



State of Georgia
Department of Community Health

2019 External Quality Review
Annual Report

Including

Reporting Year 2018 Performance Measure Rates
Calendar Year 2018 Performance Improvement Project Results
Contract Year 2018 Consumer Assessment of Healthcare
Providers and Systems (CAHPS®) Results

April 2019



1. Executive Summary	1-1
Overview of the Contract Year 2017–2018 External Quality Review.....	1-1
Mandatory Activities.....	1-2
Optional Activities.....	1-11
Scope of EQR Activities.....	1-11
Definitions.....	1-12
Care Management Organizations.....	1-14
Accreditation.....	1-14
How Conclusions Were Drawn From EQRO Activities.....	1-15
Aggregating and Analyzing Statewide Data.....	1-15
Overview of Findings and Conclusions.....	1-16
CAHPS.....	1-18
Summary of the Quality and Timeliness of, and Access to Care Furnished by CMOs.....	1-19
Statewide Summary of Strengths, Weaknesses, and Overall Conclusions.....	1-20
Follow-Up on Prior EQR Recommendations.....	1-22
2. Overview of Georgia Managed Care Program	2-1
Medicaid Managed Care in the State of Georgia.....	2-1
Georgia Quality Strategic Plan.....	2-2
Demographics of Georgia State Managed Care Program.....	2-8
DCH Quality Initiatives Driving Improvement.....	2-12
Quality Initiatives and Emerging Practices.....	2-14
3. Comparative Information and Quality Strategy Recommendations	3-1
CMO Managed Care Performance in Georgia.....	3-1
CMO Comparative and Statewide Aggregate HEDIS Results.....	3-2
CMO Comparative and Statewide Aggregate PIP Results.....	3-18
CMO Comparative and Statewide Aggregate CAHPS Results.....	3-18
CMO Comparisons.....	3-19
Operational Systems Compliance Reviews.....	3-27
Recommendations for Georgia’s Quality Strategic Plan Focus and Priorities.....	3-28
4. Assessment of CMO Performance	4-1
Methodology for Aggregating and Analyzing EQR Activity Results.....	4-1
EQR Activity Results for Amerigroup Community Care (Amerigroup).....	4-1
Key Recommendations for Amerigroup.....	4-19
EQR Activity Results for CareSource.....	4-21
Key Recommendations for CareSource.....	4-30
EQR Activity Results for Peach State Health Plan.....	4-32
Key Recommendations for Peach State.....	4-51
EQR Activity Results for WellCare.....	4-53
Key Recommendations for WellCare.....	4-71
EQR Activity Results for Amerigroup 360°.....	4-74
Key Recommendations for Amerigroup 360°.....	4-87



Appendix A. CAHPS Survey Methodology A-1
Appendix B. Performance Improvement Project Methodology B-1
Appendix C. Performance Measure Validation Methodology C-1
Appendix D. NCQA Quality Compass 50th Percentile Values D-1
Appendix E. Performance Measure Criteria Table..... E-1



Acknowledgements and Copyrights

CAHPS[®] refers to the Consumer Assessment of Healthcare Providers and Systems and is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

HEDIS[®] refers to the Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA).

Overview of the Contract Year 2017–2018 External Quality Review

The Georgia Department of Community Health (DCH) is responsible for administering the Medicaid program and the Children’s Health Insurance Program (CHIP) in the State of Georgia. The State refers to its CHIP program as PeachCare for Kids[®]. Both programs include fee-for-service and managed care components. The DCH contracts with four privately owned managed care organizations, referred to by the State as care management organizations (CMOs), to deliver services to members who are enrolled in the State’s Medicaid and CHIP programs. 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. Approximately 1.4 million members are enrolled in the GF program. Approximately 28,762 members are enrolled in the GF 360[°] program.

*The GF and the GF 360[°] programs provide
Medicaid services to approximately 1.4
million members*

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 care management program is to maintain a successful partnership with care management organizations to provide care to members while focusing on continual quality improvement. The Georgia-enrolled member population encompasses Low-Income Medicaid (LIM), Transitional Medicaid, pregnant women and children in the Right from the Start (RSM) Medicaid program, newborns of Medicaid-covered women, refugees, women with breast or cervical cancer, women participating in the Planning for Healthy Babies[®] (P4HB[®]) program, as well as the CHIP population.

The DCH contracted with the following CMOs to provide services to the GF population for the 2017–2018 contract year, which covers the time span of July 1, 2017, through June 30, 2018: Amerigroup Community Care (Amerigroup), CareSource, Peach State Health Plan (Peach State), and WellCare of Georgia, Inc. (WellCare). Amerigroup also has a contract with DCH to provide services to the GF 360[°] population, and in these instances, Amerigroup is referred to as Amerigroup 360[°]. For ease of reporting information relevant to both GF and GF 360[°] populations, HSAG uses the term “CMOs” in the remainder of this report to refer to Amerigroup, CareSource, Peach State, WellCare, and Amerigroup 360[°] results collectively.

Title XIX of the Social Security Act (SSA), Section 1932(c)(2)(A) requires states that operate Medicaid managed care plans to “provide for an annual external independent review conducted by a qualified independent entity of the quality and timeliness of, and access to, the items and services for which the organization is responsible under the contract.” Federal external quality review (EQR) requirements

have been further specified in 42 Code of Federal Regulations (CFR) §438.358 and §438.364. 42 CFR §438.364¹⁻¹ also requires that states use an external quality review organization (EQRO) to prepare an annual technical report that describes how data from activities were collected, and in accordance with the CFR, were aggregated and analyzed. The annual technical report also draws conclusions about the quality and timeliness of, and access to healthcare services that managed care organizations provide.

The DCH contracted with Health Services Advisory Group, Inc. (HSAG), to conduct EQR activities and to produce this technical report covering review activities completed during the period of July 1, 2017, through June 30, 2018. HSAG aggregated and analyzed the CMOs' performance data across mandatory and optional activities and prepared an annual technical report. HSAG has served as the EQRO for DCH since 2008. HSAG used the U.S. Department of Health and Human Services (HHS) Centers for Medicare & Medicaid Services' (CMS') November 9, 2012, update of its External Quality Review Toolkit for States when preparing this report.¹⁻²

Mandatory Activities

As mandated by CFR §438.364 and in compliance with CMS' EQR Protocols and the External Quality Review Toolkit for States, this technical report:

- Describes how data from mandatory and optional EQR activities were aggregated and analyzed by HSAG.
- Describes the scope of the EQR activities.
- Assesses each CMO's strengths and weaknesses and presents conclusions drawn about the quality of, timeliness of, and access to care furnished by the CMOs.
- Includes recommendations for improving the quality of, timeliness of, and access to care and services furnished by the CMOs, including recommendations for each individual CMO and recommendations for DCH to target the Georgia Quality Strategic Plan to improve the quality of care provided by the DCH managed care program as a whole.
- Contains methodological and comparative information for all CMOs.
- Assesses the degree to which each CMO has addressed the recommendations for quality improvement made by the EQRO during the 2018 EQR.

¹⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Federal Register*/Vol. 68, No. 16/Friday, January 23, 2003/Rules and Regulations, p. 3597. 42 CFR Parts 433 and 438 Medicaid Program; External Quality Review of Medicaid Managed Care Organizations, Final Rule.

¹⁻² The Centers for Medicare & Medicaid Services. External Quality Review Toolkit, November 2012. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/eqr-toolkit.pdf>. Accessed on: Jan 22, 2019.

The DCH contracted these mandatory EQRO activities:

- *Compliance With Standards*
 - *Validation of Performance Measures*
 - *Validation of Performance Improvement Projects*
 - *Annual Technical Report*
-

In accordance with 42 CFR §438.356, DCH contracted with HSAG as the EQRO for the State of Georgia to conduct the mandatory EQR activities as set forth in 42 CFR §438.358. In contract year 2018, HSAG conducted the following mandatory EQR activities for the GF and GF 360° programs:

Compliance Monitoring Evaluation: According to federal requirements, the state or its EQRO must conduct a review to determine a Medicaid managed care plan's compliance with standards established by the state related to enrollee rights and protections, access to services, structure and operations, measurement and improvement, and grievance system standards. The DCH contracted with HSAG to conduct full compliance reviews of the CMOs for contract year 2018. HSAG initiated the discussion and planning phase of the compliance reviews during calendar year 2018. The contract year 2018 compliance reviews will be conducted in contract year 2019. HSAG follows the guidelines set forth in CMS' *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.¹⁻³

Validation of Performance Measures: HSAG validated the performance measures (PM) identified by DCH to evaluate their accuracy as reported by, or on behalf of, the CMOs. The DCH annually selects a set of performance measures to evaluate the quality of care and services delivered by its contracted CMOs to GF and GF 360° members. The DCH requires that the CMOs submit externally validated performance measure rates. Performance measure validation determines the extent to which the CMOs followed specifications established by DCH for its performance measures when calculating the performance measure rates.

HSAG conducted validation of the PM rates following the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®)¹⁻⁴ NCQA HEDIS Compliance Audit timeline, from January 2018 through July 2018. The final PM validation results generally

¹⁻³ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html>. Accessed on: Jan 22, 2019.

¹⁻⁴ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). NCQA HEDIS Compliance Audit™ is a trademark of the NCQA.

reflected the measurement period of January 1, 2017, through December 31, 2017. HSAG provided final PM validation reports to the CMOs and DCH in August 2018.¹⁻⁵

Table 1-1 lists the reporting year 2018 measures for the GF and GF 360° populations presented within this report.

Table 1-1—Reporting Year 2018 Performance Measures

Measure	Georgia Families	Georgia Families 360°	Specifications				Populations & Data Collection Method (A=Admin; H=Hybrid)	
			Core Set	AHRQ	HEDIS	GF	GF 360°	
Access to Care								
<i>Adults' Access to Preventive/Ambulatory Health Services</i>								
20–44 Years	✓	✓			✓	A	A	
45–64 Years	✓	X			✓	A	—	
65 Years and Older	✓	X			✓	A	—	
Total	✓	X			✓	A	—	
<i>Adult BMI Assessment</i>								
Adult BMI Assessment	✓	✓	✓		✓	H	H	
<i>Children and Adolescents' Access to Primary Care Practitioners</i>								
12–24 Months	✓	✓	✓		✓	A	A	
25 Months–6 Years	✓	✓	✓		✓	A	A	
7–11 Years	✓	✓	✓		✓	A	A	
12–19 Years	✓	✓	✓		✓	A	A	
<i>Annual Dental Visit</i>								
2–3 Years	✓	✓			✓	A	A	
4–6 Years	✓	✓			✓	A	A	
7–10 Years	✓	✓			✓	A	A	
11–14 Years	✓	✓			✓	A	A	
15–18 Years	✓	✓			✓	A	A	
19–20 Years	✓	✓			✓	A	A	
Total	✓	✓			✓	A	A	
<i>Colorectal Cancer Screening</i>								
Colorectal Cancer Screening	✓	X	CUSTOM**			A	—	
Children's Health								
Prevention and Screening								
<i>Appropriate Testing for Children With Pharyngitis</i>								
Appropriate Testing for Children With Pharyngitis	✓	✓			✓	A	A	

¹⁻⁵ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <https://www.medicare.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html>. Accessed on: Jan 22, 2019.

Measure	Georgia Families	Georgia Families 360°	Specifications				Populations & Data Collection Method (A=Admin; H=Hybrid)	
			Core Set	AHRQ	HEDIS	GF	GF 360°	
Childhood Immunization Status								
Combination 3	✓	✓	✓		✓	H	H	
Combination 6	✓	✓	✓		✓	H	H	
Combination 10	✓	✓	✓		✓	H	H	
Immunizations for Adolescents								
Combination 1 (Meningococcal, Tdap)	✓	✓	✓		✓	A/H	H	
Combination 2 (Meningococcal, Tdap, HPV)	✓	✓	✓		✓	A/H	H	
Lead Screening in Children								
Lead Screening in Children	✓	✓			✓	H	H	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents								
BMI Percentile—Total	✓	✓	✓		✓	H	H	
Counseling for Nutrition—Total	✓	✓			✓	H	H	
Counseling for Physical Activity—Total	✓	✓			✓	H	H	
Upper Respiratory Infection								
Appropriate Treatment for Children With Upper Respiratory Infection								
Appropriate Treatment for Children With Upper Respiratory Infection	✓	✓			✓	A	A	
Well-Child/Well-Care Visits								
Adolescent Well-Care Visits								
Adolescent Well-Care Visits	✓	✓	✓		✓	H	H	
Well-Child Visits in the First 15 Months of Life								
No Well-Child Visits*	✓	✓	✓		✓	H	H	
Six or More Well-Child Visits	✓	✓	✓		✓	H	H	
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	✓	✓	✓		✓	H	H	
Women’s Health								
Prenatal Care and Birth Outcomes								
Percentage of Live Births Weighing Less Than 2,500 Grams								
Percentage of Live Births Weighing Less Than 2,500 Grams*	✓	✓	✓			A	A	
Prenatal and Postpartum Care								
Timeliness of Prenatal Care	✓	✓	✓		✓	H	H	
Postpartum Care	✓	✓	✓		✓	H	H	
Prevention and Screening								
Breast Cancer Screening								
Breast Cancer Screening	✓	X	✓		✓	A	—	
Cervical Cancer Screening								
Cervical Cancer Screening	✓	X	✓		✓	H	—	

Measure	Georgia Families	Georgia Families 360°	Specifications				Populations & Data Collection Method (A=Admin; H=Hybrid)	
			Core Set	AHRQ	HEDIS	GF	GF 360°	
Chlamydia Screening in Women								
16–20 Years	✓	✓	✓		✓	A	A	
21–24 Years	✓	✓	✓		✓	A	A	
Total	✓	✓	✓		✓	A	A	
Chronic Conditions								
Diabetes								
Comprehensive Diabetes Care								
Hemoglobin A1c (HbA1c) Testing	✓	X	✓		✓	H	—	
HbA1c Control (<8.0%)	✓	X			✓	H	—	
Eye Exam (Retinal) Performed	✓	X			✓	H	—	
Blood Pressure Control (<140/90 mm Hg)	✓	X			✓	H	—	
HbA1c Poor Control (>9.0%)*	✓	X	✓		✓	H	—	
HbA1c Control (<7.0%)	✓	X			✓	H	—	
Medical Attention for Nephropathy	✓	X			✓	H	—	
Statin Therapy for Patients With Diabetes								
Received Statin Therapy	✓	X			✓	A	—	
Statin Adherence 80%	✓	X			✓	A	—	
Cardiovascular Conditions								
Controlling High Blood Pressure								
Controlling High Blood Pressure	✓	X	✓		✓	H	—	
Persistence of Beta-Blocker Treatment After a Heart Attack								
Persistence of Beta-Blocker Treatment After a Heart Attack	✓	X			✓	A	—	
Statin Therapy for Patients With Cardiovascular Disease								
Received Statin Therapy—Total	✓	X			✓	A	—	
Statin Adherence 80%—Total	✓	X			✓	A	—	
Respiratory Conditions								
Pharmacotherapy Management of COPD Exacerbation								
Bronchodilator	✓	X			✓	A	—	
Systemic Corticosteroid	✓	X			✓	A	—	
Use of Spirometry Testing in the Assessment and Diagnosis of COPD								
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	✓	X			✓	A	—	
Medication Management								
Medication Management for People With Asthma								
Medication Compliance 50%—Ages 5–11 Years	✓	✓			✓	A	A	
Medication Compliance 50%—Ages 12–18 Years	✓	✓			✓	A	A	
Medication Compliance 50%—Ages 19–50 Years	✓	X			✓	A	—	

