation. Table 7-3 presents the prior recommendation made during HEDIS 2019 as well as Peach State's response to this recommendation.

Table 7-3—PMV—Prior Recommendations and Peach State's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures–NCQA HEDIS Compliance Audit (Medicaid)*	Peach State'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)*
HSAG recommended that Peach State focus QI efforts on the following 2019 measure rates that were determined to be opportunities for improvement (i.e., below the 25th percentile): • *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* • *Colorectal Cancer Screening* • *Prenatal and Postpartum Care—Timeliness of Prenatal Care*	Continuing the review of all performance measures at least monthly in the Performance Oversight Steering Committee which reports directly to the Quality Oversight Committee. The following outlines interventions (not all inclusive) Peach State is conducting to increase member compliance with *CDC—HbA1c Control (<8.0%)* • Live outbound calls • HbA1c test kits • Medical record review started earlier in year to identify members with controlled A1c or that need to have their A1c tested

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures–NCQA HEDIS Compliance Audit (Medicaid)*	Peach State'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)*
	• Category-II code education to increase administrative rates • Providers incentivized at the tax identification [number] (TIN) level for gap closure • Work directly with provider groups to establish supplemental data/flat file transfer process • Text message campaign • Updated HEDIS Quick Reference Guide (QRG) for providers *Colorectal Cancer Screening* • Live outbound calls • Fecal occult blood test (FOBT) test kits mailed • Providers incentivized at the TIN level for gap closure • Work directly with provider groups to establish supplemental data/flat file transfer process • Updated HEDIS QRG for providers *Prenatal and Postpartum Care* • SmartStart Program • Weekly Eliza auto-call campaigns from January 2020–September 2020 • Providers incentivized at the TIN level for gap closure • Category-II code education to increase administrative rates • Updated HEDIS QRG for providers • Case managers use of Interpreta system for live care gap information for pregnant members • Weekly eligibility report of newly enrolled pregnancy members to monitor obstetrical screenings • Care managers assist members with locating obstetrical/gynecological and schedule prenatal appointments

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures–NCQA HEDIS Compliance Audit (Medicaid)*	Peach State'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)*
	• Auto dialer program for all postpartum members for appointment reminders • Community health workers conduct "baby showers" and parenting education classes to provide pregnant women education about the importance of attending prenatal care appointments
HSAG Assessment: HSAG determined that Peach State addressed the prior technical report recommendations. As the CMO continues to fall below the HEDIS 25th percentile for *Comprehensive Diabetes Care—HbA1c Control (<80%)* and *Colorectal Cancer Screening*, the CMO should continue its interventions or implement new interventions to increase performance rates.	

Validation of Performance Measures—NCQA HEDIS Compliance Audit

Based on HSAG's validation of performance measures, HSAG identified no concerns with Peach State's data processing, integration, and measure production. HSAG determined that Peach State followed the State's specifications and produced reportable rates for all measures in the scope of the PMV activity.

Peach State's HEDIS auditor found that the CMO was fully compliant with all IS standards and determined Peach State submitted valid and reportable rates for all measures in the scope of the NCQA HEDIS Compliance Audit.

Compliance With Standards Monitoring

HSAG conducts compliance monitoring activities at least once during each three-year EQR cycle. During CY 2019, HSAG conducted a comprehensive compliance with standards review of each CMO for the GF and the GF 360° programs. Compliance monitoring was not conducted during CY 2020.

During the Compliance With Standards review process, HSAG identified strengths and opportunities for improvement specific to Peach State as outlined in Table 7-4.

Table 7-4—Compliance With Standards Review—Prior Recommendations and Peach State's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Compliance With Standards Review*	Peach State'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)*
HSAG recommended that the CMO review its appeals process to consistently resolve appeals within the state-specific time frame.	• Implementing an "open case detail" report to monitor grievance and appeal acknowledgement time frames daily to identify grievance and appeal cases approaching the acknowledgement deadline. Peach State also implemented a prospective audit review process, which allows Peach State to actively review grievance and appeal cases by their acknowledgement deadline to ensure resolution in a timely manner. The open case detail report and prospective audit reviews are being conducted on a weekly basis.
HSAG recommended that the CMO review its process to ensure that it consistently sends acknowledgement letters within the required time frame.	• Implementing an "open case detail" report to monitor grievance and appeal acknowledgement time frames daily to identify grievance and appeal cases approaching the acknowledgement deadline. Peach State also implemented a prospective audit review process, which allows Peach State to actively review grievance and appeal cases by their acknowledgement deadline to ensure that they are resolved in a timely manner. The open case detail report and prospective audit reviews are being conducted on a weekly basis.
HSAG recommended that the CMO review its process to consistently implement the state-specific time frame for adverse benefit determination notifications.	• Ensuring members are notified of an adverse benefit determination within the contracted time frame of three business days for a standard notice, with a decision within 24 hours for an expedited and [standard] notice to the member provided in no less than three business days after receipt of the requested service, including subcontractors who are contracted to perform authorization determinations and outcome notifications. The intervention is evaluated through the auditing of files.
HSAG recommended that the CMO review its process to ensure that it consistently implements the grievance resolution notification requirements and provides a clear resolution of the member's grievance in the grievance resolution letter.	• Ensuring all grievance staff involved in handling grievance investigations and resolutions were required to attend a writing course training (held on 07/30/2019). Upon completion of the course, the staff were able to plan and draft business documents and write more clear and concise

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Compliance With Standards Review*	Peach State'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)*
	documents. The staff are also able to review documents for clarity and brevity. • Implementing prospective audit review processes, which will allow Peach State to actively review the grievance resolution letters to ensure they are complete and provide a clear resolution of the grievance. • Posting review audits were already in place, which includes an element to ensure all issues were addressed in the resolution letter. The audit finding and recommendations will be provided to all staff during their one-on-one coaching sessions. Audits scores are tied to staff's performance framework.
HSAG Assessment: HSAG has determined that Peach State addressed the prior recommendations. However, HSAG recommends that Peach State continue to monitor mechanisms to ensure adherence to time frame standards.	

CAHPS Surveys

Adult Findings

Table 7-5 shows Peach State's 2019 and 2020 adult Medicaid CAHPS top-box scores. In 2020, a total of 2,727 adult members were administered a survey, of which 205 completed a survey. After ineligible members were excluded (2,522), the response rate was 7.57 percent. In 2019, the average NCQA response rate for the adult Medicaid population was 19.6 percent, which was greater than Peach State's response rate.

Table 7-5—Peach State Adult Medicaid CAHPS Results

	2019 Top-Box Rates	2020 Top-Box Rates
Composite Measures		
Getting Needed Care	80.68%	81.13%
Getting Care Quickly	82.50%	79.03%
How Well Doctors Communicate	90.17%	94.09%
Customer Service	90.12% +	87.97% +

	2019 Top-Box Rates	2020 Top-Box Rates
Global Ratings		
Rating of All Health Care	73.13%	78.17%
Rating of Personal Doctor	80.50%	81.16%
Rating of Specialist Seen Most Often	79.75% +	83.82% +
Rating of Health Plan	76.59%	72.22%
Effectiveness of Care*		
Advising Smokers and Tobacco Users to Quit	72.22%	68.18% +
Discussing Cessation Medications	37.38%	32.31% +
Discussing Cessation Strategies	36.45%	32.31% +

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 2020 score is statistically significantly higher than the 2019 national average.

Indicates the 2020 score is statistically significantly lower than the 2019 national average.

▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: HSAG did not identify any strengths for Peach State for the CAHPS survey.

Weaknesses

Weakness: Two of the three Peach State Effectiveness of Care scores were statistically significantly lower than the 2019 NCQA adult Medicaid national averages.

Why the weakness exists: When compared to national benchmarks, Peach State providers may not be advising members who smoke or use tobacco to quit as much as other providers.

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 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 that there are no significant decreases in scores over time.

Child Findings

Table 7-6 shows Peach State's 2018 and 2019 child Medicaid CAHPS top-box scores. In 2020, a total of 3,300 child members were administered a survey, of which 420 completed a survey. After ineligible members were excluded (2,880), the response rate was 12.80 percent. In 2019, the average NCQA response rate for the child Medicaid population was 18.3 percent, greater than Peach State's response rate.

Table 7-6—Peach State Child Medicaid CAHPS Results

	2019 Top-Box Rates	2020 Top-Box Rates
Composite Measures		
Getting Needed Care	89.16%	85.11%
Getting Care Quickly	92.86%	89.77%
How Well Doctors Communicate	94.70%	96.24%
Customer Service	87.54%	90.31%
Global Ratings		
Rating of All Health Care	89.41%	87.78%
Rating of Personal Doctor	90.69%	92.54%
Rating of Specialist Seen Most Often	87.27%	88.04% +
Rating of Health Plan	89.11%	89.36%

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 2020 score is statistically significantly higher than the 2019 national average.

Indicates the 2020 score is statistically significantly lower than the 2019 national average.

▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Parents/caretakers of child members enrolled in Peach State had more positive experiences related to communication with their child's doctor, as indicated by the score for this measure being statistically significantly higher than the 2019 NCQA child Medicaid national average.

Weaknesses

Weakness: HSAG did not identify any weaknesses for Peach State for the CAHPS survey.

Why the weakness exists: N/A.

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

Assessment of Follow-Up on Prior Recommendations

From the results of the CY 2019 CAHPS Survey, Peach State received five recommendations. Table 7-7 presents the prior recommendations made by HSAG during CY 2020 as well as Peach State's response to HSAG's recommendations.

Table 7-7—CAHPS Survey—Prior Recommendations and Peach State's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	Peach State'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)*
Peach State's top-box score showed a substantial decrease of 5 percentage points or more between 2018 and 2019 for one measure: • *Rating of All Health Care* (6.52 percentage points)	• Continuing to conduct CAHPS workgroup monthly meetings. The CAHPS workgroup is interdepartmental and multidisciplinary. The workgroup reviews results, brainstorms on root causes, and identifies initiatives to improve specific scores. Rates are reviewed against (not all inclusive) set goals, previous year results, and NCQA Medicaid national averages rates. • Continuing discussions of all measures that do not meet any or all of the above-mentioned criteria. A root cause analysis (RCA) is created to help identify issues for those measures that are greater than 5 percentage points year-over-year or as compared to baseline. Brainstorming is conducted for measures with lower than optimal results. Initiatives and resources are identified, and those not successful are abandoned or adapted; successful initiatives are adopted and spread if applicable. • Discussing *Rating of the All Health Care* measure and RCA conducted.
Peach State's 2019 top-box scores were at least 5 percentage points less than the 2018 NCQA adult Medicaid national averages for two measures: • *Discussing Cessation Medications* • *Discussing Cessation Strategies*	• Continuing CAHPS workgroup monthly meetings. The CAHPS workgroup is interdepartmental and multidisciplinary. The workgroup reviews results, brainstorms on root causes, and identifies initiatives to improve specific scores. Rates are reviewed against (not all inclusive) set goals, previous year results, and NCQA Medicaid national averages rates.

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	Peach State'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)*
	• Continuing discussions of all measures that do not meet any or all of the above-mentioned criteria. A root cause analysis (RCA) is created to help identify issues for those measures that are greater than 5 percentage points year-over-year or as compared to baseline. Brainstorming is conducted for measures with lower than optimal results. Initiatives and resources are identified, and those not successful are abandoned or adapted; successful initiatives are adopted and spread if applicable. • Continuing discussing the *Smoking Cessation Medication* measure and strategies, RCA performed, and initiatives implemented.
HSAG recommended that Peach State focus QI efforts on the measure scores that exhibited a substantial decrease from 2018 to 2019 and were at least 5 percentage points less than the NCQA adult Medicaid national averages. HSAG recommended that Peach State conduct root cause analyses of study indicators that have been identified as areas of low performance. This type of analysis is typically conducted to investigate process deficiencies and unexplained outcomes to identify causes and devise potential improvement strategies. In addition, HSAG recommended that Peach State continue to monitor the measures to ensure there are no significant decreases in rates over time.	• Continuing CAHPS workgroup monthly meetings. The CAHPS workgroup is interdepartmental and multidisciplinary. The workgroup reviews results, brainstorms on root causes, and identifies initiatives to improve specific scores. Rates are reviewed against (not all inclusive) set goals, previous year results, and NCQA Medicaid national averages rates. • Continuing discussions of all measures that do not meet any or all of the above-mentioned criteria. A root cause analysis (RCA) is created to help identify issues for those measures that are greater than 5 percentage points year-over-year or as compared to baseline. Brainstorming is conducted for measures with lower than optimal results. Initiatives and resources are identified, and those not successful are abandoned or adapted; successful initiatives are adopted and spread if applicable.
HSAG recommended that Peach State focus QI initiatives on the medical assistance it provides related to smoking and tobacco use cessation, since these scores fell below NCQA's 2018 adult Medicaid national averages by at least 5 percentage points. For those patients who smoke or use tobacco, Peach State should encourage providers to discuss strategies and possible medication options on how to quit smoking	• Continuing CAHPS workgroup monthly meetings. The CAHPS workgroup is interdepartmental and multidisciplinary. The workgroup reviews results, brainstorms on root causes, and identifies initiatives to improve specific scores. Rates are reviewed against (not all inclusive) set goals, previous year results, and NCQA Medicaid national averages rates.

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	Peach State'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)*
and tobacco use. HSAG recommended that Peach State also identify opportunities to collaborate with public health and community organizations and their work related to smoking and tobacco cessation campaigns.	• Continuing discussions of all measures that do not meet any or all of the above-mentioned criteria. A root cause analysis (RCA) is created to help identify issues for those measures that are greater than 5 percentage points year-over-year or as compared to baseline. Brainstorming is conducted for measures with lower than optimal results. Initiatives and resources are identified, and those not successful are abandoned or adapted; successful initiatives are adopted and spread if applicable. • Continuing to develop an initiative to include providing "prescription pad"/tear away to practitioners to give to all members (not just those who identify as a smoker. The prescription pad will include the phone number and website for the Georgia Smoke Free (community) organization.
Peach State saw a decline in top-box scores for *Shared Decision Making, Rating of All Health Care, Rating of Personal Doctor*, and *Rating of Health Plan*. HSAG recommended that Peach State consider conducting root cause analyses on these areas. This type of analysis is typically conducted to investigate process deficiencies and unexplained outcomes to identify causes and devise potential improvement strategies. In addition, HSAG recommended that Peach State continue to monitor the measures to ensure there are no significant decreases in rates over time.	• Continuing CAHPS workgroup monthly meetings. The CAHPS workgroup is interdepartmental and multidisciplinary. The workgroup reviews results, brainstorms on root causes, and identifies initiatives to improve specific scores. Rates are reviewed against (not all inclusive) set goals, previous year results, and NCQA Medicaid national averages rates. • Continuing discussions of all measures that do not meet any or all of the above-mentioned criteria. A root cause analysis (RCA) is created to help identify issues for those measures that are greater than 5 percentage points year-over-year or as compared to baseline. Brainstorming is conducted for measures with lower than optimal results. Initiatives and resources are identified, and those not successful are abandoned or adapted; successful initiatives are adopted and spread if applicable. The CMO conducted RCA for *Rating of All Health Care, Shared Decision Making, Rating of Personal Doctor*, and *Rating of Health Plan* measures. Initiatives to drive improvement were implemented, and results will be evaluated in the upcoming quarters.

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	Peach State'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)*
	• The *Shared Decision Making* composite measure decrease appears to be driven by the question that asks if the member's provider spoke to them about why they should not take a prescribed medication. RCA and interventions were developed around this question.
HSAG Assessment: HSAG has determined that Peach State has addressed the prior technical report recommendations.	

8. CMO-Specific Summary—WellCare of Georgia, Inc.

Activity-Specific Findings

This section presents HSAG's findings and conclusions from the EQR activities conducted for WellCare. It provides a discussion of WellCare's 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 WellCare has addressed the QI recommendations made by HSAG during the previous year. The methodology for each activity can be found in Appendix A—Technical Methods of Data Collection and Analysis.

Validation of Performance Improvement Projects

Findings

Table 8-1 displays the PIP topic, tested interventions, baseline rate, the SMART Aim goal rate, highest rate achieved, and overall confidence level for the PIP topics validated in CY 2020.

Table 8-1—SMART Aim Measure Results

PIP Topic	Tested Intervention	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level
17–p–Alpha–Hydroxyprogesterone Caproate (17p) Initiation	Developed a tracking tool used through different progression phases of the 17p medication administration with the goal of improving timeliness of initiation.	77%	82%	68.2%*	*Low Confidence*
Member Realignment	Conducted telephonic outreach to members assigned to EGS Management Corporation but are seeing a different provider to offer options such as provider reassignment.	6.29%	1.29%	2.7%	*Low Confidence*

* HSAG could not confirm the accuracy of the percentage reported.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Specific strengths were not identified for WellCare.

Weaknesses

Weakness: For the *17–p–Alpha–Hydroxyprogesterone Caproate (17p) Initiation* PIP, WellCare did not achieve the SMART Aim measure goal during intervention testing. WellCare did not provide numerator and denominator counts for all monthly SMART Aim measure data, and HSAG could not interpret the information reported within the SMART Aim run chart. Due to these deficiencies, not all evaluation criteria received *Achieved* scores, and WellCare received the *Low Confidence* rating.

Why the weakness exists: WellCare did not provide a complete and accurate numerator and denominator count for each rolling 12-month measurement. WellCare identified errors in the SMART Aim baseline and goal rates in December 2019, after the project had ended. The baseline and goal rates were incorrect when HSAG approved Module 1 and Module 2; as a result, there appeared to be more opportunity for improvement than when HSAG initially approved the SMART Aim.

Recommendation: HSAG recommends that WellCare work toward initiating intervention testing earlier in the project to allow more time to impact—and study—the outcomes and achieve the goal. For future projects, HSAG recommends that WellCare ensure that baseline and SMART Aim measure calculation methodologies are accurate at the outset of each PIP.

Weakness: For the *Member Realignment* PIP, WellCare did not achieve the SMART Aim measure goal during intervention testing. WellCare did not provide numerator and denominator counts for all monthly SMART Aim measure data or data for the intervention effectiveness measure. Due to these deficiencies, not all evaluation criteria received *Achieved* scores, and WellCare received the *Low Confidence* rating.

Why the weakness exists: WellCare did not provide a numerator and denominator count for each rolling 12-month measurement period or data for the intervention effectiveness measure. WellCare identified errors in the SMART Aim baseline and goal rates in December 2019, after the project had ended. The baseline and goal rates were incorrect when HSAG approved Module 1 and Module 2; as a result, there appeared to be more opportunity for improvement when HSAG initially approved the SMART Aim.

Recommendation: HSAG recommends that WellCare work toward initiating intervention testing earlier in the project to allow more time to impact—and study—the outcomes and achieve the goal. For future projects, HSAG recommends that WellCare ensure that baseline and SMART Aim measure calculation methodologies are accurate at the outset of each PIP.

Assessment of Follow-Up on Prior Recommendations

Table 8-2 presents the prior recommendations made regarding the 2019 PIPs as well as WellCare's response to those recommendations.

Table 8-2—PIP Validation—Prior Recommendations and WellCare's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for PIPs*	WellCare'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)*
HSAG recommended that WellCare apply lessons learned and knowledge gained from its efforts and HSAG's feedback throughout the PIP process to final modules, future PIPs, and other QI activities.	• DCH is moving to an outcomes-focused approach (versus the rapid-cycle method) for the 2020 PIPs. • Unlike the rapid cycle being an 18-month PIP cycle, the outcomes approach is at least three years. Based on the changes DCH has made to the PIP process, WellCare is no longer required to complete the PIP. WellCare will not be able to address the requirements for this new approach due to time [constraints].
HSAG recommended that WellCare ensure it addresses all documentation requirements for each module. The CMO should use HSAG's Rapid-Cycle PIP Reference Guide and the module-specific instructions within each module as modules are completed and the CMO progresses through the PIP process.	• DCH is moving to an outcomes-focused approach (versus the rapid-cycle method) for the 2020 PIPs. • Unlike the rapid cycle being an 18-month PIP cycle, the outcomes approach is at least three years. Based on the changes DCH has made to the PIP process, WellCare is no longer required to complete the PIP. WellCare will not be able to address the requirements for this new approach due to time [constraints].
HSAG Assessment: HSAG has determined that due to DCH changes in the methodology for PIPs, the recommendations are no longer applicable. HSAG continues to recommend that the CMO implement HSAG processes and tools for the outcomes-based PIP process.	

Validation of Performance Measures

WellCare contracted with an NCQA-LO to conduct the HEDIS Compliance Audit. HSAG reviewed WellCare's FARs, IS compliance tools, and IDSS files approved by the CMO's LO. HSAG found that the CMO's IS compliance tools and processes were compliant with the applicable IS standards. WellCare was compliant with the HEDIS reporting requirements for the key GF Medicaid measures for HEDIS 2020.

WellCare demonstrated high performance in five measures. One measure rate, *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)* was at or above in the HEDIS 90th percentile. Four measures, *Breast Cancer Screening, Cervical Cancer Screening, Chlamydia Screening in*

Women—21–24 Years, and *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* had rates between the HEDIS 75th to 89th percentiles. Please refer to Section 4 for detailed information on performance measure results for WellCare.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: In the Access to Care domain, WellCare's performance met or exceeded the HEDIS 75th percentile in the *Breast Cancer Screening; Cervical Cancer Screening; Chlamydia Screening in Women—21–24 Years; Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap);* and *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* measures, indicating that members were able to access a provider for preventive, screening, and well visits to stay healthy and reduce unnecessary ER utilization.

Weaknesses

Weakness: The *Asthma Medication Ratio—19–50 Years* and *51–64 Years*, *Comprehensive Diabetes Care—HbA1c Control (<8.0%)*, and *Controlling High Blood Pressure* measures indicated lower performance, with the CMO's rates falling below the HEDIS 25th percentile. This performance suggests that although members were able to access their PCP to manage chronic conditions, they were not able to manage their condition. Appropriate asthma, diabetes, and high blood pressure management is critical to reduce risks from complications and prolong the life of DCH members.

Why the weakness exists: Although WellCare members with chronic conditions may have had access to care, these members were not consistently managing their conditions according to evidence-based guidelines through the appropriate use of medications, diet and nutrition, or physical activity.

Recommendation: HSAG recommends that WellCare conduct a root cause analysis or focused study to determine why its members are not maintaining their chronic health condition at optimal levels. Upon identification of a root cause, HSAG recommends that WellCare implement appropriate interventions to improve the performance related to these chronic conditions.

Assessment of Follow-Up on Prior Recommendations

From the results of the 2019 PMV activity, WellCare received one recommendation. Table 8-3 presents the prior recommendation made during HEDIS 2019 as well as WellCare's response to this recommendation.

Table 8-3—PMV—Prior Recommendations and WellCare's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures–NCQA HEDIS Compliance Audit (Medicaid)*	WellCare'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)*
HSAG recommended that WellCare focus QI efforts on the following 2019 measure rates that were determined to be opportunities for improvement (i.e., below the 25th percentile): • *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* • *Colorectal Cancer Screening*	• Continuing to monitor the effectiveness of interventions and activities designed to support the positive interactions between members and providers that drive improved health outcomes. **Diabetes Care—HbA1c <8** • WellCare of GA's 2019 final HEDIS rate (39.60 percent) was below the DCH target (46.72 percent) for *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* and yielded a slight year-over-year decrease from 2017 to 2019. • Initiating a quality practice advisors (QPA) program in June 2014 to establish and foster healthy working relationships between physician offices, Individual Practice Associations (IPAs) and WellCare by working closely with providers and their staff to understand and implement solutions for their unique workflow or electronic medical record (EMR) barriers that hinder closing quality gaps in care. • Mailing home access kits to members, and staff conducted member outreach to follow up with members to mail kits back to the providers. • Sending a comprehensive diabetes care: check-up text/short message service (SMS) to members with HbA1c. • Attending training by dedicated staff for Diabetes Education Empowerment Program (DEEP) digital training for members with diabetes. This training will assist with training WellCare members on how to take care of their diabetes. **Colorectal Cancer Screening** • WellCare's 2019 final HEDIS rate (46.24 percent) was below the DCH target (68 percent) for *Colorectal Cancer Screening (COL)* but was an increase from 2017–2019. • Using a Colorectal Fecal Immunochemical Test (FIT) Kit campaign. These kits are mailed to eligible members in March, August, and September to a target population identified

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures–NCQA HEDIS Compliance Audit (Medicaid)*	WellCare'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)*
	through quality data. Cologuard kits are mailed to eligible members, and members mail the kits back to the vendor for screening.
HSAG Assessment: HSAG has determined that the CMO has addressed the prior technical report recommendations.	