Measure	Georgia Families	Georgia Families 360°	Specifications				Populations & Data Collection Method (A=Admin; H=Hybrid)	
			Core Set	AHRQ	HEDIS	GF	GF 360°	
<i>Medication Compliance 50%—Ages 51–64 Years</i>	✓	X			✓	A	—	
<i>Medication Compliance 50%—Total</i>	✓	X			✓	A	—	
<i>Medication Compliance 75%—Ages 5–11 Years</i>	✓	✓			✓	A	A	
<i>Medication Compliance 75%—Ages 12–18 Years</i>	✓	✓			✓	A	A	
<i>Medication Compliance 75%—Ages 19–50 Years</i>	✓	X			✓	A	—	
<i>Medication Compliance 75%—Ages 51–64 Years</i>	✓	X			✓	A	—	
<i>Medication Compliance 75%—Total</i>	✓	X			✓	A	—	
Annual Monitoring for Patients on Persistent Medications								
<i>ACE Inhibitors or ARBs</i>	✓	X	✓		✓	A	—	
<i>Diuretics</i>	✓	X	✓		✓	A	—	
<i>Total</i>	✓	X	✓		✓	A	—	
Asthma Medication Ratio								
<i>5–11 Years</i>	✓	✓	✓		✓	A	A	
<i>12–18 Years</i>	✓	✓	✓		✓	A	A	
<i>19–50 Years</i>	✓	X	✓		✓	A	—	
<i>51–64 Years</i>	✓	X	✓		✓	A	—	
<i>Total</i>	✓	X	✓		✓	A	—	
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis								
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>	✓	X			✓	A	—	
Use of Opioids at High Dosage (per 1,000 Members)								
<i>Use of Opioids at High Dosage*</i>	✓	X			✓	A	—	
Use of Opioids From Multiple Providers (per 1,000 Members)								
<i>Multiple Prescribers*</i>	✓	X			✓	A	—	
<i>Multiple Pharmacies*</i>	✓	X			✓	A	—	
<i>Multiple Prescribers and Multiple Pharmacies*</i>	✓	X			✓	A	—	
Behavioral Health								
Adherence to Antipsychotic Medications for Individuals With Schizophrenia								
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	✓	X	✓		✓	A	—	
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia								
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	✓	X			✓	A	—	

Measure	Georgia Families	Georgia Families 360°	Specifications				Populations & Data Collection Method (A=Admin; H=Hybrid)	
			Core Set	AHRQ	HEDIS	GF	GF 360°	
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications								
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	✓	X	✓		✓	A	—	
Follow-Up After Emergency Department (ED) Visit for Alcohol and Other Drug (AOD) Abuse or Dependence								
7-Day Follow-Up—Total	✓	X	✓		✓	A	—	
30-Day Follow-Up—Total	✓	X	✓		✓	A	—	
Antidepressant Medication Management								
Effective Acute Phase Treatment	✓	✓	✓		✓	A	A	
Effective Continuation Phase Treatment	✓	✓	✓		✓	A	A	
Diabetes Monitoring for People With Diabetes and Schizophrenia								
Diabetes Monitoring for People With Diabetes and Schizophrenia	✓	X			✓	A	—	
Follow-Up After ED Visit for Mental Illness								
7-Day Follow-Up	✓	✓	✓		✓	A	A	
30-Day Follow-Up	✓	✓	✓		✓	A	A	
Follow-Up After Hospitalization for Mental Illness								
7-Day Follow-Up	✓	✓	✓		✓	A	A	
30-Day Follow-Up	✓	✓	✓		✓	A	A	
Follow-Up Care for Children Prescribed ADHD Medication								
Initiation Phase	✓	✓	✓		✓	A	A	
Continuation and Maintenance Phase	✓	✓	✓		✓	A	A	
Initiation and Engagement of AOD Abuse or Dependence Treatment								
Initiation of AOD Treatment—Total—Total	✓	✓	✓		✓	A	A	
Engagement of AOD Treatment—Total—Total	✓	✓	✓		✓	A	A	
Metabolic Monitoring for Children and Adolescents on Antipsychotics								
1–5 Years	✓	✓			✓	A	A	
6–11 Years	✓	✓			✓	A	A	
12–17 Years	✓	✓			✓	A	A	
Total	✓	✓			✓	A	A	
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics								
1–5 Years	✓	✓	✓		✓	A	A	
6–11 Years	✓	✓	✓		✓	A	A	
12–17 Years	✓	✓	✓		✓	A	A	
Total	✓	✓	✓		✓	A	A	
Use of Multiple Concurrent Antipsychotics in Children and Adolescents								
1–5 Years*	✓	✓	✓		✓	A	A	
6–11 Years*	✓	✓	✓		✓	A	A	
12–17 Years*	✓	✓	✓		✓	A	A	
Total*	✓	✓	✓		✓	A	A	

Measure	Georgia Families	Georgia Families 360°	Specifications				Populations & Data Collection Method (A=Admin; H=Hybrid)	
			Core Set	AHRQ	HEDIS	GF	GF 360°	
Utilization								
Ambulatory Care (per 1,000 Member Months)—Total								
Outpatient Visits—Total	✓	✓			✓	A	A	
ED Visits—Total*	✓	✓	✓		✓	A	A	
Antibiotic Utilization—Total								
Percentage of Antibiotics of Concern for All Antibiotic Prescriptions—Total*	✓	✓			✓	A	A	
Mental Health Utilization—Total								
Any Service—Total	✓	✓			✓	A	A	
Inpatient—Total	✓	✓			✓	A	A	
Intensive Outpatient or Partial Hospitalization—Total	✓	✓			✓	A	A	
Outpatient—Total	✓	✓			✓	A	A	
ED—Total	✓	✓			✓	A	A	
Telehealth—Total	✓	✓			✓	A	A	
Plan All-Cause Readmissions*								
Index Total Stays—Observed Readmissions—18–44 Years	✓	X	✓		✓	A	—	
Index Total Stays—Observed Readmissions—45–54 Years	✓	X	✓		✓	A	—	
Index Total Stays—Observed Readmissions—55–64 Years	✓	X	✓		✓	A	—	
Index Total Stays—Observed Readmissions—Total	✓	X	✓		✓	A	—	
Index Total Stays—O/E Ratio—Total	✓	X	✓		✓	A	—	
Inpatient Utilization—General Hospital/Acute Care—Total								
Total Inpatient—Discharges per 1,000 Member Months—Total	✓	✓			✓	A	A	
Total Inpatient—Average Length of Stay—Total	✓	✓			✓	A	A	
Maternity—Discharges per 1,000 Member Months—Total	✓	✓			✓	A	A	
Maternity—Average Length of Stay—Total	✓	✓			✓	A	A	
Surgery—Discharges per 1,000 Member Months—Total	✓	✓			✓	A	A	
Surgery—Average Length of Stay—Total	✓	✓			✓	A	A	
Medicine—Discharges per 1,000 Member Months—Total	✓	✓			✓	A	A	
Medicine—Average Length of Stay—Total	✓	✓			✓	A	A	

Measure	Georgia Families	Georgia Families 360°	Specifications				Populations & Data Collection Method (A=Admin; H=Hybrid)	
			Core Set	AHRQ	HEDIS	GF	GF 360°	
Overuse/Appropriateness								
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>								
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	✓	X			✓	A	—	
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>								
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females*</i>	✓	✓			✓	A	A	
<i>Use of Imaging Studies for Low Back Pain</i>								
<i>Use of Imaging Studies for Low Back Pain</i>	✓	X			✓	A	—	

* For this indicator, a lower rate indicates better performance.
 X indicates the measure is not applicable to the GF 360° population.
 — indicates the measure is not applicable to the GF 360° population.
 ** State-specific measure specification.
 Blank cells indicate that the performance measure is not applicable.

Validation of Performance Improvement Projects (PIPs): HSAG validated the CMOs’ PIPs to determine if they were designed to achieve, through ongoing measurement and intervention, significant and sustained improvement in clinical and nonclinical care. HSAG also evaluated if the PIPs would have a favorable effect on health outcomes and member satisfaction.

HSAG reviews each PIP using CMS’ validation protocol to ensure that the CMOs design, conduct, and report PIPs in a methodologically sound manner and meet all State and federal requirements. HSAG uses a rapid-cycle PIP process, which places an emphasis on applying improvement science to the PIP process and using rapid-cycle evaluation through Plan-Do-Study-Act (PDSA) cycles to more efficiently achieve desired health outcomes.

Because PIPs must meet CMS requirements, HSAG completed a crosswalk of the rapid-cycle framework against the Department of Health and Human Services, CMS publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.¹⁻⁶ HSAG presented the crosswalk and new PIP rapid-cycle framework components to CMS to demonstrate how the new PIP framework aligned with the CMS validation protocols. CMS agreed that, with the pace of quality improvement science development and the prolific use of PDSA cycles in modern PIPs within healthcare settings, the new approach was reasonable.

¹⁻⁶ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <https://www.medicare.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html>. Accessed on: Jan 22, 2019.

For the rapid-cycle PIPs, DCH instructed each CMO to select one clinical PIP topic and one nonclinical PIP topic. The CMO selected the specific PIP topic, and DCH approved the topic. The CMO developed a SMART [specific, measurable, attainable, relevant, and time-bound] Aim that targeted a specific provider and member population to evaluate small tests of change. Appendix B—Methodology for Conducting Validation of Performance Improvement Projects, describes the necessary foundation for the rapid-cycle PIP process and should be read prior to reading the CMO-specific PIP sections.

Optional Activities

In addition to conducting the mandatory EQR activities, HSAG reviewed the results of the CMOs' CAHPS Survey activities. The DCH periodically assesses the perceptions and experiences of members as part of its process for evaluating the quality of healthcare services provided by the CMOs to their members. Administration of the CAHPS surveys is an optional Medicaid EQR activity to assess managed care members' satisfaction with their healthcare services. The CAHPS Survey is a mandatory activity for the CHIP population. The DCH requires that the CMOs administer CAHPS Surveys to both adult members and parents or caretakers of child members. In 2018, the CMOs contracted with survey vendors to administer standardized survey instruments, CAHPS 5.0H Adult and Child Medicaid Health Plan Surveys, to adult and child Medicaid members enrolled in their respective CMO.

The DCH did not contract with HSAG to conduct or analyze and report results, conclusions, or recommendations from any other CMS-defined optional activities.

Scope of EQR Activities

HSAG used the results of the mandatory and optional EQR activities, as described in 42 CFR §438.358, to prepare the annual technical report. The purpose of these activities, in general, is to provide valid and reliable data and information about the CMOs' performance. For the 2019 EQR Technical Report, HSAG used findings from the following EQR activities conducted from July 1, 2017, through June 30, 2018, to derive conclusions and make recommendations about the quality of, access to, and timeliness of care and services (QAT) provided by each CMO. The assignment of QAT domains for the activities and performance measures are listed in Table 1-4.

- *Review of compliance with federal and state-specified operational standards.* The DCH did not conduct or contract with HSAG to evaluate the GF and GF 360° CMOs' compliance with State and federal requirements for organizational and structural performance during 2018. The DCH and HSAG initiated the planning process for the contract year 2018 compliance review activities that will be conducted in contract year 2019.
- *Validation of PIPs.* HSAG validated PIPs for each GF and GF 360° CMO to ensure the CMOs designed, conducted, and reported projects in a methodologically sound manner consistent with the CMS protocol for validating PIPs. For PIPs initiated in calendar year 2018, the CMOs in Georgia used HSAG's rapid-cycle PIP process for all PIPs HSAG validated. Each CMO submitted one clinical and one nonclinical PIP for validation. HSAG assessed the PIPs for real improvements in

care and services to validate the reported improvements. In addition, HSAG assessed the CMOs' PIP outcomes and impacts on improving care and services provided to members. HSAG validated PIPs from January 1, 2018, through December 31, 2018.

- *Validation of performance measures (PMs)*. HSAG validated the PM rates required by DCH to evaluate the accuracy of the PM results reported by the GF and GF 360° CMOs. The validation also determined the extent to which the DCH-specific PM rates followed specifications established by DCH. HSAG assessed the PM results and their impact on improving members' health outcomes. HSAG conducted validation of the PM rates following the HEDIS Compliance Audit timeline, from January 2018 through July 2018. The final PM validation results reflected the measurement period of January 1, 2017, through December 31, 2017, unless otherwise stated in the measure specifications. HSAG provided final PM validation reports to the CMOs and DCH in August 2018.
- *Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surveys*.¹⁻⁷ The DCH required that the GF CMOs conduct CAHPS surveys of their adult and child populations to learn more about member satisfaction and experiences with care. The DCH required the GF 360° CMO to also conduct a CAHPS survey of its child population to learn more about member satisfaction and experiences with care in this special-needs population. HSAG did not conduct these surveys but included the results from the Adult and Child CAHPS surveys for the CMOs in this report.

In accordance with 42 CFR §438.364, this report includes the following information for each activity conducted:

- Activity objectives
- Technical methods of data collection and analysis
- Descriptions of data obtained
- Conclusions drawn from the data

Definitions

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

Quality

CMS defines “quality” in the 2016 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

¹⁻⁷ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

of services consistent with current professional evidence-based knowledge, and through interventions for performance improvement.¹⁻⁸

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).¹⁻⁹

Timeliness

The National Committee for Quality Assurance (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.”¹⁻¹⁰ NCQA adds additional clarity by further stating that the intent of this standard is to minimize any disruption in the provision of health care. HSAG extends this definition of timeliness to include other managed care provisions that impact services to enrollees and that require timely response by the MCO—e.g., processing authorization requests, grievances and 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 requiring states, at 42 CFR §438.68 (b), to develop both time and distance standards for network adequacy.

Table 1-2 provides a profile for each of the DCH-contracted care management organizations.

¹⁻⁸ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Federal Register. Code of Federal Regulations*. Title 42, Volume 81, May 6, 2016.