Validation of Performance Measures—NCQA HEDIS Compliance Audit

Based on HSAG's validation of performance measures, HSAG had no concerns with WellCare's data processing, integration, and measure production. HSAG determined that WellCare followed the State's specifications and produced reportable rates for all measures in the scope of the validation of performance measures.

Additionally, WellCare's HEDIS auditor found that the CMO was fully compliant with all IS standards and determined WellCare submitted valid and reportable rates for all measures in the scope of the HEDIS Compliance Audit.

Compliance With Standards Monitoring

HSAG conducts compliance monitoring activities at least once during each three-year EQR cycle. During CY 2019, HSAG conducted a comprehensive compliance with standards review of each CMO for the GF and the GF 360° programs. Compliance monitoring was not conducted during CY 2020.

During the Compliance With Standards review process, HSAG identified strengths and opportunities for improvement specific to WellCare as outlined in Table 8-4.

Table 8-4—Compliance With Standards Review—Prior Recommendations and WellCare's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Compliance With Standards Review*	WellCare'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*
HSAG recommended that the CMO review, update, and implement its policies and procedures to ensure consistent information regarding the time frames required for making standard authorization decisions.	• Updated policy (C7-UM-MD-022) was submitted to GA DCH for review and approval in November 2019.

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Compliance With Standards Review*	WellCare'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*
HSAG recommended that the CMO develop and implement a process to inform providers of the reason for non-selection when they are not selected for the CMO's provider network.	• Updated "no thank you" letter template was submitted to GA DCH for review and approval in July 2019.
HSAG recommended that the CMO review and update it processes to consistently implement the state-specific time frames for notifications and decisions of adverse benefit determinations. HSAG also recommended that the CMO implement processes to ensure that the member's grievance is addressed and resolved.	• Updated Notice of Adverse Benefit Determinations Letter and updated policy and procedures were submitted to DCH for review and approval in October and November 2019.
HSAG recommended that the CMO implement processes to consistently send appeal resolution letters within the required time frame.	• Reviewed internal reports daily with the capability of reviewing the data multiple times within a day. Internal reports monitored the volume and aging of open appeals approaching the due date to ensure files met the processing time frames.
HSAG Assessment: HSAG has determined that WellCare has addressed the prior year's technical report recommendations. WellCare should confirm that the policy, procedure, and notification changes were approved by DCH.	

CAHPS Surveys

Adult Findings

Table 8-5 displays WellCare's 2019 and 2020 adult Medicaid CAHPS top-box scores. In 2020, a total of 1,350 adult members were administered a survey, of which 87 completed a survey. After ineligible members were excluded (1,263), the response rate was 6.46 percent. In 2019, the average NCQA response rate for the adult Medicaid population was 19.6 percent, which is greater than WellCare's response rate.

Table 8-5—WellCare Adult Medicaid CAHPS Results

	2019 Top-Box Rates	2020 Top-Box Rates
Composite Measures		
Getting Needed Care	81.90%	84.91% +
Getting Care Quickly	82.00%	82.92% +
How Well Doctors Communicate	92.99%	98.11% + ▲

	2019 Top-Box Rates	2020 Top-Box Rates
Customer Service	87.04%	88.10% +
Global Ratings		
Rating of All Health Care	76.98%	83.61% +
Rating of Personal Doctor	81.89%	88.14% +
Rating of Specialist Seen Most Often	78.10%	88.89% +
Rating of Health Plan	78.06%	78.16% +
Effectiveness of Care*		
Advising Smokers and Tobacco Users to Quit	73.68%	70.83%
Discussing Cessation Medications	37.06%	43.70%
Discussing Cessation Strategies	34.52%	39.50%

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 2020 score is statistically significantly higher than the 2019 national average.

Indicates the 2020 score is statistically significantly lower than the 2019 national average.

▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Adult members enrolled in WellCare had more positive experiences related to communication with their doctor, since the score for this measure was statistically significantly higher in 2020 compared to 2019 and statistically significantly higher than the 2019 NCQA adult Medicaid national average.

Weaknesses

Weakness: One of the three Effectiveness of Care scores was statistically significantly lower than the 2019 NCQA adult Medicaid national average.

Why the weakness exists: When compared to national benchmarks, the results indicate that WellCare providers may not be advising members who smoke or use tobacco to quit as much as other providers.

Recommendation: HSAG recommends that WellCare 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. In addition,

HSAG recommends that WellCare continue to monitor the measures to ensure there are no significant decreases in scores over time.

Child Findings

Table 8-6 shows WellCare's 2018 and 2019 child Medicaid CAHPS top-box scores. In 2020, a total of 2,063 child members were administered a survey, of which 217 completed a survey. After ineligible members were excluded (1,846), the response rate was 10.58 percent. In 2019, the average NCQA response rate for the child Medicaid population was 18.3 percent, greater than WellCare's response rate.

Table 8-6—WellCare Child Medicaid CAHPS Results

	2019 Top-Box Rates	2020 Top-Box Rates
Composite Measures		
Getting Needed Care	88.82%	90.35%
Getting Care Quickly	91.68%	92.30%
How Well Doctors Communicate	94.07%	97.60% ▲
Customer Service	87.44%	92.27% +
Global Ratings		
Rating of All Health Care	91.22%	91.56%
Rating of Personal Doctor	91.50%	93.65%
Rating of Specialist Seen Most Often	91.67% +	93.48% +
Rating of Health Plan	90.16%	92.09%

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 2020 score is statistically significantly higher than the 2019 national average.

Indicates the 2020 score is statistically significantly lower than the 2019 national average.

▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Parents/caretakers of child members enrolled in WellCare had more positive experiences with getting the care they needed for their child, communication with their child's doctor, their child's personal doctor, and their child's health plan, as indicated by the scores for these measures being statistically significantly higher than the 2019 NCQA child Medicaid national averages. In addition, WellCare's score was statistically significantly higher in 2020 compared to 2019 for one measure, *How Well Doctors Communicate*.

Weaknesses

Weakness: HSAG did not identify any weaknesses for WellCare for the CAHPS survey.

Why the weakness exists: N/A.

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

Assessment of Follow-Up on Prior Recommendations

From the results of the CY 2019 CAHPS Survey, WellCare received six recommendations. Table 8-7 presents the prior recommendations made by HSAG during CY 2020 as well as WellCare's response to HSAG's recommendations.

Table 8-7—CAHPS Survey—Prior Recommendations and WellCare's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	WellCare'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)*
None of WellCare's 2019 CAHPS top-box scores were at least 5 percentage points greater than the 2018 NCQA adult Medicaid national averages for any measure.	• According to the CMO's final CAHPS results provided by SPH Analytics (SPHA), measures with Global Rating Summary Rate Scores (9+10) increased year-over-year with the exception of *Rating of Health Plan*, which repeated its previous performance of 61.3 percent. Throughout 2019, the CMO hosted at least four provider satisfaction summits and Hello campaigns. Such activities give provider offices the opportunity to learn techniques for member engagement in CAHPS. The CMO provider relations representatives also distribute flyers and materials to provider offices to help staff orient members on CAHPS questioning. • Implementing concerted efforts to drive continuous improvement in members' access to timely care. During visits to provider offices, provider relations representatives and quality practice advisors reinforce the CMO wait time standards and access standards (Medicaid). Patient care advocates engage provider offices on-site, and care gap coordinators conduct member outreach, all critical roles in helping members get the care they need as quickly as possible. The CMO is also

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	WellCare'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)*
	dedicated to recruiting and retaining top-performing physicians and expanding its telemedicine strategy.
WellCare's top-box score showed a substantial decrease of 5 percentage points or more between 2018 and 2019 for one measure: • *Rating of Specialist Seen Most Often* (5.90 percentage points)	• WellCare's top-box score (member responses of 9 or 10 for the survey question) for the measure *Rating of Specialist [Seen Most Often]* was 64.2 percent in 2019, a 4.2 percentage point increase from its performance in 2018. • Implementing concerted efforts to drive continuous improvement in members' access to timely care. During visits to provider offices, provider relations representatives and quality practice advisors reinforce the CMO's wait time standards and access standards (Medicaid). Patient care advocates engage provider offices on-site, and care gap coordinators conduct member outreach, all critical roles in helping members get the care they need as quickly as possible. The CMO is also dedicated to recruiting and retaining top-performing physicians and expanding its telemedicine strategy.
WellCare's 2019 top-box scores were at least 5 percentage points less than the 2018 NCQA adult Medicaid national averages for two measures: • *Discussing Cessation Medications* • *Discussing Cessation Strategies*	• Encouraging individuals who smoke or use tobacco to quit, the CMO offers various resources which members can take advantage of including over-the-counter benefits with coverage for nicotine gum (2mg and 4mg), a smoking cessation product. The CMO also offers educational material to pregnant members to quit smoking, provides methods to reduce stress, and directs members to national resources such as the National Cancer Institute Smoking Quitline: 877-44U-QUIT.
HSAG recommended that WellCare focus QI efforts on the measure scores that exhibited a substantial decrease from 2018 to 2019 and were at least 5 percentage points less than the NCQA adult Medicaid national averages. HSAG recommended that WellCare conduct root cause analyses of study indicators that have been identified as areas of low performance. This type of analysis is typically conducted to investigate process deficiencies and unexplained outcomes to identify causes and devise	• Reviewing all measures monthly looking for any trends that are moving either up or down. Corporate Shared Services provides a monthly health plan rating report that provides data on individual measures. Measures that are showing a downward trend or are not meeting WellCare or contractual goals are reviewed, looking at both market and corporate interventions undertaken in the past and considered successful, as well as if there is a need to implement or drill down on

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	WellCare'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)*
potential improvement strategies. In addition, HSAG recommended that WellCare continue to monitor the measures to ensure there are no significant decreases in rates over time.	standing interventions. WellCare will then monitor for improvements. WellCare conducts an evaluation of these interventions as to which ones are most appropriate for use in addressing current barriers. The chosen interventions are then implemented. Measures showing increases are examined to determine what efforts have aided in increasing performance so that the identified interventions can be replicated in other programs or measures which may benefit from the intervention. • Monitoring all measures on a monthly basis looking for those that have improved, stayed the same, or shown a decrease.
While WellCare's 2019 top-box scores increased by over 5 percentage points compared to 2018 for *Discussing Cessation Medications* and *Discussing Cessation Strategies*, HSAG recommended that WellCare still work with its providers to improve rates for the adult Effectiveness of Care measures. For those patients who smoke or use tobacco, WellCare should encourage providers to discuss strategies and possible medication options on how to quit smoking and tobacco use. WellCare may also identify opportunities to collaborate with public health and community organizations and their work related to smoking and tobacco cessation campaigns.	• Continuing to audit its providers on a quarterly and annual basis. During these audits, providers are scored on their documentation of their interaction with members who smoke or are trying to quit smoking. • Auditors looking for documentation of screening for tobacco, alcohol, or substance abuse, for members 11 years of age and older; with appropriate counseling and referrals, if needed. If an opportunity was missed, with no counseling or referrals, providers will receive education around how to assist the patient in the future, and they will be given access to resources that can be shared.
HSAG recommended that WellCare focus QI efforts on the *Customer Service* measure score that exhibited a decrease from 2018 to 2019. HSAG recommended that WellCare conduct a root cause analysis on this area. This type of analysis is typically conducted to investigate process deficiencies and unexplained outcomes to identify causes and devise potential improvement strategies. In addition, HSAG recommended that WellCare continue to monitor the measures to ensure there are no significant decreases in rates over time.	• WellCare's *Customer Service* score continuing to increase. See chart below that encompass 2018–2020 year-to-date: 2018 — 88.61% 2019 — 91.29% 2020 YTD — 94.78% Implementing interventions to help improve WellCare's *Customer Service* outcomes including: • All agents have eight quality reviews per month, and new hires receive 10 reviews per month. - Each agent is coached for opportunities for improvement.

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	WellCare'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)*
	- If no improvement, agent(s) are placed on a performance improvement plan, and if necessary, removed from the account. • We conduct weekly business reviews with the customer service site leadership, and quality is always a topic of conversation. - WellCare focuses and analyzes the top three quality outliers/barriers for agent improvement. - Trends on agents, and if necessary, requests are made for additional quality monitors. - Process improvements are then put into place. • Monthly content calls are also conducted with the customer service leadership team and the market. - Call tools are discussed and, if needed, created to assist the agent and ultimately avoid member abrasion. - System enhancements are discussed, and if needed, easier automated call flows are created for agents. o For example, the look of the call driver screens in CareConnects has been enhanced for a better selection of the reason(s) for the call. • Monthly team meeting agendas (TMA) are conducted by site leadership with the agents. - The CMO provides the topics for discussion/training on any opportunities/trends which focus on behaviors, product knowledge, resources, and processes such as: o Balance billing. o Maternity education and rewards (MERPS). • All agents are required to sign and acknowledge understanding of the training and information presented.
HSAG Assessment: HSAG has determined that the CMO has addressed the prior year's technical report recommendations.	

9. CMO-Specific Summary—Amerigroup Community Care for Georgia Families 360°

Activity-Specific Findings

This section presents HSAG's findings and conclusions from the EQR activities conducted for Amerigroup 360°. It provides a discussion of Amerigroup 360°'s 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 Amerigroup 360° addressed the QI recommendations made by HSAG during the previous year. The methodology for each activity can be found in Appendix A—Technical Methods of Data Collection and Analysis.

Validation of Performance Improvement Projects

Findings

Table 9-1 displays the PIP topic, tested interventions, baseline rate, the SMART Aim goal rate, highest rate achieved, and overall confidence level for the PIP topics validated in CY 2020.

Table 9-1—SMART Aim Measure Results

PIP Topic	Tested Interventions	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level
Antidepressant Continuation Phase Adherence	Partnered with providers within specific counties to educate members on depression and the importance of antidepressant medication compliance Conducted outreach to at-risk members to identify and resolve each member's barrier to medication adherence	0%	20%	11.7%	*Low Confidence*
AA Member Contact Information and EPSDT Compliance	Conducted outreach to the Division of Family and Children's Services (DFCS) to obtain a Discharge E-form containing updated member demographic information	47.68%	52.68%	33%	*Low Confidence*

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Specific strengths were not identified for Amerigroup 360º.

Weaknesses

Weakness: For the *Antidepressant Continuation Phase Adherence* PIP, the SMART Aim measure did not achieve the goal during intervention testing. Amerigroup 360º did not provide a complete and accurate summary of the intervention testing results, and HSAG was unable to clearly interpret the data reported. Due to these deficiencies, not all evaluation criteria received *Achieved* scores, and Amerigroup 360º received the *Low Confidence* rating.

Why the weakness exists: Amerigroup 360º encountered challenges with the first intervention due to the target population not engaging or attending regularly scheduled appointments.

Recommendation: HSAG recommends that Amerigroup 360º key staff complete training related to rapid-cycle improvement efforts and/or QI science methods to ensure understanding of the PIP process. HSAG also recommends that Amerigroup 360º develop cross-functional PIP teams and select champions and subject matter experts appropriate for each PIP topic. HSAG recommends that Amerigroup 360º continue to look for methods and/or processes to obtain updated, correct member contact information as this continues to be an ongoing, documented challenge.

Weakness: For the *AA Member Contact Information and EPSDT Compliance* PIP, Amerigroup 360º did not achieve the SMART Aim measure goal. During the five months of intervention testing, the SMART Aim measure remained below the baseline. As a result, not all evaluation criteria received *Achieved* scores, and the CMO received the *Low Confidence* rating.

Why the weakness exists: Amerigroup 360º's intervention testing did not achieve the anticipated improvement.

Recommendation: HSAG recommends that Amerigroup 360° key staff complete training related to rapid-cycle improvement efforts and/or QI science methods to ensure understanding of the PIP process. HSAG also recommends that Amerigroup 360º develop cross-functional PIP teams and select champions and subject matter experts appropriate for each PIP topic. HSAG recommends that Amerigroup 360º continue to look for methods and/or processes to obtain updated, correct member contact information as this continues to be an ongoing, documented challenge.

Assessment of Follow-Up on Prior Recommendations

Table 9-2 presents the prior recommendations made regarding the 2019 PIPs as well as Amerigroup 360°'s response to those recommendations.

Table 9-2—PIP Validation—Prior Recommendations and Amerigroup 360°'s Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for PIPs*	Amerigroup 360°'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)*
HSAG recommended that Amerigroup 360° develop an internal process to discuss, support, and report PIP progression and outcomes, including methodology development and the effective use of QI tools.	• Continuing to reevaluate internal processes to promote the success of performance improvement projects. Amerigroup 360° has focused on PIP team composition to include a data analyst and other subject matter experts. • Conducting monthly PIP meetings to include discussions around methodology, data collection, trends, strategies, and interventions.
HSAG recommended that Amerigroup 360° key staff complete training related to rapid-cycle improvement efforts and/or QI science methods to ensure understanding of the PIP process.	• Continuing to identify training opportunities for staff to learn and enhance knowledge regarding process and performance improvement.
HSAG recommended that Amerigroup 360° develop cross-functional PIP teams and select champions and subject matter experts appropriate for each PIP topic.	• Focusing on PIP team composition to include a data analyst and other subject matter experts.
HSAG recommended that Amerigroup 360° apply lessons learned and knowledge gained from its efforts and HSAG's feedback throughout the PIP to final modules, future PIPs, and other QI activities.	• Continuing to work closely with DCH and HSAG regarding the 2021–2023 PIP outcomes approach.
HSAG recommended that Amerigroup 360° ensure it addresses all documentation requirements for each module. HSAG recommended that the CMO use HSAG's Rapid-Cycle PIP Reference Guide and the module-specific instructions within each module as modules are completed and the CMO progresses through the PIP process.	• Completing all required documentation for the 2021–2023 PIPs per guidelines.
HSAG Assessment: HSAG has determined that Amerigroup 360° addressed the prior year's technical report recommendations.	

Validation of Performance Measures

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 compliance tools and processes were compliant with the applicable IS standards. Amerigroup 360° was compliant with the HEDIS reporting requirements for the key GF Medicaid measures for HEDIS 2020.

Table 9-3 displays the GF 360° rates for HEDIS 2020, along with the performance rating for NCQA's HEDIS measure rate results compared to NCQA's Quality Compass national Medicaid HMO percentiles (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 2019 Child 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 these measures, rates that fall at or below the 50th percentile are shaded yellow. Benchmarks were not available for comparisons to the *Screening for Depression and Follow-Up Plan, Inpatient Utilization—General Hospital/Acute Care,* and *Prenatal and Postpartum Care* measures.

Table 9-3—HEDIS 2020 Results for Amerigroup 360°

Measure	Amerigroup 360°
Quality of Care	
Asthma Medication Ratio	
5–11 Years	86.17% ★★★★★
12–18 Years	71.49% ★★★★
Comprehensive Diabetes Care	
HbA1c Control (<8.0%)	27.78% ★
Diabetes Short-Term Complications Admission Rate*[1]	
Diabetes Short-Term Complications Admission Rate	42.82
Screening for Depression and Follow-Up Plan	
12–17 Years	2.12% NC
18 Years and Older	2.64% NC
Stewardship	
Ambulatory Care—Total	
*ED Visits—Total**	38.81 ★★★★★
Inpatient Utilization—General Hospital/Acute Care—Total	
Total Inpatient—Discharges per 1,000 Member Months—Total	2.01 NC

Measure	Amerigroup 360°
Total Inpatient—Average Length of Stay—Total	5.52 NC
Access to Care	
Adolescent Well-Care Visits	
Adolescent Well-Care Visits	67.34% ★★★★
Childhood Immunization Status	
Combination 7	65.69% ★★★★
Chlamydia Screening in Women	
16–20 Years	68.61% ★★★★
21–24 Years	68.45% ★★★
Developmental Screening in the First Three Years of Life[1]	
Total	71.78%
Immunizations for Adolescents	
Combination 1 (Meningococcal, Tdap)	88.08% ★★★★
Combination 2 (Meningococcal, Tdap, HPV)	40.88% ★★★★
Percentage of Eligibles Who Received Preventive Dental Services[1]	
Percentage of Eligibles Who Received Preventive Dental Services	—
Prenatal and Postpartum Care	
Timeliness of Prenatal Care	82.67% NC
Well-Child Visits in the First 15 Months of Life	
*No Well-Child Visits**	0.49% ★★★★★
Six or More Well-Child Visits	67.64% ★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	82.48% ★★★★

** 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 2019 Child and Adult Core Set.
NC indicates comparisons to benchmarks for the RY 2020 rate were not available.
— Indicates Amerigroup 360° was not required to report this measure.
Gray shading indicates that the measure was compared to CMCS' national 50th percentile.
Yellow shading indicates that the performance measure rate for RY 2020 met or exceeded CMCS' national 50th percentile.
RY 2020 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

Strength: Overall, GF 360° demonstrated strength with quality of care, stewardship, and access to care for HEDIS 2020, meeting or exceeding the 50th percentile for 13 of 15 (86.7 percent) measure rates that were comparable to benchmarks. Of note, 10 of 13 (76.9 percent) HEDIS measure rates were at or above the 75th percentile, with three of these rates (23.1 percent) exceeding the 90th percentile. The *Developmental Screening in the First Three Years of Life—Total* measure rate met or exceeded the CMCS' national 50th percentile, further demonstrating strength.

Weaknesses

Weakness: The GF 360° performance for the *Diabetes Short-Term Complications Admission Rate* measure fell below the 50th percentile; however, caution should be exercised when interpreting this result because the 50th percentile is based on admissions for ages 18 to 64, whereas the GF 360° program only includes members up to age 21. Additionally, the *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* measure rate fell below the 25th percentile, demonstrating opportunities to ensure members are appropriately managing their diabetes.

Why the weakness exists: Although members with chronic conditions may have access to care, these members are not consistently managing their conditions according to evidence-based guidelines through the appropriate use of medications, diet and nutrition, or physical activity.

Recommendation: HSAG recommends that Amerigroup 360° conduct a root cause analysis or focused study to determine why its members are not maintaining their chronic health condition at optimal levels. Upon identification of a root cause, HSAG recommends that Amerigroup 360° implement appropriate interventions to improve the performance related to these chronic conditions.

Assessment of Follow-Up on Prior Recommendations

From the results of the 2019 PMV activity, Amerigroup 360° received two recommendations. Table 9-4 presents the prior recommendation made during HEDIS 2019 as well as Amerigroup 360°'s response to those recommendations.

Table 9-4—PMV—Prior Recommendations and Amerigroup 360°'s Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures–NCQA HEDIS Compliance Audit (Medicaid)*	Amerigroup 360°'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)*
HSAG recommended that Amerigroup 360° focus on the GF 360° performance for the *Diabetes Short-Term Complications Admission Rate* measure, which fell below the 50th percentile; however, caution should be exercised when interpreting this result because the 50th percentile is based on admissions for ages 18 to 64, whereas the GF 360° program only includes members up to age 21.	• Continuing to work with members around managing chronic conditions. The Amerigroup 360°'s GF 360° disease management team continues educating members about controlling diabetes and maintaining a healthy HbA1c to prevent hospitalization and admissions.
HSAG recommended that Amerigroup 360° focus QI efforts on the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure rate, which fell below the 25th percentile, demonstrating opportunities to ensure women receive care during their pregnancies.	• Using multiple approaches to ensure the health and well-being of pregnant members and newborns. The overall outcome of these efforts resulted in HEDIS rates increasing from 55.71 percent in measurement year (MY) 2018 for postpartum [care] to 72 percent in MY 2019, a 16.29 percent [percentage point] increase. The *Timeliness [of Prenatal Care]* measure also saw a significant increase from MY 2018 of 62.14 percent to 82.67 percent in MY 2019.
HSAG Assessment: HSAG has determined that Amerigroup 360° addressed the prior year's technical report recommendations.	

Validation of Performance Measures—NCQA HEDIS Compliance Audit

Based on HSAG's validation of performance measures, HSAG had no concerns with Amerigroup 360°'s data processing, integration, and measure production. HSAG determined that Amerigroup 360° followed the State's specifications and produced reportable rates for all measures in the scope of the validation of performance measures.