¹⁻⁹ Ibid.

¹⁻¹⁰ National Committee for Quality Assurance. *2013 Standards and Guidelines for MBHOs and MCOs*.

Care Management Organizations

Table 1-2—Care Management Organization Profiles as of July 2017

CMO	Year Operations Began in Georgia as a Medicaid CMO	Profile Description
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.
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.
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.
Peach Care	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.
WellCare	2006	WellCare of Georgia 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.

Accreditation

Georgia requires that contracted CMOs achieve and maintain health plan accreditation by NCQA. Health plan accreditation involves a rigorous evaluation of the quality of healthcare and services provided, along with an assessment of clinical and member satisfaction performance measures (HEDIS and CAHPS). NCQA accreditation levels include Excellent, Commendable, Accredited, Provisional, and Interim.

Refer to Table 1-3 for the accreditation levels of the contracted CMOs in 2018.¹⁻¹¹

¹⁻¹¹ Georgia Families Quality Strategic Plan, Care Management Organizations NCQA Accreditation Status. Available at: <https://dch.georgia.gov/sites/dch.georgia.gov/files/2016-Quality-Strategic-Plan-Final-6.17.16.pdf>. Accessed on: Feb. 4, 2019.

Table 1-3—CMO NCQA Accreditation Levels During 2018

MCO	Accreditation Level	Accreditation Date
Amerigroup	Commendable	November 14, 2016
CareSource	Interim	October 10, 2017
Peach State	Commendable	June 5, 2017
WellCare	Commendable	September 5, 2017
Amerigroup 360°	Commendable	November 14, 2016

How Conclusions Were Drawn From EQRO Activities

To draw conclusions about the quality of, timeliness of, and access to care provided by the CMOs, HSAG assigned each of the EQRO activities reviewed by the EQR to one or more of three domains. Assignment to these domains is depicted in Table 1-4.

Table 1-4—EQR and DCH Activities and Domains

Activity	Quality	Access	Timeliness
NCQA HEDIS Compliance Audit	✓	✓	
PMV	✓	✓	✓
PIP Validation	✓	✓	✓
Compliance Reviews	✓	✓	✓
CAHPS	✓	✓	✓

Aggregating and Analyzing Statewide Data

For each CMO, HSAG analyzed the results obtained from each EQR mandatory activity as well as those obtained from optional activities. From these analyses, HSAG determined which results were applicable to the domains of quality, 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 each CMO reviewed, HSAG provides the following summary of its key findings, conclusions, and recommendations based on the CMO’s performance. For a more detailed and comprehensive discussion of the strengths, weaknesses, conclusions, and recommendations for each CMO, please refer to Section 4 of this report.

Overview of Findings and Conclusions

Review of Compliance With Standards

During contract year 2018, DCH required the CMOs to be accredited by NCQA as Medicaid managed care organizations. The DCH contracted with HSAG to conduct contract year 2018 full compliance reviews of the CMOs during contract year 2019. HSAG initiated planning for the compliance review activity in November 2018.

Validation of Performance Measures—NCQA HEDIS Compliance Audits

For GF and GF 360° populations, HSAG validated the CMOs' performance measures rates that DCH selected for validation, which originated from CMS' Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set),¹⁻¹² Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set),¹⁻¹³ NCQA's HEDIS, and the Agency for Healthcare Research and Quality's (AHRQ's) Quality Indicator measures. The measurement period was calendar year 2017 for all measures.

In addition to the set of measures audited by HSAG, DCH required that the CMOs report additional HEDIS measures to DCH for the GF and GF 360° populations. CMOs were required to contract with an NCQA-licensed audit organization and undergo an NCQA HEDIS Compliance Audit. Final audited HEDIS measure results from NCQA's Interactive Data Submission System (IDSS) were submitted to HSAG and provided to DCH.

Georgia Families Findings

The CMOs had similar rates indicating high performance for reporting year 2018, with the three CMOs ranking at or above the national Medicaid 75th percentile for between 20.4 percent (Peach State) to 22.0 percent (WellCare) of measure rates that were comparable to benchmarks. Of note, all three CMOs demonstrated strength in several areas, including annual dental visits, immunizations for children and adolescents, appropriate testing for pharyngitis, screening for cervical cancer, appropriate use of asthma controller medications, and low utilization of antibiotics of concern.

Conversely, the three CMOs demonstrated several opportunities for improvement, as between 19.8 percent (WellCare) and 27.3 percent (Peach State) of performance measure rates ranked below the national Medicaid 25th percentile. Peach State demonstrated the most opportunity, with 61.4 percent of performance measure rates falling below the national Medicaid 50th percentile, compared to just 45.6

¹⁻¹² The Centers for Medicare & Medicaid Services. Core Set of Children's Health Care Quality Measures for Medicaid and CHIP, June 2016.

¹⁻¹³ The Centers for Medicare & Medicaid Services. Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid, June 2016.

percent and 51.7 percent for Amerigroup and WellCare, respectively. Opportunities for improvement exist for all three CMOs in the following areas: medication adherence for members with schizophrenia and members on antidepressants; management of chronic conditions for members with diabetes, cardiovascular disease, and asthma; and monitoring of children and adolescents on antipsychotics.

Georgia Families 360° Findings

Amerigroup 360° demonstrated positive performance for reporting year 2018 as 36 of 56 measure rates (64.3 percent) that could be compared to benchmarks ranked at or above the national Medicaid 75th percentile. Additionally, the CMO demonstrated strength by ranking at or above the national Medicaid 50th percentile for all measure rates within the following domains: Prevention and Screening (Children’s Health and Women’s Health), Well-Child/Well-Care Visits, and Medication Management.

Conversely, eight of 56 measure rates (14.3 percent) fell below the national Medicaid 25th percentile, indicating opportunities for improvement for Amerigroup 360° in the following areas: increasing access to care for older children and adults, monitoring of body mass index (BMI) for adults, medication adherence for members on antidepressants, reducing prescriptions for multiple antipsychotics to adolescents, and increasing the number of prenatal visits.

Performance Measure Validation

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

Additionally, the CMOs’ HEDIS auditors found that the CMOs were fully compliant with all information system (IS) standards and determined that the CMOs submitted valid and reportable rates for all measures in the scope of the NCQA HEDIS Compliance Audit.

Validation of Performance Improvement Projects (PIPs)

Peach State and Amerigroup 360° selected topics focused on improving mental healthcare for their members, including follow-up care after inpatient mental health hospitalization and antidepressant medication compliance. Among the remaining two CMOs, Amerigroup selected a clinical PIP topic to improve chronic disease management (diabetic eye exams), and WellCare selected a clinical PIP to improve prenatal care. The nonclinical PIP topics varied, with one CMO, Peach State, focusing on provider satisfaction, and one other CMO, Amerigroup, focusing on member satisfaction. The remaining three CMOs selected nonclinical PIP topics focused on improving internal processes and systems to improve service to their members. Specifically, Amerigroup 360° focused on obtaining more complete member contact information, CareSource focused on improving timeliness of the prior authorization process, and WellCare focused on improving primary care provider assignment.

All five CMOs achieved the objective of completing Modules 1 and 2 of HSAG's rapid-cycle PIP process during calendar year 2018. Final PIP results were not available at the time this report was written; the CMOs will continue working on interventions for the ongoing PIPs through the SMART Aim end date of October 31, 2019.

CAHPS

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. The primary objective of the CAHPS surveys was to effectively and efficiently obtain information on the level of satisfaction that patients have with their healthcare experiences. The CAHPS summary information below summarizes statewide results by population. More detail on statewide findings and recommendations can be found in Section 4 of this report, and detailed, CMO-specific findings and comparisons can be found in Appendix A.

Summary of Adult Population CAHPS Performance and Findings

A comparison of the 2018 Georgia CMO program top-box rates for the adult Medicaid population to the 2018 NCQA adult Medicaid national averages revealed that the Georgia CMO program's scores were not five percentage points greater than the national averages on any of the measures. The Georgia CMO program's scores were also not five percentage points greater or less than the 2017 scores on any of the adult population CAHPS measures.

While below the NCQA 2018 national averages, the State's adult Effectiveness of Care measure rates all showed slight improvement from 2017 to 2018. The greatest improvement was demonstrated by *Discussing Cessation Medications*, which improved by over 2 percentage points. Following 2017 recommendations, in 2018 the State focused its quality improvement initiatives on *Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation Medications*, and *Discussing Cessation Strategies*. This focus on tobacco cessation initiatives led to slight improvements.

Summary of Child Population CAHPS Performance and Findings

A comparison of the 2018 Georgia CMO program top-box rates for the child Medicaid population to the 2018 NCQA child Medicaid national averages revealed that the Georgia CMO program's scores were not five percentage points greater or less than the national averages on any of the child population CAHPS measures. The Georgia CMO program's scores were also not five percentage points greater or less than the 2017 scores on any of the measures.

For the CAHPS child population, the *How Well Doctors Communicate*, *Customer Service*, *Shared Decision Making*, and *Rating of Specialist Seen Most Often* measure rates were lower than the 2018 NCQA child Medicaid national averages.

The 2018 top-box rates for the State's child measures *Getting Needed Care*, *Getting Care Quickly*, *Rating of All Health Care*, *Rating of Personal Doctor*, and *Rating of Health Plan* exceeded the 2018 national averages. However, none of these measures were 5 percentage points greater than the national averages.

The GF 360° program's child measures *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, *How Well Doctors Communicate*, and *Shared Decision Making* all showed rate increases from 2017 and 2018. While these measures show improvement, only one measure, *Shared Decision Making*, exceeded the national average by 5 percentage points or more.

Summary of Georgia Families 360° Population CAHPS Performance and Findings

A comparison of the 2018 GF 360° program top-box rates to the 2018 NCQA child Medicaid national averages revealed that the 2018 GF 360° program's scores were at least five percentage points greater than the 2018 child Medicaid national averages on two measures: *Getting Care Quickly* and *Shared Decision Making*. In addition, the 2018 GF 360° program's score was significantly less than the NCQA child Medicaid national average on *Rating of Health Plan*. The GF 360° program's scores were not five percentage points greater or less than the 2017 scores on any of the measures.

Summary of the Quality and Timeliness of, and Access to Care Furnished by CMOs

The following section provides a high-level overview of examples of the CMOs' performance related to the quality and timeliness of, and access to care furnished to members. The information is intended to be representative and should not be considered an all-inclusive list.

Quality

The CMOs in Georgia submitted 10 PIPs for the calendar year 2018 validation cycle. The project topics addressed CMS requirements related to quality outcomes, specifically the quality and timeliness of, and access to care and services.

Based on the results of the CAHPS survey, the GF CMOs had similar rates indicating high performance for reporting year 2018, with the three GF CMOs ranking at or above the national Medicaid 75th percentile for between 20.5 percent (Peach State) to 22.0 percent (WellCare) of measure rates that were comparable to benchmarks.

Access

Amerigroup, CareSource, Peach State, WellCare, and Amerigroup 360° were responsible for obtaining a CAHPS vendor to administer the CAHPS surveys on their behalf. Data were collected via mailed surveys with an Internet link included in the cover letter and telephone follow-up for non-respondents. The global ratings reflected patients' overall satisfaction with getting needed care, getting care quickly, rating of all healthcare, rating of health plan, and rating of their personal doctor.

Performance measure validation results indicate that all three GF CMOs demonstrated adequate access to care in several areas, including annual dental visits, immunizations for children and adolescents, appropriate testing for pharyngitis, and screening for cervical cancer.

The GF CMOs demonstrated access to care by ranking at or above the national Medicaid 50th percentile for all performance measure rates within the following domains: Prevention and Screening (Children's Health and Women's Health), Well-Child/Well-Care Visits, and Medication Management.

Timeliness

The CMOs generally met the requirements specified in 42 CFR §438 and established standards for timely access to care and services, taking into account the urgency of the member's need for services. Overall, the CMOs' quality evaluation documented that the CMOs had policies, procedures, and programs that described their coverage and authorization of service activities and supported timely access to care and services.

Statewide Summary of Strengths, Weaknesses, and Overall Conclusions

Strengths

The GF CMOs had similar rates of high performance for reporting year 2018, with the three CMOs ranking at or above the national Medicaid 75th percentile for between 20.5 percent (Peach State) to 22.0 percent (WellCare) of performance measure rates that were comparable to benchmarks. All three CMOs demonstrated strength in several areas, including annual dental visits, immunizations for children and adolescents, appropriate testing for pharyngitis, screening for cervical cancer, appropriate use of asthma controller medications, and low utilization of antibiotics of concern.

Amerigroup 360° demonstrated positive performance for reporting year 2018 as 36 of 56 measure rates (64.3 percent) that could be compared to benchmarks ranked at or above the national Medicaid 75th percentile. Additionally, the CMO demonstrated strength by ranking at or above the national Medicaid 50th percentile for all measure rates within the following domains: Prevention and Screening (Children's Health and Women's Health), Well-Child/Well-Care Visits, and Medication Management.

Georgia CMOs' top-box rates for the child Medicaid population were greater than the 2018 NCQA child Medicaid national averages for five measures including *Getting Needed Care*, *Getting Care Quickly*, *Rating of All Health Care*, *Rating of Personal Doctor*, and *Rating of Health Plan*, demonstrating strengths for the CMOs.

Comparison of the 2018 GF 360° program top-box rates for the child Medicaid population to the 2018 NCQA child Medicaid national averages revealed that the GF 360° program's scores were at least 5 percentage points greater than the national averages on two measures: *Getting Care Quickly* and *Shared Decision Making*, which represents a strength for the CMOs.

Weaknesses

The three GF CMOs demonstrated several opportunities for improvement, as between 19.8 percent (WellCare) and 27.3 percent (Peach State) of performance measure rates ranked below the national Medicaid 25th percentile. Peach State demonstrated the most opportunity, with 61.4 percent of performance measure rates falling below the national Medicaid 50th percentile, compared to just 45.7 percent and 51.6 percent for Amerigroup and WellCare, respectively. Opportunities for improvement exist for all three CMOs in the following areas: medication adherence for members with schizophrenia and members on antidepressants; management of chronic conditions for members with diabetes, cardiovascular disease, and asthma; and monitoring of children and adolescents on antipsychotics.

Eight of 56 performance measure rates (14.3 percent) fell below the national Medicaid 25th percentile, indicating opportunities for improvement for Amerigroup 360° in the following areas: increasing access to care for older children and adults, monitoring of BMI for adults, medication adherence for members on antidepressants, reducing prescriptions for multiple antipsychotics to adolescents, and increasing the number of prenatal visits.

Comparison of the 2018 Georgia CMO program top-box rates for the adult Medicaid population to the 2018 NCQA adult Medicaid national averages revealed that Georgia CMO program's scores were at least 5 percentage points less than the national averages on two measures: *Discussing Cessation Medications* and *Discussing Cessation Strategies* representing an opportunity for improvement.