Additionally, Amerigroup 360°'s HEDIS auditor found that Amerigroup 360° was fully compliant with all IS standards and determined Amerigroup 360° submitted valid and reportable rates for all measures in the scope of the HEDIS Compliance Audit.

Compliance With Standards Monitoring

HSAG conducts compliance monitoring activities at least once during each three-year EQR cycle. During CY 2019, HSAG conducted a comprehensive compliance with standards review of each CMO for the GF and GF 360° programs. Compliance monitoring was not conducted during CY 2020.

During the Compliance With Standards review process, HSAG identified strengths and opportunities for improvement specific to Amerigroup 360°. Amerigroup 360° has outlined its response to the recommendations in Table 9-5.

Table 9-5—Compliance With Standards Review—Prior Recommendations and Amerigroup 360°'s Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Compliance With Standards Review*	Amerigroup 360°'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*
HSAG recommended that the CMO update its GF policies and procedures to include the CMO's coverage of: • The ability for a member to achieve age-appropriate growth and development. • The ability for a member to attain, maintain, or regain functional capacity.	• Updating the Clinical Criteria for Utilization Management Decision Core Process Policy with contractual language for medical necessity coverage of services in the Georgia exemption section of the Clinical Criteria for Utilization Management Policy. • Submitting the policy to DCH in July 2019, and the item was closed when DCH closed the corrective action plan in February 2019.
HSAG recommended that the CMO review its process for sending acknowledgement letters consistently to members within the required time frame.	• Reviewing the acknowledgment letters to ensure the details of the member grievance are consistently included. If deficiencies are found, the letter will be corrected prior to being mailed to the member. In addition, the grievance and appeals leadership team monitors the appeals workbasket in the grievance and appeals application to ensure that acknowledgment letters are consistently sent timely for new appeals. • Assigning appeals in the workbasket that have aged for 7 calendar days to an individual nurse's worklist to ensure that an acknowledgment letter is sent prior to the required 10 calendar days.
HSAG recommended that the CMO review its grievance process to consistently send grievance acknowledgement letters that accurately address the member's concerns.	• Reviewing the acknowledgment letters to ensure the details of the member grievance are consistently included. If deficiencies are found, the letter will be corrected prior to being mailed to the member. In addition, the grievance and appeals leadership team monitors the appeals workbasket in the grievance and appeals application to ensure that acknowledgment letters are consistently sent timely for new appeals. • Assigning appeals in the workbasket that have aged for seven calendar days to an individual nurse's worklist to ensure that an

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Compliance With Standards Review*	Amerigroup 360°'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*
	acknowledgment letter is sent prior to the required 10 calendar days.
HSAG recommended that the CMO review its adverse benefit determination process to consistently send notices to members within the required time frame. • Ensure the appeal receipt date is always documented and easy to locate in the file. • Ensure appropriate documentation in all files. • Ensure timeliness in mailing the expedited appeal resolution/determination letters for both GF and GF 360°	• Using the electronic system PEGA (NextGen Pega G&A) for grievances and processes. The received date is displayed at the top of the opening page, listed as "company received date." The system has the case due date on top of the opening page under "case due date" and the number of days left till the case must be completed under "days remaining." • Creating a documentation template for the appeals team in June 2020. The grievance and appeals team performs random audits monthly (3 audits per associate per month), and the corporate audit team performs random audits to ensure the constant state of readiness (CSR). All appeal nurses have been trained on correct documentation. Determination letters complete [undergo] a quality assurance review prior to mailing. • Increasing the grievance and appeals leadership monitoring of the appeals workbasket and individual worklists to ensure timely resolution of standard/expedited appeals and to ensure timely completion of the resolution letter. Monitoring is completed on a daily basis. Appeals in the workbasket that are close to reaching the due date for resolution are assigned to an individual nurse's worklist for resolution. In addition, a reminder email will be sent to nurses who have appeals in their individual worklist that need to be addressed to ensure timely resolution.
HSAG recommends that the CMO review its expedited appeal process to consistently provide notice to affected parties within the required time frame.	• Grievance and Appeals using the electronic system PEGA (NextGen Pega G&A). Received date is displayed at the top of the opening page, listed as "company received date." The system has the case due date on top of the opening page under "case due date" and the number of days left till the case must be completed under "days remaining." • Creating a documentation template for the appeals team in June 2020. G&A team performs random

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Compliance With Standards Review*	Amerigroup 360°'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*
	audits monthly (3 audits per associate per month), and the corporate audit team performs random audits to ensure CSR (constant state of readiness). All appeal nurses have been trained on correct documentation. Determination letters complete [undergo] a quality assurance review prior to mailing. • Increasing the grievance and appeals leadership team monitoring of the appeals workbasket and individual worklists to ensure timely resolution of standard/expedited appeals and to ensure timely completion of the resolution letter. Monitoring is completed on a daily basis. Appeals in the workbasket that are close to reaching the due date for resolution are assigned to an individual nurse's worklist for resolution. In addition, a reminder email will be sent to nurses who have appeals in their individual worklist that need to be addressed to ensure timely resolution.
HSAG Assessment: HSAG has determined that Amerigroup 360° has addressed the prior technical report recommendations.	

CAHPS Surveys

Table 9-6 shows Amerigroup 360°'s 2019 and 2020 Medicaid CAHPS top-box scores. In 2020, a total of 2,640 child members were administered a survey, of which 303 completed a survey. After ineligible members were excluded (2,337), the response rate was 11.49 percent. In 2019, the average NCQA response rate for the child Medicaid population was 18.3 percent, which was greater than Amerigroup 360°'s response rate.

Table 9-6—Amerigroup 360° CAHPS Results[9-1]

	2019 Top-Box Rates	2020 Top-Box Rates
Composite Measures		
Getting Needed Care	89.45%	86.88%

[9-1] Based on the data HSAG received from Amerigroup 360°, HSAG was unable to perform statistical testing on the results (i.e., summary report only).

	2019 Top-Box Rates	2020 Top-Box Rates
Getting Care Quickly	98.21%	98.16%
How Well Doctors Communicate	96.92%	97.97%
Customer Service	91.15%	92.05% +
Global Ratings		
Rating of All Health Care	87.31%	90.99%
Rating of Personal Doctor	93.42%	93.95%
Rating of Specialist Seen Most Often	92.05%	88.31% +
Rating of Health Plan	82.48%	84.35%

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 2020 score is at least 5 percentage points higher than the 2019 national average.

Indicates the 2020 score is at least 5 percentage points lower than the 2019 national average.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Parents/caretakers of child members enrolled in Amerigroup 360° had more positive experiences with timeliness of getting care for their child, as indicated by the score for this measure being at least 5 percentage points higher than the 2019 NCQA child Medicaid national average.

Weaknesses

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

Why the weakness exists: N/A.

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

Assessment of Follow-Up on Prior Recommendations

From the results of the CY 2019 CAHPS Survey, Amerigroup 360º received two recommendations. Table 9-7 presents the prior recommendations made by HSAG during CY 2020 as well as Amerigroup 360°'s response to HSAG's recommendations.

Table 9-7—CAHPS Survey—Prior Recommendations and Amerigroup 360°'s Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	Amerigroup 360°'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)*
Amerigroup 360°'s top-box score showed a substantial decrease of 5 percentage points or more between 2018 and 2019 for one measure: • *Shared Decision Making* (6.38 percentage points)	NCQA shortened the 2020 HEDIS/CAHPS 5.0H surveys to reduce the burden for health plan members and sponsors. The following questions were removed from the survey: • Shared Decision Making and Plan Information on Costs (adult Commercial only) questions and the associated composite measures.
HSAG recommended that Amerigroup 360° focus QI efforts on the measure score that exhibited a substantial decrease from 2018 to 2019 (*Shared Decision Making*). HSAG recommended that Amerigroup 360° conduct a root cause analysis on this area. This type of analysis is typically conducted to investigate process deficiencies and unexplained outcomes to identify causes and devise potential improvement strategies. In addition, HSAG recommended that Amerigroup 360° continue to monitor the measures to ensure there are no significant decreases in rates over time.	NCQA shortened the 2020 HEDIS/CAHPS 5.0H surveys to reduce the burden for health plan members and sponsors. The following questions were removed from the survey: • Shared Decision Making and Plan Information on Costs (adult Commercial only) questions and the associated composite measures.
HSAG Assessment: HSAG has determined that Amerigroup 360° has addressed the prior year's technical report recommendations.	

Appendix A. Technical Methods of Data Collection and Analysis

PIP Validation Methodology

For the PIPs initiated in CY 2018, DCH instructed each CMO to select one clinical PIP topic and one nonclinical PIP topic. The CMO selected the topics and DCH approved each topic. Table A-1 summarizes the PIP topics for each CMO.

Table A-1—CY 2019–2020 PIP Topics

CMO	PIP Topics
Amerigroup	*Diabetes—Dilated Retinal Eye Exam*
	Customer Satisfaction
Amerigroup 360°	*Antidepressant Continuation Phase Adherence*
	AA Member Contact Information and EPSDT Compliance
CareSource	*Follow-up After Hospitalization for Mental Illness within 7 Days of Discharge*
	Improve the Timeliness of Utilization Management Decisions
Peach State	*Improving Follow-up After Hospitalization for Mental Illness (7-Day)*
	Improving Providers' Satisfaction
WellCare	*17–p–Alpha–Hydroxyprogesterone Caproate (17p) Initiation*
	Member Realignment

PIP Components and Process

The key concepts of the rapid-cycle PIP framework include forming a core PIP team, setting aims, establishing measures, determining interventions, testing interventions, and spreading successful changes. The core component of this approach involves testing changes on a small scale, using a series of PDSA cycles, and applying rapid-cycle learning principles over the course of the improvement project to adjust intervention strategies so that improvement can occur more efficiently and lead to long-term sustainability.

HSAG developed five modules with an accompanying reference guide. Prior to issuing each module, HSAG held training webinars and technical assistance sessions with the CMOs to educate them on the requirements of each module. The five modules are defined as follows:

- **Module 1—PIP Initiation:** Module 1 outlines the framework for the project. The framework includes the topic rationale and supporting data, building a core PIP team, setting aims (Global and SMART), and completing a key driver diagram.
- **Module 2—SMART Aim Data Collection:** In Module 2, the SMART Aim measure is operationalized, and the data collection methodology is described. SMART Aim data are displayed using a run chart.
- **Module 3—Intervention Determination:** In Module 3, there is increased focus into the QI activities reasonably thought to impact the SMART Aim. Interventions in addition to those in the original key driver diagram are identified using tools such as process mapping, failure modes and effects analysis (FMEA), Pareto charts, and failure mode priority ranking, for testing via PDSA cycles in Module 4.
- **Module 4—Plan-Do-Study-Act:** The interventions selected in Module 3 are tested and evaluated through a thoughtful and incremental series of PDSA cycles.
- **Module 5—PIP Conclusions:** In Module 5, the CMO summarizes key findings and presents comparisons of successful and unsuccessful interventions, outcomes achieved, and lessons learned.

Approach to PIP Validation

For the PIPs validated in CY 2020, HSAG obtained the data needed to conduct the PIP validation from the CMO's module submission forms. These forms provided detailed information about each of the PIPs and the activities completed in each module.

The CMOs submitted modules 1 through 3 for each PIP throughout CY 2019, receiving feedback and technical assistance from HSAG, and resubmitted these modules until all validation criteria were met as appropriate. Once Module 3 was approved, the CMOs initiated intervention testing for each PIP in Module 4, which continued through October 31, 2019. The CMOs submitted Module 4 and Module 5 to HSAG for final validation in January 2020.

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

PIP Validation Scoring

During validation, HSAG determines if criteria for each module are *Achieved.* Any validation criteria not applicable (*N/A*) were not scored. At the completion of Module 5, HSAG used the validation findings from modules 1 through 5 for each PIP to determine a level of confidence representing the validity and reliability of the PIP. Using a standardized scoring methodology, HSAG will assign a level of confidence and report the overall validity and reliability of the findings as one of the following:

- ***High confidence*** = The PIP was methodologically sound, achieved the SMART Aim goal, and the demonstrated improvement was clearly linked to the quality improvement processes conducted and intervention(s) tested.
- ***Confidence*** = The PIP was methodologically sound, achieved the SMART Aim goal, and some of the QI processes were clearly linked to the demonstrated improvement; however, there was not a clear link between all QI processes and the demonstrated improvement.
- ***Low confidence*** = (A) the PIP was methodologically sound; however, the SMART Aim goal was not achieved; or (B) the SMART Aim goal was achieved; however, the QI processes and interventions were poorly executed and could not be linked to the improvement.
- ***Reported PIP results were not credible*** = The PIP methodology was not executed as approved.