The Georgia CMOs also have an opportunity to improve the member's experience of care as represented by comparison of the 2018 CAHPS GF 360° program top-box rates for the child Medicaid population to the 2018 NCQA child Medicaid national averages revealed that the GF 360° program's scores were at least 5 percentage points less than the national average on one measure: *Rating of Health Plan*.

Overall Conclusions

All five CMOs achieved the objective of completing Modules 1 and 2 of HSAG's rapid-cycle PIP process during calendar year 2018. Final PIP results were not available at the time this report was

written; the CMOs will continue working on interventions for the ongoing PIPs through the SMART Aim end date of October 31, 2019.

CMOs experienced a low response rate for the CAHPS adult and child populations compared to the national average. HSAG has observed a declining participation rate every year across all plans/populations. Similar to last year's results, CMOs did not perform well in the smoking measures (*Discussing Cessation Medications* and *Discussing Cessation Strategies*). Leveraging existing public health efforts and emphasizing providers to open lines of communication could result in improvements.

Follow-Up on Prior EQR Recommendations

The CMOs described activities and interventions implemented in response to recommendations made in the 2018 EQR Annual Technical Report. The following are highlights and are not intended to be all-inclusive.

Amerigroup

1. **Improve the quality of the QAPI program description.** Amerigroup described a formal process on how the CMO objectively and systematically monitored and evaluated the quality, appropriateness, efficiency, safety, and effectiveness of care and service; data and resources used; and how the results tell a comprehensive quality improvement story.
2. **Strengthen the discharge planning process.** Amerigroup enhanced the discharge planning program, provided training, and developed a mechanism to evaluate effectiveness of staff training regarding discharge planning. The CMO initiated a pilot discharge planning program, in collaboration with hospitals, to improve coordination for members being discharged from the hospital. The intent of the program was to improve quality of care and health outcomes, as well as to reduce admissions.
3. **Identify opportunities to coordinate smoking cessation activities with public health activities.** Amerigroup referred members who had acknowledged a desire to quit using tobacco to the Ameritips/Aunt Bertha Community Based Programs for a smoking cessation program.
4. **Improve adult access to care.** Amerigroup educated and reminded providers of the contractual and regulatory requirements for appointment availability; monitored member grievances regarding difficulty finding a specialist or getting a specialist appointment; reviewed trend, access, and availability reports and provider satisfaction reports; provided targeted outreach to providers that did not meet accessibility standards; continued to actively recruit additional providers; and expanded telemedicine and provided telemedicine equipment in PCP offices.
5. **Improve accuracy of codes and claims edits for provider billing.** Amerigroup reviewed provider files to ensure that claims or encounters containing codes that are inappropriate for the provider type were rejected.

Peach State

1. **Monitor network access and ensure time and distance standards are met.** Peach State analyzed and promptly responds to trends in member and provider complaints and grievances, closely monitored call center performance, provided ongoing customer service education and training, and ensured that staff had the information and tools necessary to provide high-quality service to Peach State’s members and providers.
2. **Strengthen discharge planning process.** Peach State implemented a discharge planning program/pilot using AHRQ’s Care Transitions from Hospital to Home and IDEAL Discharge Planning Model¹⁻¹⁴ to engage and manage patients preparing for discharge to a post-acute setting.
3. **Identify opportunities to coordinate smoking cessation activities with public health activities.** Peach State’s contracted disease management vendor, EPC/Nurtur, conducted “The Puff Free Pregnancy Program” and provided telephonic outreach, education, and support services to reduce the health risks associated with smoking during pregnancy, such as low birth weight and perinatal mortality, by reducing the use of tobacco products. Members were identified for enrollment by the Notification of Pregnancy Report provided by the CMO.
4. **Improve adult access to care.** Peach State employed member advocates to assist members who encountered challenges with locating a specialist and with scheduling appointments. Peach State also provided a mobile application that allowed members to access information regarding coverage such as contact information for the member’s PCP and the ability to locate other providers and specialists from their mobile device.

WellCare

1. **Improve the quality of the QAPI program description.** WellCare added new personnel to the Quality Improvement department to allow a mix of skill sets to address the QAPI program through greater use of analytics earlier in the process. A cross-functional team approach was in place in 2018 that meets weekly to identify, share, and solve issues of quality, effectiveness, or access to care. Analytics continued to improve, which supports considered interventions.
2. **Strengthen discharge planning process.** The program included a discharge plan that was a comprehensive evaluation of the member’s health needs following discharge, including the identification of services and supplies that were required for appropriate care to minimize readmissions. The pilot program also ensured that members consent to the care plan, that the care plan was member-centered and that members actively participated in the care planning process, and the plan included measurable goals.
3. **Identify opportunities to coordinate smoking cessation activities with public health activities.** WellCare worked with the provider network to address smoking cessation; however, WellCare identified that this is an opportunity for the CMO to work with partners to the benefit of members.

¹⁻¹⁴ Agency for Healthcare Research and Quality. Strategy 4: Care Transitions From Hospital to Home: IDEAL Discharge Planning. AHRQ. Available at: <https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy4/index.html>. Accessed on: Jan 24, 2019.

WellCare worked with the American Cancer Society (ACS) with regard to cancer screenings and discussed collaborative programs with ACS. Additional specific opportunities continue to exist between WellCare, the Department of Health, and the WellCare provider network.

4. **Improve matching accuracy and use of the Georgia Medical Care Foundation (GMCF) file.** WellCare acted on the recommendation included in the *State of Georgia Department of Community Health 2018 External Quality Review Annual Report*¹⁻¹⁵ to receive the GMCF live birth file annually. Initial receipt of the GMCF file from Aliant Health Organization was in March 2017. Based on the date of receipt, WellCare completed member matching and validation of the sample set but was not able to use the file to create the HEDIS or measure review sample set of live births occurring in 2016. The annual file was received in January 2018 and was formatted to meet the specifications of WellCare's vendor, Inovalon, that support member matching of the files for parity and gestational age of live births to determine the most current eligible populations for required review of *Antenatal Steroids, Elective Delivery, and Cesarean Section for Nulliparous Singleton Vertex* measures. WellCare continues to work closely with Aliant Healthcare Organization to receive the annual file for effective use in creating an accurate HEDIS 2019 sample set.
5. **Engage stakeholders.** WellCare sought provider, partner, and member participation in hosted or co-sponsored community events offering health services or WellCare clinic days at providers' offices or federally qualified health center (FQHC) locations throughout 2018. Clinic days were defined as activities occurring at a provider's location with reserved appointments, or a block of time, for WellCare appointments. WellCare invited or hosted activities with health services representatives at providers' offices, FQHCs, and health clinics in schools to improve the member's experience. Dental and mobile units also participated in a number of activities to promote better health outcomes for WellCare members.

Amerigroup 360°

1. **Strengthen the discharge planning process.** Amerigroup 360° enhanced the discharge planning program, provided training, and developed a mechanism to evaluate effectiveness of staff training regarding discharge planning. Amerigroup 360° initiated a pilot discharge planning program in collaboration with hospitals, to improve coordination for members being discharged from the hospital. The intent of the program was to improve quality of care and health outcomes, as well as to reduce admissions.
2. **Identify opportunities to coordinate smoking cessation activities with public health activities.** The CMO referred members who acknowledged the use of tobacco and a desire to quit to the Ameritips/Aunt Bertha Community Based Programs for a smoking cessation program.
3. **Internal process to discuss, support, and report PIP outcomes.** Amerigroup 360° has a PIP Steering Committee, led by senior leadership, that met monthly with PIP topic champions and team members. PIP workgroups included participants from various departments within the CMO and identified external partner(s).

¹⁻¹⁵ Health Services Advisory Group. *State of Georgia Department of Community Health 2018 External Quality Review Annual Report*. Available at: https://dch.georgia.gov/sites/dch.georgia.gov/files/GA2017-18_EQR_TechRpt_F1.pdf. Accessed on: Jan 24, 2019.

2. Overview of Georgia Managed Care Program

Medicaid Managed Care in the State of Georgia

Medicaid provides health coverage to approximately 73 million Americans including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by states according to federal requirements. The program is funded jointly by states and the federal government. The Centers for Medicare & Medicaid Services (CMS) approves Section 1115 demonstrations and waiver authorities in section 1915 of the Social Security Act as vehicles that states can use to test new or existing ways to deliver and pay for healthcare services in Medicaid and the Children's Health Insurance Program (CHIP).

The Department of Community Health

The DCH is responsible for administering the Medicaid program and CHIP in the State of Georgia. The State refers to its standalone CHIP as PeachCare for Kids[®]. Both programs include fee-for-service (FFS) and managed care components. The DCH contracts with four privately owned managed care organizations, referred to by the State as care management organizations (CMOs), to deliver services to members who are enrolled in the State's Medicaid and CHIP programs. 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. Approximately 1.4 million beneficiaries are enrolled in the GF program. Approximately 28,762 members are enrolled in the GF 360[°] program.²⁻¹

As the largest DCH division, the Medical Assistance Plans Division administers the Medicaid program and CHIP. The Medicaid program provides healthcare for low-income families; refugees; pregnant women; children; women under 65 who have breast or cervical cancer; and those who are aging, blind, and disabled.

The DCH has administered an FFS model since the inception of Medicaid. The FFS model delivers services to Medicaid and some PeachCare for Kids[®] members through a statewide provider network. In addition to the FFS model, the State of Georgia introduced the GF managed care program in 2006 and currently contracts with four private CMOs to deliver services to enrolled members.

²⁻¹ Georgia Department of Community Health. Medicaid Management Information System.

Georgia Quality Strategic Plan

CMS' Medicaid managed care regulations at 42 CFR §438.340 require Medicaid state agencies that operate Medicaid managed care programs to develop and implement a written quality strategy (Quality Strategic Plan) to assess and improve the quality of healthcare services offered to Medicaid members. The written strategy must describe the standards the state and its contracted CMOs must meet for ensuring timely, accessible, and quality services to its members. This section outlines the goals and objectives of DCH's 2016 Quality Strategy as well as the annual evaluation of the strategy for contract year 2018. In addition, the state must conduct periodic reviews to examine the scope and content of its quality strategy, evaluate the strategy's effectiveness, and update it as needed.

History

To comply with federal regulations, DCH developed and submitted its GF Quality Strategic Plan (plan) for CMS' review and approval, receiving CMS approval on the initial plan in 2008. Updates to the plan were completed in January 2010 and again in November 2011.²⁻² During 2015, in collaboration with numerous stakeholders, DCH prepared a new quality strategic plan to coincide with the reprocurement of the GF and GF 360° managed care contractors. The plan was posted for public comment in December 2015 and was implemented as of February 2016 upon receiving CMS approval. The 2016 Quality Strategic Plan is consistent with CMS' guidance in the 2013 Quality Strategy Toolkit for States²⁻³ and aligns with the Department of Health and Human Services National Quality Strategy Aims for better care, affordable care, and healthy people/healthy communities.²⁻⁴

Mission

The DCH's mission is to provide Georgians with access to affordable, quality health care through effective planning, purchasing, and oversight.

Vision

The DCH's vision is that the agency will be a lean and responsive State agency that promotes the health and prosperity of its citizens through innovative and effective delivery of quality health care programs.

²⁻² Georgia Department of Community Health. Medicaid Quality Reporting. Quality Strategic Plans. Available at: <http://dch.georgia.gov/medicaid-quality-reporting>. Accessed on: Jan 24, 2019.

²⁻³ Department of Health and Human Services, Centers for Medicare & Medicaid Services. Quality Strategy Toolkit for States. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/quality-strategy-toolkit-for-states.pdf>. Accessed on: Jan 24, 2019.

²⁻⁴ Department of Health and Human Services, Agency for Healthcare Research and Quality. About the National Quality Strategy (NQS). Available at: <https://www.ahrq.gov/workingforquality/about.htm>. Accessed on: Jan 24, 2019.

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 360° 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 ADHD [attention deficit hyperactivity disorder]).*
- *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 quality improvement strategies, such as rapid-cycle performance improvement projects, and ensuring DCH and the CMOs are in tune with the latest advances in quality improvement science through participation in quality improvement trainings and technical assistance sessions sponsored by CMS and/or 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 Strategic Plan Goals and Objectives

The Quality Strategic Plan recommendations found in Section 1 of this report identify areas in which DCH could leverage or modify the Georgia Quality Strategic Plan to promote improvement based on CMO performance.²⁻⁵ The DCH Quality Strategic Plan Goals, Objectives and Strategies include:

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.

²⁻⁵ Georgia Department of Community Health. 2016 Quality Strategic Plan for Georgia Families and Georgia Families 360°. Available at: <https://dch.georgia.gov/sites/dch.georgia.gov/files/2016-Quality-Strategic-Plan-Final-6.17.16.pdf>. Accessed on: Jan 24, 2019.

- Strategy: Increase and monitor access to health services for 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: Increase preventive health and follow up care service utilization.

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.
- Strategy 2: Improve evidence-based practices.
- Strategy 3: Implement improvement activities focused on chronic conditions.

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.
- Strategy 2: Improve access to family planning and interpregnancy care and services.
- Strategy 3: Decrease non-medically necessary early elective inductions and deliveries and increase utilization of 17-P.

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 increase over contract year 2014 rates as reported in June of 2020 based on contract year 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.
- Strategy 2: Continue annual tracking of performance measure rates and comparisons with HEDIS percentiles to monitor improvements in preventive care, birth outcomes, and chronic disease management.
- Strategy 3: Participate with CMS in the implementation of a new performance metric to monitor contraceptive utilization.
- 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 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 1: Reduce ER visits for ambulatory sensitive conditions.
- Strategy 2: Increase access to urgent care services.
- Strategy 3: Medical necessity determinations are made using evidence-based criteria.

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 1: Improve the transition of care process.
- Strategy 2: Ensure effective concurrent review and discharge-planning processes are in place for CMO and FFS members.

Objective 3: Continue payment denials for identified medically induced negative outcomes and measure effectiveness through claims auditing.

- Strategy 1: Ensure hospitals do not receive payments for hospital-acquired conditions.
- Strategy 2: Ensure providers are not reimbursed for nonmedically necessary early elective deliveries.

Objective 4: Improve access to healthcare information through collaboration with the Georgia Health Information Technology Extension Center and the Georgia Health Information Network (GaHIN) until 90 percent of all Georgia’s providers are connected to an HIE and to the GaHIN.

- Strategy 1: Increase the provider’s use of technology.
- Strategy 2: Encourage members’ access to personal health information available through their providers’ electronic health records (EHRs).

Annual Quality Strategy Evaluation²⁻⁶

There have been three quality strategic plan assessments or revisions completed for the Georgia Families program—the original in June 2007, approved by CMS in February 2008; the second, a revision in February 2010; and the third, a revision in November 2011. Both revisions were submitted to CMS for

²⁻⁶ Ibid.

review and approval, and all assessments and revisions followed the CMS 2006 Quality Strategy Toolkit for States. The 2016 Quality Strategic Plan follows the outline contained in the 2012 Quality Strategy Toolkit for States.

In July 2011, DCH awarded a contract for a comprehensive assessment and recommended redesign of Georgia's Medicaid and CHIP programs in response to concerns that the Patient Protection and Affordable Care Act, the national recession, and the fast-growing population would expand Medicaid enrollment in Georgia. It was felt that the Medicaid review and redesign would position Georgia to become a leader in innovative ways to provide high-quality care in a cost-effective manner. After the delivery of the comprehensive assessment and recommendations in 2012, DCH engaged several stakeholder groups to obtain feedback while considering Medicaid redesign options. DCH compiled a table of stakeholder group comments and recommendations which covered such areas as DCH program administration, provider credentialing, co-payments, claims, reimbursement, prior authorizations, benefits and services, care coordination, data collection, electronic medical records, data sharing, monitoring and oversight, provider networks, access to care, and quality improvement.

Data Analytics Strategy

The proactive identification and resolution of issues related to healthcare quality depend on complete, accurate, and timely data. DCH's strategy for clinical data focuses on automation, connection, and information. Additionally, through contracting and increased oversight, DCH has worked to ensure that the participating CMOs and FFS providers submit accurate and timely administrative and clinical data.

Quality Strategy Focus and Priorities

The DCH's quality strategy is based on six goals for meeting DCH's mission and vision.

The six publicly promoted goals are:

- Improve the health status of Georgians by promoting healthy lifestyles, preventive care, disease management and disparity elimination.
- Improve access to quality health care at an affordable price.
- Ensure value in health care contracts.
- Increase effectiveness and efficiency in the delivery of health care programs.
- Ensure DCH has enough workers with the necessary skills and competencies to meet the current and future demand.

As mentioned in its 2016 Quality Strategic Plan for Georgia Families and on the DCH website, DCH was created in 1999 to serve as the lead agency for healthcare planning, purchasing, and oversight, and is designated as the single State agency for Medicaid in Georgia.²⁻⁷ The DCH mission is to provide Georgians with access to affordable, quality healthcare through effective planning, purchasing, and oversight. The DCH's vision is that the agency will be a lean and responsive state agency that promotes the health and prosperity of its citizens through innovative and effective delivery of quality healthcare programs. The DCH is dedicated to a healthy Georgia.

The DCH's Key Goals are to:

- *Improve the health status of Georgians by promoting healthy lifestyles, preventive care, disease management and disparity elimination.*
- *Improve access to quality health care at an affordable price.*
- *Ensure value in health care contracts.*
- *Increase effectiveness and efficiency in the delivery of health care programs.*
- *Ensure DCH has enough workers with the necessary skills and competencies to meet the current and future demand.*

The DCH's core organization values include:

- Accessible and affordable health care
- Program integrity/ethics
- Fiscal responsibility and efficiency
- Health promotion and prevention
- Innovative technology
- Quality-driven services
- Teamwork
- Respect for others
- Communication
- Customer service
- Accountability

²⁻⁷ Georgia Department of Community Health. 2016 Quality Strategic Plan for Georgia Families and Georgia Families 360^o. Available at: <https://dch.georgia.gov/sites/dch.georgia.gov/files/2016-Quality-Strategic-Plan-Final-6.17.16.pdf>. Accessed on: Mar 19, 2018.

Demographics of Georgia State Managed Care Program

The GF program includes more than half of the State's Medicaid and PeachCare for Kids[®] populations. Enrollment in managed care is mandatory for certain Medicaid and PeachCare for Kids[®] members. In some cases, PeachCare for Kids[®] members can receive an exemption from enrollment into the GF program. The following Medicaid eligibility categories have mandatory GF program enrollment:

- Parent/Caretaker with Children Medicaid (formerly Low-Income Medicaid Families) program
- Transitional Medicaid
- Pregnant women and children in the Right from the Start Medicaid (RSM) program
- Children under 19 years of age
- Newborns of Medicaid-covered women
- Refugees
- Women with breast or cervical cancer (must be less than 65 years of age and diagnosed with breast or cervical cancer)
- PeachCare for Kids[®]
- Women participating in the Planning for Healthy Babies[®] (P4HB[®]) program (key goals: reduce Georgia's low- and very-low birth weight rates; reduce the number of unintended and high-risk pregnancies; and reduce Medicaid Costs)

In addition to the GF program, DCH implemented GF 360[°] managed care coverage in March 2014 for the following populations:

- Children in state custody
- Children receiving adoption assistance
- Certain youth in the custody of the Department of Juvenile Justice (DJJ)

Managed Care excluded populations include:

- Individuals in Nursing Home category of Aid
- Individuals in Hospice Category of Aid
- Aged, Blind and Disabled (with certain exceptions)
- Children enrolled in the Georgia Pediatric Program (GAPP)
- Individuals eligible for Medicare
- Children's Medical Services

Age bands of the Georgia Medicaid- and CHIP-enrolled members as of June 30, 2018, are provided in Table 2-1.

Table 2-1—2018 Member Demographics*

Georgia Medicaid and CHIP Managed Care Demographics	
Medicaid Gender/Age Band	June 2018 Members
Males and Females <1 Year of Age	84,491
Males and Females 1–2 Years of Age	127,215
Males and Females 3–14 Years of Age	700,650
Females 15–18 Years of Age	89,452
Males 15–18 Years of Age	86,057
Females 19–34 Years of Age	181,082
Males 19–34 Years of Age	14,071
Females 35+ Years of Age	532,070
Males 35+ Years of Age	474,322
CHIP Gender/Age Band	June 2018 Members
Males and Females <1 Year of Age	275
Males and Females 1–2 Years of Age	10,800
Males and Females 3–14 Years of Age	88,856
Females 15–18 Years of Age	13,846
Males 15–18 Years of Age	13,857

Notes:

*Report is based on eligibility for June 2018

-IBM Watson Health, DP

The data presented in this report were provided by DCH and should be used for the initial request only. The DCH states that the data accuracy of the report is assured based on the current information in the database and is subject to change based on database and data quality updates.

The ethnic composition of the Georgia CMO Medicaid recipients in June 2018 is identified in the Table 2-2.

**Table 2-2—2018 Ethnic Composition
Georgia Medicaid
CMO Demographics for June 2018 by Race***

Ethnicity	Amerigroup	CareSource	Peach State	WellCare	Amerigroup 360°	Total Eligible
Asian	5,105	2,650	9,880	7,625	89	25,349
Black	163,948	97,465	208,551	240,944	12,833	723,741
Hispanic	4,357	2,537	3,433	4,546	58	14,931
Native American	622	368	624	722	51	2,387
Other	25,224	14,902	22,956	31,013	1,147	95,242
White	157,766	107,940	128,111	234,658	14,584	643,059

*Report is based on eligibility for the month of June 2018

-IBM Watson Health, DP

The data presented in this report were provided by DCH and should be used for the initial request only. DCH states that the data accuracy of the report is assured based on the current information in the database and is subject to change based on database and data quality updates.

Network Capacity Analysis

With the May 2016 release of revised federal regulations for managed care, CMS began requiring states to set standards to ensure ongoing state assessment and certification of CMO, 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, specialists (adult and pediatric), hospitals, pharmacies, 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 that meet the federal requirements, which are outlined in Table 2-3. HSAG did not conduct a network adequacy evaluation during contract year 2018.

Table 2-3—DCH Time and Distance Standards by Provider Type

Provider Type	Urban	Rural
PCPs*	Two (2) within eight (8) miles	Two (2) within fifteen (15) miles
Pediatricians	Two (2) within eight (8) miles	Two (2) within fifteen (15) miles
Obstetric Providers	Two (2) within thirty (30) minutes or (30) miles	Two (2) within forty-five (45) minutes or forty-five (45) miles
Specialists	One (1) within thirty (30) minutes or thirty (30) miles	One within forty-five (45) minutes or forty-five (45) miles

Provider Type	Urban	Rural
General Dental Providers	One (1) within thirty (30) minutes or thirty (30) miles	One within forty-five (45) minutes or forty-five (45) miles
Dental Subspecialty Providers	One (1) within thirty (30) minutes or thirty (30) miles	One within forty-five (45) minutes or forty-five (45) miles
Hospitals	One (1) within thirty (30) minutes or thirty (30) miles	One within forty-five (45) minutes or forty-five (45) miles
Mental Health Providers	One (1) within thirty (30) minutes or thirty (30) miles	One within forty-five (45) minutes or forty-five (45) miles
Pharmacies	One (1) twenty-four (24) hours a day, seven (7) days a week within fifteen (15) minutes or fifteen (15) miles	One (1) twenty-four (24) hours a day (or has an afterhours emergency phone number and pharmacist on call), seven (7) days a week within thirty (30) minutes or thirty (30) miles
Therapy (Physical Therapists, Occupational Therapists and Speech Therapists)	One (1) within thirty (30) minutes or thirty (30) miles	One within forty-five (45) minutes or forty-five (45) miles
Vision Providers	One (1) within thirty (30) minutes or thirty (30) miles	One within forty-five (45) minutes or forty-five (45) miles

*The PCPs [primary care providers] row does not include the practitioner categories listed in subsequent rows.

The DCH held contracts with four CMOs (Amerigroup, CareSource, Peach State, and WellCare) during the review period for this annual report. All four CMOs provide services to the State’s GF members. In addition to providing medical and mental health services to their enrolled Medicaid and CHIP members, the CMOs also provide a range of enhanced services, including dental and vision services, care and disease management and education, and wellness/prevention programs. The DCH’s goals for care provided by the CMOs include that the care:

- Be of acceptable quality.
- Assure accessibility.
- Provide for continuity.
- Promote efficiency.

The DCH also held a contract with Amerigroup for the GF 360° program during the review period. The goals for this program were to:

- Enhance the coordination of care and access to services.
- Improve health outcomes.
- Develop and utilize meaningful and complete electronic medical records.
- Comply fully with regulatory reporting requirements.

Table 2-4 provides a profile for each of the DCH-contracted care management organizations.

Table 2-4—Care Management Organization Profiles as of July 2017

CMO	Year Operations Began in Georgia as a Medicaid CMO	Profile Description
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.
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.
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.
Peach Care	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.
WellCare	2006	WellCare of Georgia 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.

DCH Quality Initiatives Driving Improvement

Following are some of the initiatives DCH implemented during the review period that support the improvement of quality of care and services for GF and GF 360° members, as well as activities that supported the CMOs' quality improvement efforts.

- Implemented Administrative Simplification Initiative.** The DCH implemented an initiative with the mission of reducing the administrative burden for Medicaid health care providers and others through identifying and implementing processes that streamline and reduce administrative requirements and eliminate duplication. Topics under discussion include provider enrollment, prior authorizations, grievances and appeals, data collection, Medicaid billing, and process clarity and automation. Administrative simplification projects in progress include credential verification organization (CVO) delegated credentialing form, common disclosure of ownership form, and the 7400 form to eliminate the manual spreadsheet.
- Implemented Dental Home.** Required CMOs to implement dental homes for members under the age of 21 years.

- **Implemented Behavioral Health Homes.** Implemented behavioral health homes that ensured a full array of primary and behavioral health care services that are available, integrated, and coordinated.
- **Expanded Integrated Care.** Integrated behavioral and physical health care for members with mental illness including those with dual-diagnoses.
- **Developed Discharge Planning.** Implemented a discharge planning pilot program.
- **Required CMO Committees.** Expanded mandatory CMO committees which included a Member Advisory Committee; Provider Advisory Committee, Quality Oversight Committee, and a Monitoring and Oversight Committee.
- **Developed Emergency Room Diversion Program.** The DCH implemented an emergency room diversion pilot program to decrease inappropriate use of the emergency room.
- **Reimburse for Treatment on the Scene.** The DCH approved treatment without transport and transport to alternative destinations for reimbursement. The emergency medical services (EMS) must originate through a 9-1-1 call, and the patient must receive treatment with pharmaceuticals before refusing transport to the hospital.
- **Continued Operations of the Centralized Credentialing Verification Organization.** In contract year 2015, DCH continued operations of its new streamlined provider credentialing process, which was first implemented during contract year 2016. The CVO is responsible for credentialing and recredentialing Medicaid, PeachCare for Kids[®], Georgia Families, and Georgia Families 360[°] providers in accordance with guidelines established by NCQA. The CVO conducts primary source verification as well as monthly monitoring of provider fraud and abuse sanctions. The CVO has a Credentialing Committee chaired by a medical director and is responsible for reviewing all credentialing and recredentialing applications.
- **Paperless Initiatives.** The DCH continues to move new categories of service into the centralized prior authorization portal. The DCH implemented an online process for providers to submit and track appeals, which has improved process efficiency.

Quality Initiatives and Emerging Practices

Emerging practices can be achieved by incorporating evidence-based guidelines into operational structures, policies, and procedures. Emerging practices are born out of continuous quality improvement 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 quality improvement initiatives and interventions, using a PDSA cycle, to determine if the benefit of the intervention outweighs the effort and cost. CMOs report quality improvement progress in their annual QAPI evaluation.



Another method used by DCH to promote best and emerging practices among the CMOs was to ensure that the State’s contractual requirements for the CMOs were at least as stringent as those described in the federal rules and regulations for managed care (42 CFR Part 438—Managed Care). The DCH actively promotes the use of nationally recognized protocols, standards of care, and benchmarks by which CMO performance is measured.

CMO-Specific Quality Initiatives

The DCH requires each CMO to have a QAPI program that meets contractual standards at least as stringent as those requirements specified in 42 CFR §438.236–438.242. The CMOs’ ongoing program objectively and systematically monitors and evaluates the quality and appropriateness of care and services rendered, thereby promoting quality of care and improved health outcomes for their members.

The DCH also requires that the CMOs’ QAPI programs be based on the latest available research around quality assurance and include a method of monitoring, analysis, evaluation, and improvement of the delivery, quality, and appropriateness of healthcare furnished to all members (including under- and overutilization of services). The DCH requires the CMOs to submit annual evaluations of and seek approval from DCH for any updates to the CMOs’ QAPI programs.

The CMO QAPI Evaluation must include:

- *A brief overview of the QAPI program, the program's goals and objectives for the preceding calendar year, and a summary of the goals and objectives met and not met during the year.*
- *An analysis of the demographics of the population served.*
- *The network resources available to the population served and an alignment of those resources with the population.*
- *The effectiveness of the QAPI program.*
- *Conclusions.*

The DCH reviews all of the CMOs' QAPI report submissions. Listed below is a sampling of the strategic quality initiatives the CMOs employ to improve health outcomes. This list is not intended to be a comprehensive survey of all quality initiatives occurring among the CMOs in the State of Georgia.