PMV Methodology

42 CFR §438.350(a) requires states that contract with MCOs, PIHPs, PAHPs, or a primary care case manager (PCCM) entity to have a qualified EQRO perform an annual EQR that includes validation of contracted entity performance measures (42 CFR §438.358[b][1][ii]). HSAG conducted PMV for the State of Georgia, Department of Community Health, validating the data collection and reporting processes used to calculate the performance measure rates by the MCOs in accordance with the CMS publication, *CMS External Quality Review (EQR) Protocols, October 2019.* Link: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf

The purpose of the PMV is to assess the accuracy of performance measures reported by MCOs and to determine the extent to which performance measures reported by the MCOs follow State specifications and reporting requirements. HSAG validated a set of performance measures identified by DCH that were reported by the CMOs for their Medicaid and CHIP populations. 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' performance measures 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 select measures, and DCH required that the CMOs contract with an NCQA-LO and undergo an NCQA HEDIS Compliance Audit for an additional set of measures. 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 performance measures.

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, WellCare, and Amerigroup 360°.

Objectives

The objectives of the validation of performance measures activities conducted by HSAG and the CMOs' NCQA-LOs were to assess the accuracy of performance measure rates reported by the CMOs and to determine the extent to which performance measures calculated by the CMO followed the technical specifications and reporting requirements. The audits included a detailed assessment of the CMOs' information systems capabilities for collecting, analyzing, and reporting performance measure information. Additionally, the auditors reviewed the specific reporting methods used for performance measures, 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 performance measure 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 performance measures.

Audited Populations

Georgia Families (GF)—the GF population consisted of Medicaid and PeachCare for Kids® members excluded from the GF 360° program and enrolled in one of the four contracted GF CMOs during the measurement year:[A-1] Amerigroup, CareSource, Peach State, and WellCare. To be included in the GF rates, a member had to be continuously enrolled in GF but could have switched CMOs during the measurement period. The GF rates excluded members who were simultaneously enrolled in Medicare and Medicaid (referred to as dual-eligible members).

Georgia Families 360° program (GF 360° program)—On March 3, 2014, DCH launched the Georgia Families 360° program. This program's population consisted of children, youth, and young adults in foster care; children and youth receiving adoption assistance; and select youth involved in the juvenile justice system. The DCH contracted with Amerigroup to provide services to improve care coordination and continuity of care, and to provide better health outcomes for these members. To be included in the GF 360° program rates, a member had to be enrolled in the GF 360° program at some point during CY 2018.

[A-1] The DCH required its CMOs to contract with an NCQA-LO to undergo an NCQA HEDIS Compliance Audit. To validate the rates calculated for the non-HEDIS measures, DCH contracted HSAG to perform an independent PMV for each CMO. Results for these validations are presented in each CMO-specific PMV report.

Description of Validation Activities

Pre-Audit Strategy

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

HSAG then prepared a document request letter that was submitted to the CMOs outlining the steps in the PMV process. The document request letter included:

1. A request for the source code for each performance measure.
2. A completed Information Systems Capabilities Assessment Tool (ISCAT).
3. Any additional supporting documentation necessary to complete the audit.
4. A timetable for completion.
5. Instructions for submission.

HSAG also forwarded a letter that included requested documentation needed to complete the medical record review validation (MRRV) process. Due to the impact of COVID-19 on healthcare providers, in alignment with DCH and NCQA guidance, CMOs were given the opportunity to rotate their hybrid performance measure rates with the HEDIS 2019 (MY 2018) hybrid rates. HSAG responded to any audit-related questions received directly from the CMOs during the pre-Webex review phase.

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

Technical Methods of Data Collection and Analysis

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 analyzed these data:

- **Information Systems Capabilities Assessment Tool (ISCAT):** The CMOs completed and submitted an ISCAT for HSAG's review of the required DCH-developed measures. HSAG used the responses from the ISCAT to complete the pre-Webex review assessment of information systems.
- **Source code (programming language) for performance measures:** CMOs that calculated the performance measures using source code were required to submit the source code used to generate each performance measure being validated. HSAG completed a line-by-line review of the supplied source code to ensure compliance with the measure specifications required by DCH. HSAG identified any areas of deviation from the specifications, evaluating the impact to the measure and assessing the degree of bias (if any). CMOs that did not use source code to generate the performance

measures were required to submit documentation describing the steps taken for calculation of each of the required performance measures.

- **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.

Webex Review Activities

HSAG conducted a Webex review with the CMOs. HSAG collected information using several methods, including interviews, system demonstration, review of data output files, primary source verification (PSV), observation of data processing, and review of data reports. The Webex 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.
- **Review of ISCAT documentation:** This session was designed to be interactive with key CMO staff so that the validation team could obtain a complete picture of all steps taken to generate responses to the ISCAT and evaluate the degree of compliance with written documentation. HSAG conducted interviews to confirm findings from the documentation review, expanded or clarified outstanding issues, and ascertained that written policies and procedures were used and followed in daily practice.
- **Evaluation of enrollment, eligibility, and claims systems and processes:** The evaluation included a review of the information systems, focusing on the processing of claims, and processing of enrollment and disenrollment data. HSAG conducted interviews with key staff familiar with the processing, monitoring, reporting, and calculating of the performance measures. Key staff included executive leadership, enrollment specialists, business analysts, customer operations staff, data analytics staff, and other front-line staff familiar with the processing, monitoring, and generating of the performance measure.
- **Overview of data integration and control procedures:** The overview included discussion and observation of source code logic, a review of how all data sources were combined, and a review of how the analytic file was produced for the reporting of selected performance measure data. HSAG performed PSV to further validate the output files and reviewed backup documentation on data integration. HSAG also addressed data control and security procedures during this session.
- **Primary source verification:** HSAG performed additional validation using PSV to further validate the output files. PSV is a review technique used to confirm that the information from the primary source matches the output information used for reporting. Each CMO provided a listing of the data that it had reported to DCH to HSAG, from which HSAG selected a sample. These data included numerator positive records for HEDIS measures and a subset of requested claims data for the claim processing timeliness measure.

  HSAG selected a random sample from the submitted data and requested that the CMO provide proof of service documents or system screen shots that allowed for validation against the source data in the

system. These data were also reviewed live in the CMO's systems during the Webex review for verification, which provided the CMO an opportunity to explain its processes as needed for any exception processing or unique, case-specific nuances that may not impact final measure reporting. There may be instances in which a sample case is acceptable based on Webex review clarification and follow-up documentation provided by the CMO.

Using this technique, HSAG assessed the processes used to input, transmit, and track the data; confirm entry; and detect errors. HSAG selected cases across measures to verify that the CMOs have system documentation which supports that the CMO appropriately includes records for measure reporting. This technique does not rely on a specific number of cases for review to determine compliance; rather, it is used to detect errors from a small number of cases. If errors were detected, the outcome was determined based on the type of error. For example, the review of one case may have been sufficient in detecting a programming language error and as a result, no additional cases related to that issue may have been reviewed. In other scenarios, one case error detected may result in the selection of additional cases to better examine the extent of the issue and its impact on reporting.

- **Closing conference:** The closing conference included a summation of preliminary findings based on the review of the ISCAT and the Webex review, and revisited the documentation requirements for any post-Webex review activities.

Post-Webex Review Activities

After the Webex review, HSAG reviewed any final performance measure data submitted by the CMOs and followed up with each CMO on any outstanding issues identified during the documentation review and/or during the Webex 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 validation result for each performance measure. The CMS PMV Protocol identifies possible validation results for performance measures, which are defined in the table below.

Table A-2—Validation Results and Definitions for Performance Measures

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

According to the CMS protocol, the validation result for each performance measure is determined by the magnitude of errors detected for the audit elements, not by the number of audit elements determined to be "Not Reportable" (NR). It is possible for a single audit element to receive a validation result of NR

when the impact of the error associated with that element biased the reported performance measure 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 "Report" (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 "NR."

CAHPS Survey Methodology

The surveys administered by each CMO's vendor included a set of standardized items (40 items for the CAHPS 5.0H Adult Medicaid Health Plan Survey and 41 items for the CAHPS 5.0H 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 5.0 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 2020 adult and child CAHPS scores were compared to 2020 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 2020 NCQA national Medicaid averages.[A-2] Also, HSAG performed a trend analysis for each CMO. The 2020 scores were compared to their corresponding 2019 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.

Technical Methods of Data Collection and Analysis

Two populations were surveyed for Amerigroup, CareSource, Peach State, and WellCare: adult Medicaid and child Medicaid. One population was surveyed for Amerigroup 360°: GF 360° child

[A-2] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

Medicaid. DSS Research administered the 2019 CAHPS surveys for Amerigroup and Amerigroup 360°. Morpace administered the 2019 CAHPS surveys for Peach State, and SPH Analytics administered the 2019 CAHPS surveys for WellCare and CareSource. All three vendors were NCQA-certified vendors at the time of survey administration.

The technical method of data collection was through administration of the CAHPS 5.0H Adult Medicaid Health Plan Survey to the adult population, and the CAHPS 5.0H Child Medicaid Health Plan Survey (without the CCC measurement set) to the child Medicaid population. Amerigroup, CareSource, WellCare, and Amerigroup 360° used a mixed-mode methodology for data collection (i.e., mailed surveys followed by telephone interviews of non-respondents). 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 nonrespondents) 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, 2019; and child members included as eligible for the survey were 17 years of age or younger as of December 31, 2019.

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.[A-3] The global ratings reflected patients' overall experience with their 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 fell into one of two categories: (1) Never, Sometimes, Usually, or Always; or (2) No or Yes. A positive or top-box response for the composites was defined as a response of Usually/Always or Yes. 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 2020 Volume 3: Specifications for Survey Measures*.[A-4]

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 (+).

[A-3] Effectiveness of Care measures related to smoking cessation were only included for the adult surveys.

[A-4] National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2019.

Trend Analysis

For each CMO, the 2020 adult and child CAHPS scores were compared to their corresponding 2019 CAHPS scores.[A-5] A *t* test was performed to determine whether results in 2020 were statistically significantly different from results in 2019. 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 2020 than in 2019 are noted with upward (▲) triangles. Scores that were statistically significantly lower in 2020 than in 2019 are noted with downward (▼) triangles. Scores in 2020 that were not statistically significantly different from scores in 2019 are not noted with triangles.

National Comparisons

Additionally, each CMO's 2020 adult and child CAHPS scores were compared to the 2020 NCQA adult and child Medicaid national averages, respectively.[A-6] 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.

CMO Comparisons

To identify performance differences in member satisfaction between the four CMOs, the results for Amerigroup, CareSource, Peach State, and WellCare were compared to the Georgia CMO program average using standard tests for statistical significance.[A-7] 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.[A-8] Given that differences in case-mix can result in differences in ratings between CMOs that are 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).

[A-5] Please exercise caution when reviewing the trend analysis results for the medical assistance with smoking and tobacco use cessation measures, as the 2020 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2019 and 2020.

[A-6] Caution should be exercised when evaluating plan comparisons, given that population and plan differences may impact CAHPS results.

[A-7] Ibid.

[A-8] 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.

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.

Appendix B. CMO Quality Strategy Quality Initiatives

CMO-Specific Quality Initiatives

Appendix B provides examples of the quality initiatives the CMOs highlighted as their efforts toward achieving the Georgia Quality Strategy's goals and objectives. The quality initiatives included in Table B-1 through Table B-5 were provided by the CMOs. The narrative has not been substantially altered by HSAG.