Amerigroup

The CMO discussed several initiatives that it determined effective quality initiatives that were driving improvement. The CMO indicated that it increased member and community involvement to develop partnerships focused on improving the overall health of members. The CMO executed a vendor contract to use its integrated care gap and supplemental data exchange tools. Amerigroup coordinated case management and disease management to close care gaps and to improve outcomes in chronic conditions such as asthma, diabetes, and hypertension. Amerigroup also monitored and used its data in its cultural competency workgroup, which focused on reducing health disparities.

Amerigroup is contracted with two care management entities (CMEs). The goal of this collaboration was to promote the use of member-centric community-based services that minimize the need for high-level inpatient treatment. The CMEs perform intensive, customized care coordination using a high-fidelity wraparound model for children and adolescents. Member results of the quality initiative were as follows:

- Experienced less severe symptoms and improved clinical functioning
- Were less likely to miss school
- Were less likely to come into contact with the juvenile justice system
- Experienced fewer days as runaways
- Were less likely to change foster homes
- Spent fewer days incarcerated.

Amerigroup’s **member incentive program**, Being Healthy Brings Rewards (BHBR), provided a gift card incentive to members who were due/overdue for preventive health screenings. Members who had completed a preventive health screening were eligible to receive a premiere choice reward via Hallmark. Members were offered a premiere choice award of their choosing from over 100 merchants. 3,799 members received a premiere choice gift card ranging from \$10–\$50. 3,603 members completed well-child checks, immunizations, lead screenings, and preventive dental and diabetic screenings as a result of the program.

Seventy-six primary care groups participated in the **Provider Quality Incentive Program (PQIP)**; Two groups participated in the **Shared Savings Program (SS)**. Results of the programs were as follows:

- 152,472 (45 percent) of the member population is covered under the PQIP and SS incentive programs managed by 78 provider groups (1,038 providers).
- 100 percent of PQIP groups qualified for an incentive payment.
- 100 percent of PQIP and SS groups were compliant with underutilization monitoring.
- 101,648 (30 percent) of the member population is managed by providers in Amerigroup’s Patient Centered Medical Home (PCMH) network which includes 120 provider groups (1,543 providers) and 366 provider sites.

CareSource

The Georgia **Senior Leadership Team** was integral to the success of performance improvement efforts by leading the creation of an organizational culture that supported improvement efforts, using management practices that sustained improvement efforts and created an environment where all staff could develop the potential to perform effectively. Through the collaboration of the senior leadership team, each department was expected to participate in and work collaboratively on quality improvement activities that were undertaken organization-wide and at the departmental level to improve clinical care and services delivered, and to improve operational effectiveness and efficiency.

CareSource worked with OutcomesMTM to provide a **Medication Therapy Management Program**. The OutcomesMTM Insight Clinical Engine is a proprietary clinical engine used to identify and address quality opportunities for a network of retail pharmacists. The highly refined Insight Clinical Engine drives actionable interventions to the pharmacy network in the form of targeted interventions (TIPs). TIPs were generated to cover a variety of clinical and safety areas including nonadherence, cost efficacy management, gaps in therapy, duplication of therapies, and numerous other quality-focused interventions. Identified interventions were performed by the local pharmacist in a face-to-face interaction to maximize an existing member-clinician relationship.

CareSource focused quality improvement efforts on **provider and member collaboration** efforts to promote prevention. CareSource implemented screening and identification efforts which included promoting and paying for mental health, physical health, substance-related disorder and social needs, health surveys, referrals for assessment, and treatment. CareSource provided education regarding medication “take-back” programs.

Peach State

Peach State's provider network included 305 sites recognized as **PCMH** practice sites which represent 105 in-network providers who provide services to 22 percent of Peach State's membership.

A total of 920 members were enrolled in the **case management programs**. Of the total number of members enrolled, 119 members' cases were integrated, requiring case manager and behavioral health staff to collaboratively develop care plans reflective of goals geared toward both physical and behavioral healthcare.

The **Vision Van/FQHC Partnership**. Through Peach State's partnership with Albany Area Primary Healthcare, Peach State learned that a significant number of school-age children in its most rural areas needed eyeglasses. Peach State took this opportunity to impact the lives of not only Peach State members but of any child needing glasses and sponsored a vision van and optometrist to perform refractive eye exams and to prescribe glasses for those in need in eight FQHC school-based clinics. Peach State then funded 100 percent of the cost of the glasses for every child who needed a prescription. A total of 1,830 eye screenings were completed, and 440 pairs of glasses were distributed to children across the State.

Peach State's **Emergency Room (ER) CM Program** was designed to engage members with frequent or inappropriate ED utilization patterns. Peach State partnered with 10 high-volume hospitals to receive daily notification of members who visited the ED on the previous day. Case managers outreached to members within 24–48 hours of the encounter to assist them with obtaining follow-up care and to provide education regarding appropriate use of the ED, the importance of getting primary and preventive care, and the availability of the 24/7 Nurse Advice Line.

The **Emergency Department Reduction Program (EDRP)** established reasonable and appropriate ED reduction strategies that assisted in preventing overutilization of ER services and employed effective concurrent and retrospective ED utilization reviews to address overutilization of these services and to apply pharmaceutical, behavioral health, clinical case management, and other intervention strategies. The methods employed by the CMO to limit ER overutilization included the following:

- Chronic disease management and medication adherence strategies
- Steerage to urgent care centers for lower acuity members
- Development of ED case management/member education materials
- ED notification system
- Behavioral health-specific post-stay claims analysis

The Peach State **Chronic Obstructive Pulmonary Disease (COPD) Program** aims to decrease inpatient, outpatient, and ED utilization through care coordination, including medication adherence. The care coordination team conducted telephonic and/or face-to-face outreach with COPD members within two days of an ED visit and/or inpatient admission to ensure the member adheres to the treatment plan. The care coordinators also educated and assisted with appointments and medication adherence for

members with a COPD diagnosis. There was a 96.6 percent reduction in inpatient and ED utilization post enrollment when compared to utilization prior to enrollment in the COPD program.

Peach State collected data on the prevalence of substance abuse diagnoses for the population it served. Data collected were used to evaluate the need to implement preventive programs for early identification and treatment of members at risk for substance misuse and abuse. During 2018, Peach State found that 0.28 percent of its Medicaid population was diagnosed with a substance use disorder.

The **Acute Renal Failure** program's goal was to decrease inpatient, outpatient, and ED utilization through treatment adherence. The care manager/care coordinator conducted outreach to all members diagnosed with acute renal failure. Face-to-face visits occurred for all members identified as high risk based on treatment plan non-adherence and/or high utilization of the ER services/inpatient admissions. All members were followed by a care manager if they agreed to care management and/or care coordination and if they refused case management enrollment. The outreach components consisted of education, medication adherence, completion of assessment, care plan initiation, nutrition, exercise, and coordination of care gap closure. In 2018, there was an 82.4 percent decrease in medical cost compared to 2017.

The Peach State **Discharge Planning Program (Reducing Readmissions)** is a utilization and case management initiative implemented to reduce Neonatal Intensive Care Unit (NICU) and Medical-Surgical floor readmissions within seven and 14 days following hospital discharge. The initiative focuses on two particular parameters due to increased readmission rates based on the CMO's historical data. In conducting a year-over-year comparison, the readmission rate decreased from 6.4 percent in 2016 to 3.1 percent in 2017 at one of the highest readmission facilities (Gwinnett Medical Center).

The purpose of the **PCP Medical Home Steerage** program was to ensure members had and were receiving treatment from one primary medical home. 1,300 members who were identified as being treated by multiple PCPs and/or who had ED visits and inpatient admissions with no PCP utilization were encouraged to choose one primary medical home within a 20-mile radius from their residence. Barriers for adhering to their medical treatment plan were identified, and care gaps were closed. Members were educated on the appropriate use of urgent care facilities versus the ED. Peach State achieved a 77.1 percent decrease in total medical costs (inpatient and ED costs) in 2017 compared to 2016, which was attributed to a decrease in members' use of multiple PCPs.

Peach State identified members diagnosed with sickle cell disease who were candidates for the medication hydroxyurea but had not filled a prescription within the prior 12 months. The **sickle cell care manager** worked collaboratively with the member's provider to coordinate a plan of care to ensure compliance with prescribed medications and appropriate care to reduce ED and inpatient utilization. There was a 5 percent increase in hydroxyurea utilization for members identified with sickle cell disease from July 2017 to June 2018.

The goal of the **Substance Abuse (Opioid) Care Management/Care Coordination Program** was to decrease NICU admissions of neonates with neonatal withdrawal symptoms. The CMO used daily report (currently pregnant—notification of pregnancy [NOP]) to identify members with a reported history of

opioid use as well as referrals from the pharmacy lock-in program. In a collaborative approach with behavioral health, members were educated on maternal/fetal effects of substance use during pregnancy and introduced to a perinatal substance use disorder (SUD) program. In conducting a year-over-year comparison, there was a 28.8 percent decrease from 2017 (4.6 percent) to 2018 (3.2 percent) in NICU admissions.

As part of Peach State's **Depression Program**, members with depression were identified and received outreach from a CMO depression disease manager. Members enrolled in the Depression Diseases Management Program received education on the importance of medication adherence in treating depression and were coached on self-management techniques designed to achieve recovery and wellness. There was a 44 percent decrease post enrollment when conducting an analysis on these members prior to program enrollment.

Peach State implemented a program to identify patterns of **inappropriate use of opioids** and other potential medication of abuse or medically unnecessary care among CMO enrollees, thereby protecting CMO beneficiaries and reducing fraud, waste, and abuse. Identified members were brought to interdisciplinary adult rounds to provide an avenue for discussion on managing enrollees which included educating providers and members on evidence-based opioid therapies and/or alternative medication management. In 2017, 60 members were identified for the program. Of these 60 members, 14 were placed into pharmacy lock-in and referred to behavioral health case management. Efforts have successfully yielded a reduction of opioid utilization as well as reduction in diseases related to opioids, such as opioid-related disorders and neonatal abstinence syndrome. Review of medical claims related to opioid-related disorders has shown a 44 percent reduction when comparing Q1 2017 to Q1 2018.

Peach State implemented a State coordinated effort to impact **early elective deliveries (EEDs)** for Peach State members. To achieve a reduction in Peach State's EED rate, Peach State required providers to provide a medical necessity diagnosis on any delivery prior to 39 weeks. In addition, Peach State conducted multiple trainings to educate the obstetrician/gynecologist provider network. These efforts have been tremendously successful. Comparing Q1 2017 to Q1 2018, Peach State experienced an 85 percent reduction in elective deliveries for the Medicaid population.

WellCare

Provider education and support was enhanced by the addition of documents shared with providers by WellCare's patient care advocates (PCAs), quality practice advisors (QPAs), and hospital and provider representatives at all levels. In addition to the programs described above, this collateral information addressed the *Controlling Blood Pressure (CBP)* measure and Tips to Help Your Patients Follow Their Treatment Plan, in support of member adherence. PCAs sat in provider offices to assist members and providers to identify and meet gaps in care, anticipating dates of service needed. PCAs also assisted members with making follow-up appointments and travel to those appointments. This program continued to expand throughout 2018 at the behest of WellCare providers.

WellCare engaged in a number of activities focused on **behavioral health, the opioid epidemic, and substance use disorders**. No singular team or department focused on these issues; rather, the activities

were an integrated effort, led by the behavioral health medical director, across multiple departments and teams. Teams included behavioral health, quality, case management, community advocacy, pharmacy, network management, and others. Behavioral health initiatives and activities included:

1. **Behavioral Health Home pilot with Georgia Hope:** WellCare contracted with Georgia Hope in 2017 to incentivize Georgia Hope to provide care coordination to members identified as having high behavioral health and physical health needs.
2. **ACER, IDT:** WellCare worked collaboratively with DCH, Department of Behavioral Health and Developmental Disabilities (DBHDD), the Georgia Health Policy Center at Georgia State University, the other CMOs, and community providers to evaluate the State’s behavioral health delivery system and provide recommendations for change and improvement. WellCare participated regularly in monthly meetings of the IDT (Interagency Directors team) and ACER (access, coordination, evaluation, and recalibration collaborative). Some topics of focus were telemedicine, ER processes to reduce wait time for children and adolescents, and the “system of care.”
3. **Integrated care:** WellCare worked with two primary care practices, Decatur Pediatrics and White Pediatrics, to find ways to support and facilitate the delivery of integrated behavioral healthcare in the primary care setting.
4. **Opioid epidemic/Substance use disorder initiatives:**
 - a. Participated in developing the “Georgia Opioid Strategic Plan.”
 - b. Implemented a pharmacy lock-in program. The focus of the program was to identify members engaging in substance use-related behaviors, engage them in case management, and refer them to treatment. The lock-in program directly addressed the behavior of seeking multiple controlled substance prescriptions from multiple providers and multiple pharmacies.
 - c. WellCare sponsored the **National Rx Drug Abuse and Heroin Summit** held in Atlanta in April 2018. WellCare also sponsored Addiction Recovery Awareness Day at the Capitol in January 2018.
 - d. Increased SUD treatment options by adding DBHDD vetted narcotic treatment providers (NTPs) to the WellCare network.

WellCare’s **Discharge Planning** model was focused on providing transitional care to WellCare members with a high readmission risk through predictive analytics, screenings, and the clinical judgment of WellCare’s inpatient utilization management nurses and on-site/telephonic discharge planning teams (community health workers and registered nurses). This team performed outreach and educated chronic/high-risk members with inpatient utilization on the importance of following up after discharge and establishing a PCMH. The results of the program were as follows:

- Decreased ED visits per 1,000 members for case management participants by 213.6 percent
- Decreased inpatient admissions per 1,000 members by 22.89 percent
- Increased PCP visits per 1,000 members by 9.23 percent

WellCare’s **prenatal program** reduced the NICU rate for care management members by 4.5 percent from the expected 2 percent. The various educational events attended by WellCare’s care managers helped in educating and engaging WellCare members and was reflected in the 38.1 percent decrease in

ER visits per 1,000 members as well as a 60.3 percent decrease in inpatient admission per 1,000 members.

Amerigroup 360°

Amerigroup 360° re-launched **school-based health clinics**. The goal of the clinics was to increase access to preventive care services and increase compliance with EPSDT and dental services. Approximately 20 schools participated.

The CMO implemented **virtual care coordination** which allowed members to talk to their care coordinator using an Internet-capable computer, laptop, smart phone camera, or tablet. Virtual care coordination connected members with their care coordinator and providers directly from their own home.