Amerigroup

Table B-1—Amerigroup's Quality Strategic Plan Quality Initiatives

DCH Quality Strategic Plan Goal and Objective	Amerigroup's Quality Initiatives	Performance Metric
Goal 1: ***Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members.*** **Objective 2:** Increase appropriate utilization of physical and behavioral health services by all Medicaid and PeachCare for Kids® members so that select performance metrics will reflect a relative 10 percent increase over contract year 2014 rates as reported in June of 2020 based on contract year 2019 data. **Strategy 1**: Increase preventive health and follow up care service utilization.	• Exceeded 80 percent EPSDT screening ratio goal for Medicaid at 81 percent and PeachCare for Kids® (PCFK) at 94 percent.	CMS 416 Report Metrics
Other Quality Initiatives that support but are not directly linked to a goal or objective in the DCH Quality Strategic Plan.	• Maintained Amerigroup's (Anthem's) Medicaid Managed Behavioral Healthcare Organization (MBHO) Accreditation. • Maintained NCQA Accreditation status. • Maintained NCQA Multicultural Health Plan Distinction status. • Continued to encourage provider engagement through completing quality-focused meetings with providers to discuss performance reports, barriers, and concerns. • Continued member outreach and	NA

DCH Quality Strategic Plan Goal and Objective	Amerigroup's Quality Initiatives	Performance Metric
	education in an attempt to reduce fears and to schedule member appointments. • Enhanced member incentive program to a more user-friendly platform. • Provided staff training and increased focus on social determinants of health.	

NA: Not applicable—Information provided by the CMO does not directly align with a specific DCH Quality Strategic Plan goal or objective but may indirectly impact goals or objectives.

CareSource

Table B-2—CareSource's Quality Strategic Plan Quality Initiatives

DCH Quality Strategy Goal and Objective	CareSource's Quality Initiative	Performance Metric
Goal 1: Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members. **Objective 1:** Improve access to high quality physical health, behavioral health and oral health care for all Medicaid and PeachCare for Kids® members so that select performance metrics will reflect a relative 10 percent increase over contract year 2014 rates as reported in June of 2020 based on contract year 2019 data. **Strategy 1:** Increase and monitor access to health services for members.	• Conducted education to providers' offices that did not meet the access standards for after-hours and routine care and resurveyed them during third quarter 2019. • Produced an educational article on CareSource accessibility standards. • Collaborated with the Director of Quality of Georgia to produce an educational article for members that informs members on the appropriate times and situations to make after-hours calls to practitioner office.	(AAP) Adults Access to Preventive (Ambulatory) Health Services • Ages 20–44 Years • Ages 45–64 Years • Ages 65+ (CAP) Children and Adolescents' Access to PCPs • Ages 12–24 Months • Ages 25 Months–6 Years • Ages 7–11 Years • Ages 12–19 Years • Total
Goal 1: Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members. **Objective 2:** Increase appropriate utilization of physical and behavioral health services by all Medicaid and PeachCare for Kids® members so that	• Verified the internal folder captured all inpatient and readmission members to ensure outreach within 30 days of notification. • Continued strategies and interventions related to member education and awareness about	(PCR) Plan All Cause Readmissions—Total (PPC) Frequency of Ongoing Prenatal Care

DCH Quality Strategy Goal and Objective	CareSource's Quality Initiative	Performance Metric
select performance metrics will reflect a relative 10 percent increase over contract year 2014 rates as reported in June of 2020 based on contract year 2019 data. **Strategy 1:** : Increase preventive health and follow-up care service utilization..	family planning, inpatient and readmission services to enrolled individuals, at-risk CareSource members, CareSource providers, and timeliness of care management for inpatient and readmission enrollees. • Continued to analyze key drivers that affected P4HB® members and provided educational opportunities regarding benefits under P4HB®. • Continued to implement and update the outreach tracker for inpatient and readmission enrollees with daily updates to the CMO's care management team members. • Identified the best evidence-based interventions and developed the tracking methods using progress log and SMART aim run chart to assess improvement.	
Goal 1: ***Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members.*** **Objective 2:** Increase appropriate utilization of physical and behavioral health services by all Medicaid and PeachCare for Kids® members so that select performance metrics will reflect a relative 10 percent increase over contract year 2014 rates as reported in June of 2020 based on contract year 2019 data. **Strategy 1:** : Increase preventive health and follow-up care service utilization.	• Trained data analysts on the CMS EPSDT 416 specifications. • Completed quality checks on all data. • Implemented outreach efforts to educate new members and currently enrolled members about EPSDT services which may attribute to the increase in the number of eligible members. • Educated new and current members about EPSDT services and screenings during baby shower events, outbound calls, and community events. • Conducted telephonic and mailing outreach to members to notify them about the EPSDT services.	CMS 416 Report Metrics (W15) Well Child Visits First 15 Months—6+ Visits (W34) Well Child Visits Ages 3–6 Years (AWC) Adolescent Well-Care Visits (CIS) Childhood Immunization Rates—Combination 7 Lead Screening Rates (DEV) Developmental Screening:

DCH Quality Strategy Goal and Objective	CareSource's Quality Initiative	Performance Metric
		Developmental Screening in the First Three Years of Life—Total
Goal 1: Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members. **Objective 2:** Increase appropriate utilization of physical and behavioral health services by all Medicaid and PeachCare for Kids® members so that select performance metrics will reflect a relative 10 percent increase over contract year 2014 rates as reported in June of 2020 based on contract year 2019 data. **Strategy 1:** Increase preventive health and follow-up care service utilization.	• Collaborated internally and externally to improve network access for applied behavioral analysts (ABA). • Educated providers on the importance of ABA and strengthening partnerships. • Implemented a benefit that covers autism spectrum disorder.	(DEV) Developmental Screening: Developmental Screening in the First Three Years of Life—Total
Goal 1: Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members. **Objective 3:** Improve care for chronic conditions for all Medicaid and PeachCare for Kids® members so that health performance metrics relative to chronic conditions will reflect a relative 10 percent increase over contract year 2014 rates as reported in June of 2020 based on contract year 2019 data. **Strategy 1:** Improve care coordination programs.	• Assessed and identified opportunities to improve the continuity and coordination of medical care providers/practitioners by analyzing a subset of clinical data to identify at least four opportunities for increasing or enhancing communications between practitioners and care settings with the ultimate goal of improving care coordination. • Implemented an Emergency Department (ED) Diversion program with the goal to decrease ED utilization. Members who have had a recent ED visit are contacted by phone to help link members to physicians providing them with good quality healthcare to prevent frequent hospitalization. • Educated practitioners/providers on proper discharge and follow-up, educated CareSource transition team to ensure discharge follow-up is	(CDC) Comprehensive Diabetes Care—Retinal/Eye Exam Plan All-Cause Readmissions (PPC) Postpartum Care 30-Day Follow-Up Visit After Inpatient Stay (EDU) ER Visit Rates—ED Visits per 1,000 Member Months (Total) *(Note: Not all measures specified by the CMO align with Goal 1, Objective 3.)*

DCH Quality Strategy Goal and Objective	CareSource's Quality Initiative	Performance Metric
	completed and to schedule an appointment before discharge. • Continued to implement the PCMH Transformation Program to actively support practitioners transforming into a medical home. • Implemented a PCMH transformation training program for QI and Health Partner staff to work with practices (rural and urban) in the field to transform to NCQA PCMH recognized and for the CareSource PCMH staff coaches to earn PCMH Certified Content Expert Certification by NCQA. This innovative approach allows staff to not only pass the PCMH exam but have practical experience first with working with provider groups while earning PCMH Certified Content Expert.	
Goal 1: ***Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members.*** **Objective 3:** Improve care for chronic conditions for all Medicaid and PeachCare for Kids® members so that health performance metrics relative to chronic conditions will reflect a relative 10 percent increase over contract year 2014 rates as reported in June of 2020 based on contract year 2019 data. **Strategy 2:** Improve evidence-based practices	• Participated in Provider Town Hall meetings and discussed the clinical practice guidelines requirements (CPG). • Ensured the alignment of CPGs and utilization management (UM), Care4U, and behavioral health. • Collaborated with case management to ensure patients with CPG deficiencies in their chart are receiving services. • Collaborated with Health Partners to educate about CPG requirements and encouraged the submission of medical records and/or CAPs. • Conducted a study which identified the predictors that are significantly associated with the members non-compliant for a 30-day follow-up visit after receiving an initial ADHD	*(Note: Specific CPGs not specified by the CMO to align performance measures.)*

DCH Quality Strategy Goal and Objective	CareSource's Quality Initiative	Performance Metric
	prescription to develop targeted interventions.	
Goal 1: ***Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members.*** **Objective 4:** Decrease the statewide low-birth weight (LBW) rate to 8.6 percent by December 2019 as reported in June 2020. **Strategy 1:** Improve early access to prenatal care and perinatal case management.	• Verified the internal folder captured all inpatient and readmission members to ensure outreach within 30 days of notification. • Continued strategies and interventions related to member education and awareness about family planning, inpatient and readmission services to enrolled individuals, at-risk CareSource members, CareSource providers, and timeliness of care management for inpatient and readmission enrollees. • Continued to analyze key drivers that affect P4HB® members and provided educational opportunities regarding benefits under P4HB®. • Continued to implement and update the outreach tracker for inpatient and readmission enrollees with daily updates to the CMOs care management team members. • Continuously identified the best evidence-based interventions and developed the tracking methods using progress log and SMART aim run chart to assess improvement.	(LBW) Low Birth Weight Rate (PPC) Weeks of Pregnancy at Time of Enrollment • 13–27 Weeks • 28 or More Weeks • Unknown (PPC) Prenatal Care Timeliness of Prenatal Care
Goal 1: ***Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members.*** **Objective 5:** Require CMOs' use of rapid cycle process improvement/plan-do-study-act principles to achieve improvements in preventive care, birth outcomes, and chronic disease management for their enrolled members as measured by a relative 10% increase over CY 2014 rates	• Developed a "staff point of contact" list that identified the CareSource care coordinators and developed a "staff point of contact" list that identified the Tanner Medical discharge planners. • Shared the lists with all appropriate staff, and CareSource contacted the	*(Note: Specific measures not specified.)*

DCH Quality Strategy Goal and Objective	CareSource's Quality Initiative	Performance Metric
as reported in June of 2020 based on CY 2019 data. **Strategy 1:** Review quarterly utilization; prior authorization; case management; disease management; Early, Periodic, Screening, Diagnostic and Treatment (EPSDT); and P4HB® reports to ensure rapid-cycle process improvement principles are in use across all program areas and improving care management strategies.	discharge planner for introductions. • Although the SMART Aim was not achieved, the intervention allowed improvement in other areas such as a partnership between Tanner Medical Center and CareSource strengthened, the percentage of members that Tanner Medical Center notified CareSource within two days of notification increased from 0 percent to 100 percent, the percentage of members being contacted within two days after discharge increased from 40 percent to 90 percent, and 30 day follow-up increased from 58.3 percent to 65.4 percent.	
Goal 1: ***Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members.*** **Objective 5:** Require CMOs' use of rapid cycle process improvement/plan-do-study-act principles to achieve improvements in preventive care, birth outcomes, and chronic disease management for their enrolled members as measured by a relative 10% increase over CY 2014 rates as reported in June of 2020 based on CY 2019 data. **Strategy 1:** Review quarterly utilization; prior authorization; case management; disease management; Early, Periodic, Screening, Diagnostic and Treatment (EPSDT); and P4HB® reports to ensure rapid-cycle process improvement principles are in use across all program areas and improving care management strategy.	• Provided trainings and training material to Soft Touch Medical on submission of prior authorization, turnaround time, and the difference between pre-authorization and retrospective review. • Following the initiation of the intervention, the medical outpatient pre-authorization compliance rate of timely decisions (within 3 business days of request) at Soft Touch Medical, LLC increased from 76.5 percent to 98.2 percent. The SMART Aim measure rate exceeded the target goal of 86.9 percent.	*(Note: Specific measures not specified.)*
Goal 2: Smarter Utilization of each Medicaid dollar **Objective 2:** Improve the member's appropriate utilization of services so that	• Increased Contact Methods: - Placed calls to PCP to verify contact information and obtain the emergency contact	(EDU) ER Visit Rates ED Visits per 1,000 Member Months (Total)

DCH Quality Strategy Goal and Objective	CareSource's Quality Initiative	Performance Metric
improvements will be documented in emergency room (ER visit rates and utilization management (UM) rates for the adult and child populations compared with the contract year 2014 rates as reported in June 2020 based on contract year 2019 data. **Strategy 1:** Reduce ER visits for ambulatory sensitive conditions.	for unable-to-reach members. - Researched claims. - Specialists. - Behavioral health (BH) therapist office, cardiologist, endocrinologist, etc. - UM attachments in care management system. - Reviewed uploaded medical records. • Increased Primary Care Compliance: - Urged members to schedule PCP appointments. - Ensured the member saw a PCP and discussed recent ED visit. - Scheduled appointments for member. - Followed up on PCP appointment to verify attendance. - Identified barriers regarding follow-up with PCP - Utilized Health Partners to locate and contract with providers. • Specific Staff Engagement: - Team discussed every ED/readmission member who was currently in care management on our weekly huddles to brainstorm solutions to prevent readmission/repeat ED visits. - Conducted cold visits for repeat members on the ED high utilizer list. - Reviewed transportation benefit to help eliminate barriers. - Identified *pain* being one of the #1 driver for members presenting to the ED.	