The GF 360° **Social Determinants of Health (SDOH) Program** was developed based on policies and principles that reflected evidence of effectiveness to systematically and strategically assist members in areas in which they indicated a need that may ultimately impact their health. The SDOH Program is a shared responsibility program wherein each associate that becomes aware of a need is tasked with helping the member connect to the applicable resource. The CMO's program focused on reducing health disparity by promoting the development of knowledge and employable skills of members while still in high school that would impact their living wage opportunities without the use of public policy changes.

Using these practices and considering members' needs, the GF 360° SDOH Program focuses on the domains of education, employment, financial planning, housing/respite, transportation, healthcare, and food insecurity.

Amerigroup contracted with two care management entities (CMEs). The goal of this collaboration was to promote the use of member-centric, community-based services that minimized the need for high-level inpatient treatment. The CMEs performed intensive, customized care coordination using a high-fidelity wraparound model for children and adolescents. Member results of the quality initiative were as follows:

- 65 percent decrease in ED visits
- 43 percent decrease in inpatient admissions
- 82 percent decrease in outpatient services
- 63 percent decrease in primary care provider visits
- 60 percent decrease in specialty visits

Pathways to Permanency (P2P) was designed to provide enhanced services to youth with significant behavioral health challenges. The program had two distinct tracks. CHRIS 180 administers the P2P track for youth available for adoption. The parental rights of these GF 360° members had been terminated and the youth were without identified family/permanent placement resources. The goal was to secure community support for the members. Youth Villages administered the Intercept Program, the second track, which focused on members whose parents maintained parental rights or who had identified

family/permanent placement resources. The goal of the Intercept Program was to assist members in achieving permanence by reunifying them with family or another identified permanent placement resource. Results of the P2P program were as follows:

- 75 percent decrease in ED visits
- 54 percent decrease in inpatient admissions
- 31 percent decrease in outpatient services
- 47 percent decrease in primary care provider visits
- 75 percent decrease in specialty visits

To meet immediate medical, dental, and trauma assessment needs **Fast Track 10/15** was re-launched in January 2018. Fast Track 10/15 was a customized list of key providers (medical, dental and behavioral health trauma assessors) in all counties across the state who had allocated times/slots at selected locations in which to see GF 360° members the same day, next day, walk-in basis, after hours and weekends to ensure compliance with contractual timeframes. Additionally, clinic days and mobile clinic days had been developed in areas with high non-compliance rates with medical and dental services.

The GF 360° **quality assessment and performance improvement strategies** resulted in successful member outcomes such as meeting performance goals which included 95 percent accurate completion of individualized care plans, reducing inpatient readmission rates, increased preventive dental compliance rates, and having 13 EPSDT HEDIS measures at or above the 75th percentile.

The **Psychotropic Medication Monitoring Program** showed overall savings due to member adherence to medication regimens and providers alerted to safety issues regarding prescribing patterns. Medication safety was also tracked by care coordinators who entered medication information into a tool that was monitored by the GF 360° medical director to ensure that polypharmacy did not impact members.

The Seven Challenges was a comprehensive counseling program for young people that incorporated work on alcohol and other drug problems. It was designed to motivate youth to evaluate their lives, consider changes they wished to make, and then succeeded in implementing the desired changes. The program supported members in taking power over their own lives. In The Seven Challenges, young people addressed their drug problems, co-occurring life skill deficits, and situational and psychological problems.

3. Comparative Information and Quality Strategy Recommendations

CMO Managed Care Performance in Georgia

To evaluate each CMO's managed care performance in Georgia, DCH, through the GF and the GF 360° contracts, requires each CMO to complete federal and state-mandated quality improvement activities such as reporting of HEDIS and CAHPS data, participation in PIPs, participation in performance measurement validation activities, and participation in a value-based purchasing strategy to assist with achievement of the goals identified in the DCH quality strategy.³⁻¹ The CareSource contract as a DCH Georgia Families CMO began on July 1, 2017. CareSource was not included in the mandatory activities because the CMO did not have data for the entire 2017 calendar year.

Where applicable, the statewide aggregate results are discussed in the following sections. CMO-specific results are detailed in Section 4—Assessment of MCO Performance.

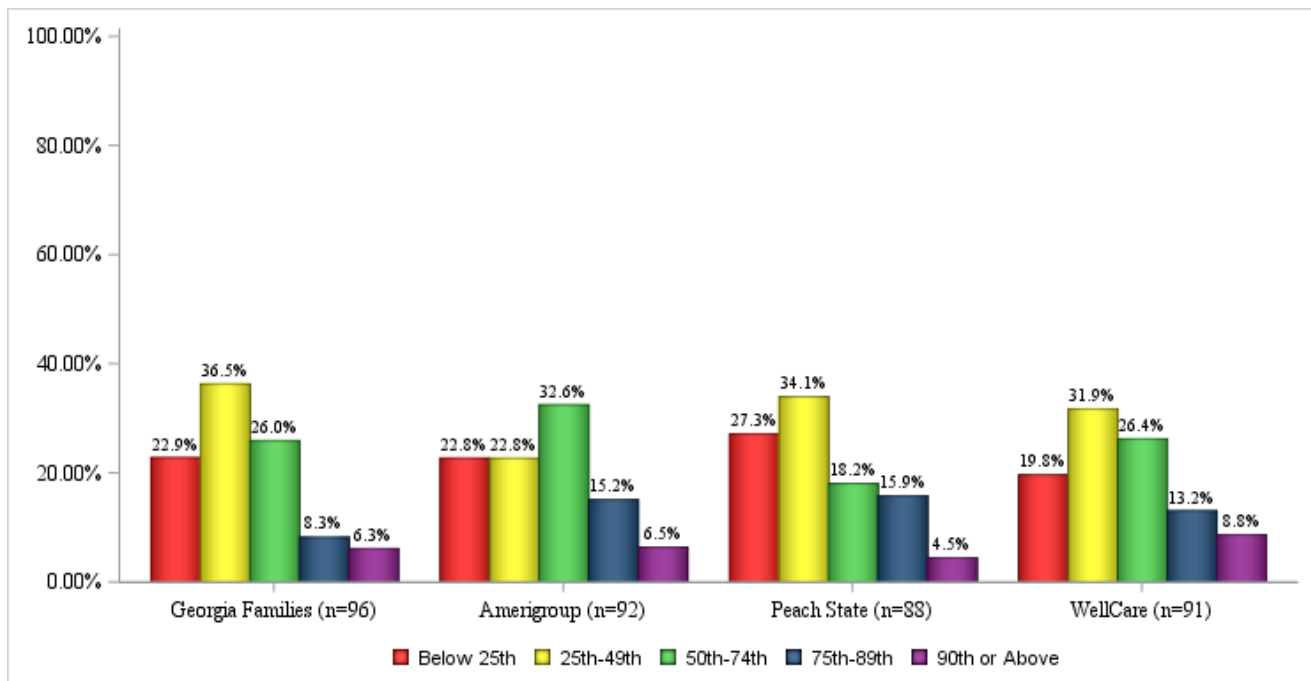
³⁻¹ Georgia Families Quality Strategic Plan. Available at: <https://dch.georgia.gov/sites/dch.georgia.gov/files/2016-Quality-Strategic-Plan-Final-6.17.16.pdf>. Accessed on: Feb. 4, 2019.

CMO Comparative and Statewide Aggregate HEDIS Results

Georgia Families Findings

Figure 3-1 displays the percentage of reporting year 2018 performance measure rates compared to NCQA’s 2017 Quality Compass[®],³⁻² national Medicaid HMO percentiles for the GF weighted average, Amerigroup, Peach State, and WellCare.

Figure 3-1—Percentage of Reporting Year 2018 Performance Measure Rates for Georgia Families Compared to National Medicaid Percentiles



Note: Percentages may not total 100 percent due to rounding.

Table 3–2 presents the reporting year 2018 rates along with star ratings based on rate comparisons to the NCQA 2017 Quality Compass national Medicaid HMO percentiles, where applicable, for Amerigroup, Peach State, WellCare, and the GF weighted average. Measure results were compared to benchmarks and rated using the following star ratings as shown in Table 3–1:

Table 3–1—Star Ratings

Star Rating	Performance Level
★★★★★	At or above the national Medicaid 90th percentile
★★★★	At or above the national Medicaid 75th percentile but below the 90th percentile

³⁻² Quality Compass[®] is a registered trademark for the National Committee for Quality Assurance (NCQA).

Star Rating	Performance Level
★★★	At or above the national Medicaid 50th percentile but below the 75th percentile
★★	At or above the national Medicaid 25th percentile but below the 50th percentile
★	Below the national Medicaid 25th percentile

Table 3–2—Reporting Year 2018 Results for Georgia Families CMOs

HEDIS Measure	Amerigroup	Peach State	WellCare	Georgia Families
Access to Care				
<i>Adults' Access to Preventive/Ambulatory Health Services</i>				
20–44 Years	77.61% ★★	76.30% ★★	81.16% ★★★	78.60% ★★
45–64 Years	85.36% ★★	83.36% ★★	87.24% ★★★	85.56% ★★
65 Years and Older	NA	NA	NA	NA
Total	78.76% ★★	77.13% ★★	81.99% ★★	79.53% ★★
<i>Adult BMI Assessment</i>				
Adult BMI Assessment	87.10% ★★★	77.63% ★	89.20% ★★★	85.23% ★★
<i>Children and Adolescents' Access to Primary Care Practitioners</i>				
12–24 Months	95.51% ★★	94.62% ★★	96.19% ★★★	95.47% ★★
25 Months–6 Years	89.09% ★★★	88.41% ★★★	89.57% ★★★	89.08% ★★★
7–11 Years	91.18% ★★★	90.26% ★★	91.46% ★★★	91.03% ★★★
12–19 Years	88.89% ★★	87.86% ★★	89.17% ★★	88.71% ★★
<i>Annual Dental Visit</i>				
2–3 Years	44.18% ★★★	44.21% ★★★	50.14% ★★★★★	46.62% ★★★
4–6 Years	75.04% ★★★★★	73.41% ★★★★★	76.72% ★★★★★	75.26% ★★★★★
7–10 Years	77.69% ★★★★★	75.71% ★★★★★	78.59% ★★★★★	77.47% ★★★★★
11–14 Years	72.06% ★★★★★	69.39% ★★★★★	73.13% ★★★★★	71.72% ★★★★★
15–18 Years	60.61% ★★★★★	58.38% ★★★★★	62.91% ★★★★★	60.93% ★★★★★
19–20 Years	35.51% ★★	33.69% ★★	38.15% ★★★	35.98% ★★

HEDIS Measure	Amerigroup	Peach State	WellCare	Georgia Families
<i>Total</i>	67.84% ★★★★★	66.12% ★★★★	70.23% ★★★★★	68.34% ★★★★★
Colorectal Cancer Screening				
<i>Colorectal Cancer Screening</i>	33.33% NC	49.31% NC	45.75% NC	42.63% NC
Children's Health				
Prevention and Screening				
Appropriate Testing for Children With Pharyngitis				
<i>Appropriate Testing for Children With Pharyngitis</i>	84.91% ★★★★	85.06% ★★★★	84.10% ★★★★	84.58% ★★★★
Childhood Immunization Status				
<i>Combination 3</i>	81.75% ★★★★★	77.62% ★★★★	76.64% ★★★★	78.41% ★★★★
<i>Combination 6</i>	35.28% ★★	32.60% ★★	31.39% ★★	32.88% ★★
<i>Combination 10</i>	32.60% ★★	30.41% ★★	29.44% ★★	30.65% ★★
Immunizations for Adolescents				
<i>Combination 1 (Meningococcal, Tdap)</i>	90.27% ★★★★★	89.96% ★★★★★	92.21% ★★★★★	91.04% ★★★★★
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	34.79% NC	31.86% NC	33.09% NC	33.18% NC
Lead Screening in Children				
<i>Lead Screening in Children</i>	79.17% ★★★	79.17% ★★★	82.31% ★★★★	80.42% ★★★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile—Total</i>	81.75% ★★★★	76.43% ★★★	80.00% ★★★	79.38% ★★★
<i>Counseling for Nutrition—Total</i>	75.91% ★★★	73.95% ★★★	73.33% ★★★	74.19% ★★★
<i>Counseling for Physical Activity—Total</i>	70.80% ★★★★	63.52% ★★★	63.46% ★★★	65.40% ★★★
Upper Respiratory Infection				
Appropriate Treatment for Children With Upper Respiratory Infection				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	89.80% ★★★	87.59% ★★	88.50% ★★	88.53% ★★
Well-Child/Well-Care Visits				
Adolescent Well-Care Visits				
<i>Adolescent Well-Care Visits</i>	54.74% ★★★	54.01% ★★★	58.39% ★★★	56.10% ★★★
Well-Child Visits in the First 15 Months of Life				

HEDIS Measure	Amerigroup	Peach State	WellCare	Georgia Families
<i>No Well-Child Visits*</i>	0.97% ★★★★★	3.91% ★	0.52% ★★★★★	1.75% ★★
<i>Six or More Well-Child Visits</i>	69.59% ★★★★★	62.76% ★★★	71.09% ★★★★★	67.96% ★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	73.21% ★★★	76.12% ★★★	79.24% ★★★★★	76.67% ★★★
Women's Health				
Prenatal Care and Birth Outcomes				
Percentage of Live Births Weighing Less Than 2,500 Grams				
<i>Percentage of Live Births Weighing Less Than 2,500 Grams*</i>	8.90% NC	8.92% NC	9.64% NC	9.19% NC
Prenatal and Postpartum Care				
<i>Timeliness of Prenatal Care</i>	78.06% ★★	73.48% ★	81.48% ★★	77.69% ★★
<i>Postpartum Care</i>	67.50% ★★★	61.56% ★★	58.77% ★	62.33% ★★
Prevention and Screening				
Breast Cancer Screening				
<i>Breast Cancer Screening</i>	67.47% NC	64.64% NC	64.12% NC	65.36% NC
Cervical Cancer Screening				
<i>Cervical Cancer Screening</i>	67.12% ★★★★★	67.39% ★★★★★	67.51% ★★★★★	67.36% ★★★★★
Chlamydia Screening in Women				
<i>16–20 Years</i>	61.68% ★★★★★	61.42% ★★★★★	58.50% ★★★	60.21% ★★★
<i>21–24 Years</i>	65.95% ★★★	70.63% ★★★★★	68.85% ★★★	68.69% ★★★
<i>Total</i>	62.79% ★★★	64.06% ★★★★★	61.01% ★★★	62.42% ★★★
Chronic Conditions				
Diabetes				
Comprehensive Diabetes Care				
<i>Hemoglobin A1c (HbA1c) Testing</i>	83.58% ★	84.85% ★★	83.42% ★	83.87% ★
<i>HbA1c Control (<8.0%)</i>	39.60% ★	35.40% ★	42.62% ★★	39.69% ★
<i>Eye Exam (Retinal) Performed</i>	42.34% ★	57.30% ★★★	40.30% ★	45.73% ★
<i>Blood Pressure Control (<140/90 mm Hg)</i>	58.03% ★★	50.55% ★	56.05% ★★	55.06% ★★