DCH Quality Strategy Goal and Objective	CareSource's Quality Initiative	Performance Metric
	- Recommended alternative pain management techniques such as physical therapy for members with chronic pain concerns. - For members with BH concerns, discussed a BH plan instead of presenting to the ED for assessments. • Non-Emergency Department Options: - Researched urgent care facilities near member. - Educated member to utilize in-network urgent care. - Reviewed 24/7 nurse line for advice. • BH Initiative: - Involved BH staff on a CMO collaborative to reduce ED utilization by educating providers on their role in handling crises and by educating members on other alternatives. - Care coordination staff worked with the mobile crisis vendors in the State to be alerted when a member called, viewed the triage report, and started care coordination immediately to avoid a repeat crisis. - CareSource provided customer service 24-hour phone number to add to the safety plans instead of calling 911.	

Peach State

Table B-3 Peach State's Quality Strategic Plan Quality Initiatives

DCH Quality Strategy Goal and Objective	Peach State's Quality Initiative	Performance Metric
Goal 1: ***Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members.*** **Objective 2:** Increase appropriate utilization of physical and behavioral health services by all Medicaid and PeachCare for Kids® members so that select performance metrics will reflect a relative 10 percent increase over contract year 2014 rates as reported in June of 2020 based on contract year 2019 data. **Strategy 1**: Increase preventive health and follow up care service utilization.	• Start Smart for Your Baby Program. • 17-P Program. • Promotion of use of the notice of pregnancy (NOP) form to assist with early identification of pregnancy and risk. • Incentives.	(PPC) Prenatal and Postpartum Care (PPC) Timeliness of Prenatal Care *(Note: Quality Strategic Plan measure is Frequency of Ongoing Prenatal Care)*
	• Live outreach, robo-call education/reminder. • Incentives—member and provider. • Text messages.	CMS 416—total screening rate
	• Robo-call education/reminder.	(APC) Access to Primary Care—20–44 Years Old (AAP-20–44)
	• Robo-call education/reminders • Fluvention program.	(FVA and/or FVO) Members who obtain a flu shot (Adult CAHPS) *(Note: CAHPS measure is in Objective 1)*
	• Live outreach for education and assistance scheduling. • Well-woman education/reminder postcard.	(BCS) Breast Cancer Screening
Goal 1: ***Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members.*** **Objective 5:** Require CMOs' use of rapid-cycle process improvement/Plan-Do-Study-Act principles to achieve improvements in preventive care, birth outcomes, and chronic disease management for their enrolled members as measured by a relative 10 percent	• Annual mailing of "Rate Us a 10" postcard. • Birthday cards mailed to members • Additional online resources in the new member packet and online.	Member Satisfaction Scores (Rating of the Health Plan—Child CAHPS)

DCH Quality Strategy Goal and Objective	Peach State's Quality Initiative	Performance Metric
increase over contract year 2014 rates as reported in June of 2020 based on contract year 2019 data. **Strategy 4:** Conduct annual CMO and DCH CAHPS adult and child surveys and the annual DCH CAHPS survey of the PeachCare for Kids® (CHIP) members.		
Goal 1: ***Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members.*** **Objective 3:** Improve care for chronic conditions for all Medicaid and PeachCare for Kids® members so that health performance metrics relative to chronic conditions will reflect a relative 10 percent increase over contract year 2014 rates as reported in June of 2020 based on contract year 2019 data. **Strategy 1:** Improve care coordination programs.	• Outreach to members upon discharge from a psychiatric inpatient facility to assist them with overcoming barriers to attending their follow-up appointments. • Incentive for completion of FUH-7 visit. • Ongoing BH facility and provider education about the specific time frame (7 days) for follow-up visits.	(FUH) Follow Up after Mental Health Hospitalization—7 Day
Goal 1: ***Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members.*** **Objective 3:** Improve care for chronic conditions for all Medicaid and PeachCare for Kids® members so that health performance metrics relative to chronic conditions will reflect a relative 10 percent increase over contract year 2014 rates as reported in June of 2020 based on contract year 2019 data. **Strategy 2:** Improve evidence-based practices.	• CMO senior medical director and lead CPG auditor recorded a video sharing most common deficiencies noted during medical record audits for diabetes, asthma, and ADHD. The video was placed on the CMO's provider website. • The CPG team shared the availability of the video when asking for medical records for audit and when providing the practitioner with their CPG medical record audit (MRA) score.	Improve the overall diabetes CPG medical record audit score *(Note: The measure specified by the CMO is not included in Goal 1, Objective 3)*
	• Sent informational flyers to members to increase awareness of treatment options and resources.	(AMM) Antidepressant Medication Management—Continuation Phase Treatment
	• Purchased RetinaVue machines and donated to primary care provider/Federally Qualified Health Centers (PCP/FQHC) in	(CDC) Comprehensive Diabetes Care—Eye Exam (CDC-Eye)

DCH Quality Strategy Goal and Objective	Peach State's Quality Initiative	Performance Metric
	high-volume diabetic member areas to improve convenience for members as it will allow them to have their eyes checked at a routine PCP appointment, omitting the need for multiple appointments. • Member incentive. • Provider incentive.	
	• Live outreach to members who required lab work. • BH practitioner HEDIS Quick Reference Guide to assist with provider education.	(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications *(Note: The measure specified by the CMO is not included in Goal 1, Objective 3)*
Goal 2: Smarter Utilization of each Medicaid dollar. **Objective 2:** In collaboration with the Georgia Hospital Association's Care Coordination Council, reduce the all-cause readmission rate for all Medicaid populations to 9 percent by the end of contract year 2019 as reported in June 2020. **Strategy 2:** Ensure effective concurrent review and discharge-planning processes are in place for CMO and FFS members.	• Monitor readmissions for members enrolled in the case management and chronic care (CC) programs on a monthly and quarterly basis. • Conduct discharge planning program.	(PCR) All-Cause Readmissions within 30 days for members enrolled in CCM
Goal 2: Smarter Utilization of each Medicaid dollar. **Objective 2:** Increase appropriate utilization of physical and behavioral health services by all Medicaid and PeachCare for Kids® members so that select performance metrics will reflect a relative 10% increase over CY 2014 rates as reported in June of 2020 based on CY 2019 data.	• Enhanced ER care management program. • Collaborated with 10 high-volume ED facilities to receive daily notification of members who visited the ED on the previous day. • Stratified members according to frequency of ED visits and completed telephonic outreach to	(EDU) Ambulatory ED Visit Rate (HEDIS) per 1,000/Member Months

DCH Quality Strategy Goal and Objective	Peach State's Quality Initiative	Performance Metric
Strategy 2: Ensure effective concurrent review and discharge planning processes are in place for CMO and FFS members.	those members with ≥3 visits within 90 days.	
Goal 2: Smarter Utilization of each Medicaid dollar. **Objective 1:** Improve the member's appropriate utilization of services so that improvements will be documented in emergency room (ER) visit rates and utilization management (UM) rates for the adult and child populations compared with the contract year 2014 rates as reported in June 2020 based on contract year 2019 data. **Strategy 3:** Medical necessity determinations are made using evidence-based criteria.	• Ongoing provider education regarding best practice and Centers for Disease Control and Prevention (CDC) recommendations.	(AAB) Avoidance of Antibiotic Treatments in Adults with Acute Bronchitis *(Note: The measure specified by the CMO is not included in the DCH Quality Strategic Plan)*
	• Continued pharmacy lock-in-program. • Continued prescriber lock-in program. • Continued BH case management program.	(UOP) Opioid Overuse—filling prescriptions for controlled substance written by different prescribers per member *(Note: The measure specified by the CMO is not included in the DCH Quality Strategic Plan)*

WellCare

Table B-4—WellCare's Quality Strategic Plan Quality Initiatives

DCH Quality Strategy Goal and Objective	WellCare's Quality Initiative	Performance Metric
Goal 1: ***Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members.*** **Objective 2:** Increase appropriate utilization of physical and behavioral health services by all Medicaid and PeachCare for Kids® members so that select performance metrics will reflect a relative 10 percent increase over contract year 2014 rates as reported in June of 2020 based on contract year 2019 data.	• Continued the Healthy Rewards Program which incentivized GF and PeachCare for Kids® members to complete health screenings and preventive services.	*(Note: The CMO did not link the initiative with a specific performance measure in Goal 1, Objective 2)*

DCH Quality Strategy Goal and Objective	WellCare's Quality Initiative	Performance Metric
Strategy 1: Increase preventive health and follow-up care service utilization.		
Goal 1: Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members. **Objective 3:** Improve care for chronic conditions for all Medicaid and PeachCare for Kids® members so that health performance metrics relative to chronic conditions will reflect a relative 10 percent increase over contract year 2014 rates as reported in June of 2020 based on contract year 2019 data. **Strategy 2:** Improve evidence-based practices.	• Implemented or continued the use of over 40 CPGs relevant to BH conditions, chronic diseases, and preventive health.	*(Note: The CMO did not link the initiative with a specific performance measure in Goal 1, Objective 3)*
Goal 1: Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members. **Objective 4:** Decrease the statewide low-birth weight (LBW) rate to 8.6 percent by December 2019 as reported in June 2020. **Strategy 1:** Improve early access to prenatal care and perinatal case management.	• Operated WellCare's BabyLine—Obstetrical Nurse Triage (case management) and provided education to pregnant members.	*(Note: The CMO did not link the initiative with a specific performance measure in Goal 1, Objective 4)*
Other Quality Initiatives that support but are not directly linked to a goal or objective in the DCH Quality Strategic Plan.	• Established and maintained relationships with vendors. • Continued targeted outreach programs to close member care gaps.	*(Note: Specific measures not specified.)*

Amerigroup 360°

Table B-5—Amerigroup 360's Quality Strategic Plan Quality Initiatives

DCH Quality Strategy Goal and Objective	Amerigroup 360°'s Quality Initiative	Performance Metric
Goal 1: Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members. **Objective 1:** Improve access to high quality physical health, behavioral health and oral health care for all Medicaid and PeachCare for Kids® members so that	• Maintained Amerigroup's (Anthem's) Medicaid Managed Behavioral Healthcare Organization (MBHO) Accreditation.	*(Note: The CMO did not link the initiative with a specific performance measure in Goal 1, Objective 1)*

DCH Quality Strategy Goal and Objective	Amerigroup 360°'s Quality Initiative	Performance Metric
select performance metrics will reflect a relative 10 percent increase over contract year 2014 rates as reported in June of 2020 based on contract year 2019 data. **Strategy 1:** Increase and monitor access to health services for members.		
Goal 1: ***Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members.*** **Objective 2:** Increase appropriate utilization of physical and behavioral health services by all Medicaid and PeachCare for Kids® members so that select performance metrics will reflect a relative 10 percent increase over contract year 2014 rates as reported in June of 2020 based on contract year 2019 data. **Strategy1**: Increase preventive health and follow up care service utilization.	• Exceeded 80 percent EPSDT screening ratio goal for Medicaid at 81 percent and PeachCare for Kids® (PCFK) at 94 percent.	CMS 416—total screening rate
Other Quality Initiatives that support but are not directly linked to a goal or objective in the DCH Quality Strategic Plan.	• Maintained NCQA Accreditation status. • Maintained NCQA Multicultural Health Plan Distinction. • Continued to encourage provider engagement through completing quality-focused meetings with providers to discuss performance reports, barriers, and concerns. • Continued member outreach and education in an attempt to reduce fears and schedule member appointments. • Enhanced CMO's member incentive program to a more user-friendly platform. • Provided staff training and increased focus on social determinants of health	NA

NA: Not applicable