HEDIS Measure	Amerigroup	Peach State	WellCare	Georgia Families
<i>HbA1c Poor Control (>9.0%)*</i>	53.10% ★	56.57% ★	51.24% ★	53.30% ★
<i>HbA1c Control (<7.0%)</i>	31.91% ★★	25.38% ★	31.39% ★	29.80% ★
<i>Medical Attention for Nephropathy</i>	91.42% ★★★★	89.05% ★★	90.55% ★★★★	90.38% ★★★★
Statin Therapy for Patients With Diabetes				
<i>Received Statin Therapy</i>	54.20% ★	48.59% ★	52.35% ★	51.88% ★
<i>Statin Adherence 80%</i>	39.93% ★	43.39% ★	45.38% ★	43.07% ★
Cardiovascular Conditions				
Controlling High Blood Pressure				
<i>Controlling High Blood Pressure</i>	44.53% ★	32.60% ★	41.61% ★	39.96% ★
Persistence of Beta-Blocker Treatment After a Heart Attack				
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	NA	NA	NA	56.76% ★
Statin Therapy for Patients With Cardiovascular Disease				
<i>Received Statin Therapy—Total</i>	77.27% ★★★★	75.51% ★★	73.33% ★★	74.80% ★★
<i>Statin Adherence 80%—Total</i>	41.18% ★	51.35% ★	41.41% ★	43.32% ★
Respiratory Conditions				
Pharmacotherapy Management of COPD Exacerbation				
<i>Bronchodilator</i>	85.11% ★★★★	64.52% ★	79.89% ★★	78.53% ★★
<i>Systemic Corticosteroid</i>	74.47% ★★★★★	59.68% ★	70.65% ★★★★	69.71% ★★★★
Use of Spirometry Testing in the Assessment and Diagnosis of COPD				
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	39.66% ★★★★★	42.19% ★★★★★	33.06% ★★★★	37.04% ★★★★★
Medication Management				
Medication Management for People With Asthma				
<i>Medication Compliance 50%—Ages 5–11 Years</i>	45.50% ★	52.38% ★★	52.21% ★★	50.62% ★★
<i>Medication Compliance 50%—Ages 12–18 Years</i>	47.54% ★★	51.32% ★★★★	48.92% ★★	49.34% ★★
<i>Medication Compliance 50%—Ages 19–50 Years</i>	53.33% ★	55.41% ★	59.93% ★★	57.19% ★★
<i>Medication Compliance 50%—Ages 51–64 Years</i>	74.19% ★★★★	NA	NA	71.21% ★★

HEDIS Measure	Amerigroup	Peach State	WellCare	Georgia Families
<i>Medication Compliance 50%—Total</i>	46.90% ★	52.16% ★★	51.52% ★	50.60% ★
<i>Medication Compliance 75%—Ages 5–11 Years</i>	21.60% ★	26.60% ★★	24.34% ★★	24.39% ★★
<i>Medication Compliance 75%—Ages 12–18 Years</i>	23.24% ★★	25.33% ★★	22.83% ★★	23.70% ★★
<i>Medication Compliance 75%—Ages 19–50 Years</i>	28.00% ★	31.76% ★	32.90% ★★	31.40% ★
<i>Medication Compliance 75%—Ages 51–64 Years</i>	29.03% ★	NA	NA	34.85% ★
<i>Medication Compliance 75%—Total</i>	22.56% ★	26.39% ★	24.33% ★	24.55% ★
Annual Monitoring for Patients on Persistent Medications				
<i>ACE Inhibitors or ARBs</i>	89.76% ★★★★	87.50% ★★	90.60% ★★★★★	89.56% ★★★★
<i>Diuretics</i>	88.63% ★★★★	86.29% ★★	90.40% ★★★★★	88.83% ★★★★
<i>Total</i>	89.22% NC	86.92% NC	90.51% NC	89.21% NC
Asthma Medication Ratio				
<i>5–11 Years</i>	76.17% ★★★★	77.40% ★★★★	78.97% ★★★★	77.77% ★★★★
<i>12–18 Years</i>	66.89% ★★★★	71.04% ★★★★★	73.42% ★★★★★	71.09% ★★★★★
<i>19–50 Years</i>	49.76% ★★	52.00% ★★★★	55.50% ★★★★	53.15% ★★★★
<i>51–64 Years</i>	56.41% ★★★★	NA	NA	55.95% ★★★★
<i>Total</i>	71.03% ★★★★★	73.78% ★★★★★	75.27% ★★★★★	73.75% ★★★★★
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis				
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>	73.58% ★★★★	73.02% ★★	73.00% ★★	73.15% ★★★★
Use of Opioids at High Dosage (per 1,000 Members)				
<i>Use of Opioids at High Dosage*</i>	47.94 NC	10.41 NC	40.49 NC	34.43 NC
Use of Opioids From Multiple Providers (per 1,000 Members)				
<i>Multiple Prescribers*</i>	286.05 NC	NQ	290.68 NC	289.20 NC
<i>Multiple Pharmacies*</i>	79.48 NC	NQ	114.85 NC	103.52 NC

HEDIS Measure	Amerigroup	Peach State	WellCare	Georgia Families
<i>Multiple Prescribers and Multiple Pharmacies*</i>	49.30 NC	NQ	71.88 NC	64.65 NC
Behavioral Health				
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>				
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	27.62% ★	25.33% ★	36.11% ★	31.39% ★
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>				
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA	NA	NA
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>				
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	82.44% ★★★	80.75% ★★	82.47% ★★★	82.07% ★★★
<i>Follow-Up After Emergency Department (ED) Visit for Alcohol and Other Drug (AOD) Abuse or Dependence</i>				
<i>7-Day Follow-Up—Total</i>	9.22% ★★	5.44% ★	8.78% ★★	8.13% ★★
<i>30-Day Follow-Up—Total</i>	12.29% ★★	8.84% ★	10.24% ★★	10.50% ★★
<i>Antidepressant Medication Management</i>				
<i>Effective Acute Phase Treatment</i>	49.69% ★★	44.41% ★	45.12% ★	46.20% ★
<i>Effective Continuation Phase Treatment</i>	31.70% ★	27.69% ★	30.26% ★	29.94% ★
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>				
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	NA	NA	61.76% ★	63.75% ★
<i>Follow-Up After ED Visit for Mental Illness</i>				
<i>7-Day Follow-Up</i>	38.01% ★★★	35.47% ★★	39.11% ★★★	37.84% ★★★
<i>30-Day Follow-Up</i>	54.36% ★★	52.36% ★★	53.70% ★★	53.54% ★★
<i>Follow-Up After Hospitalization for Mental Illness</i>				
<i>7-Day Follow-Up</i>	43.41% NC	46.27% NC	47.09% NC	45.83% NC
<i>30-Day Follow-Up</i>	64.31% NC	66.60% NC	67.12% NC	66.19% NC
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>				
<i>Initiation Phase</i>	49.77% ★★★	45.48% ★★★	51.29% ★★★	49.24% ★★★

HEDIS Measure	Amerigroup	Peach State	WellCare	Georgia Families
<i>Continuation and Maintenance Phase</i>	65.83% ★★★★	57.83% ★★★	71.71% ★★★★★	66.53% ★★★★
Initiation and Engagement of AOD Abuse or Dependence Treatment				
<i>Initiation of AOD Treatment—Total—Total</i>	43.83% NC	41.73% NC	39.37% NC	41.23% NC
<i>Engagement of AOD Treatment—Total—Total</i>	12.75% NC	9.13% NC	9.56% NC	10.34% NC
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
<i>1–5 Years</i>	12.50% ★★	NA	16.22% ★★	11.11% ★
<i>6–11 Years</i>	15.29% ★	17.34% ★	20.77% ★	18.30% ★
<i>12–17 Years</i>	30.47% ★★	26.52% ★	27.61% ★★	28.27% ★★
<i>Total</i>	24.28% ★	22.21% ★	24.53% ★	23.88% ★
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
<i>1–5 Years</i>	NA	NA	45.16% ★★	43.94% ★★
<i>6–11 Years</i>	70.15% ★★★★	54.71% ★★	58.33% ★★	60.47% ★★
<i>12–17 Years</i>	65.17% ★★★★	61.39% ★★	57.46% ★★	60.84% ★★
<i>Total</i>	67.45% ★★★★	56.88% ★★	57.49% ★★	60.18% ★★
Use of Multiple Concurrent Antipsychotics in Children and Adolescents				
<i>1–5 Years*</i>	NA	NA	NA	1.85% ★
<i>6–11 Years*</i>	2.11% ★★	0.00% ★★★★★	0.94% ★★★★	1.06% ★★★★
<i>12–17 Years*</i>	4.23% ★	1.88% ★★★★	2.96% ★★	3.14% ★★
<i>Total*</i>	3.36% ★	1.07% ★★★★	2.12% ★★★★	2.27% ★★
Utilization				
Ambulatory Care (per 1,000 Member Months)—Total				
<i>Outpatient Visits—Total</i>	301.19 NC	305.30 NC	404.43 NC	345.00 NC
<i>ED Visits—Total*</i>	53.54 NC	51.55 NC	61.72 NC	56.29 NC
Antibiotic Utilization—Total				



HEDIS Measure	Amerigroup	Peach State	WellCare	Georgia Families
<i>Percentage of Antibiotics of Concern for All Antibiotic Prescriptions—Total*</i>	37.04% ★★★★	37.20% ★★★★	38.36% ★★★★	37.68% ★★★★
Mental Health Utilization—Total				
<i>Any Service—Total</i>	10.27% NC	8.25% NC	10.18% NC	9.60% NC
<i>Inpatient—Total</i>	0.31% NC	0.25% NC	0.32% NC	0.29% NC
<i>Intensive Outpatient or Partial Hospitalization—Total</i>	0.03% NC	0.03% NC	0.03% NC	0.03% NC
<i>Outpatient—Total</i>	9.95% NC	8.01% NC	9.78% NC	9.27% NC
<i>ED—Total</i>	0.01% NC	0.01% NC	0.06% NC	0.03% NC
<i>Telehealth—Total</i>	0.00% NC	0.01% NC	0.05% NC	0.02% NC
Plan All-Cause Readmissions				
<i>Index Total Stays—Observed Readmissions—18–44 Years*</i>	12.96% NC	8.09% NC	9.56% NC	9.95% NC
<i>Index Total Stays—Observed Readmissions—45–54 Years*</i>	6.87% NC	5.53% NC	11.56% NC	8.68% NC
<i>Index Total Stays—Observed Readmissions—55–64 Years*</i>	4.29% NC	6.35% NC	12.63% NC	8.33% NC
<i>Index Total Stays—Observed Readmissions—Total*</i>	11.40% NC	7.58% NC	9.99% NC	9.67% NC
<i>Index Total Stays—O/E Ratio—Total*</i>	0.74 NC	0.57 NC	0.72 NC	0.69 NC
Inpatient Utilization—General Hospital/Acute Care—Total				
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	4.93 NC	5.85 NC	5.98 NC	5.65 NC
<i>Total Inpatient—Average Length of Stay—Total</i>	3.51 NC	3.47 NC	3.27 NC	3.39 NC
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	7.02 NC	8.50 NC	7.05 NC	7.49 NC
<i>Maternity—Average Length of Stay—Total</i>	2.74 NC	2.86 NC	2.76 NC	2.79 NC
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	0.46 NC	0.47 NC	0.62 NC	0.53 NC
<i>Surgery—Average Length of Stay—Total</i>	8.55 NC	9.08 NC	6.99 NC	7.95 NC
<i>Medicine—Discharges per 1,000 Member Months—Total</i>	0.87 NC	1.13 NC	1.78 NC	1.33 NC

HEDIS Measure	Amerigroup	Peach State	WellCare	Georgia Families
<i>Medicine—Average Length of Stay—Total</i>	4.02 NC	3.41 NC	2.99 NC	3.29 NC
Overuse/Appropriateness				
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>				
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	31.65% ★★★★	28.19% ★★	26.95% ★★	28.65% ★★
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females*</i>	1.14% ★★★★	2.39% ★★	2.43% ★★	2.07% ★★
<i>Use of Imaging Studies for Low Back Pain</i>				
<i>Use of Imaging Studies for Low Back Pain</i>	75.24% ★★★★★	70.26% ★★	65.57% ★	69.49% ★★

* A lower rate indicates better performance for this measure.

NC indicates the reporting year 2018 rate was not compared to benchmarks either because a measure is informational only and/or comparisons to benchmarks are not appropriate.

NA indicates the denominator for the measure is too small to report (less than 30).

NQ indicates the CMO was not required to report this measure.

GF CMOs demonstrated a measurable link of sustained quality improvement resulting from the annual dental visit performance improvement project.

The CMOs had similar rates of high performance for reporting year 2018, with the three CMOs ranking at or above the national Medicaid 75th percentile for between 20.4 percent (Peach State) to 22.0 percent (WellCare) of measure rates that were comparable to benchmarks. Of note, all three CMOs demonstrated strength in several areas, including annual dental visits, immunizations for children and adolescents, appropriate testing for pharyngitis, screening for cervical cancer, appropriate use of asthma controller medications, and low utilization of antibiotics of concern. Of note, all DCH CMOs completed a recent PIP on improving the number of annual dental visits. Performance measure results demonstrate a measurable link of sustained quality improvement resulting from the PIP.

Conversely, the three CMOs demonstrated several opportunities for improvement, as between 19.8 percent (WellCare) and 27.3 percent (Peach State) of performance measure rates ranked below the national Medicaid 25th percentile. Peach State demonstrated the most opportunity, with 61.4 percent of performance measure rates falling below the national Medicaid 50th percentile, compared to just 45.6 percent and 51.7 percent for Amerigroup and WellCare, respectively. Opportunities for improvement exist for all three CMOs in the following areas: medication adherence for members with schizophrenia and members on antidepressants; management of chronic conditions for members with diabetes, cardiovascular disease, and asthma; and monitoring of children and adolescents on antipsychotics.

Georgia Families 360° Findings

Figure 3-2 displays the percentage of reporting year 2018 performance measure rates compared to NCQA’s 2017 Quality Compass national Medicaid HMO percentiles for Amerigroup 360°.

Figure 3-2—Percentage of Reporting Year 2018 Performance Measure Rates for Amerigroup 360° Compared to National Medicaid Percentiles

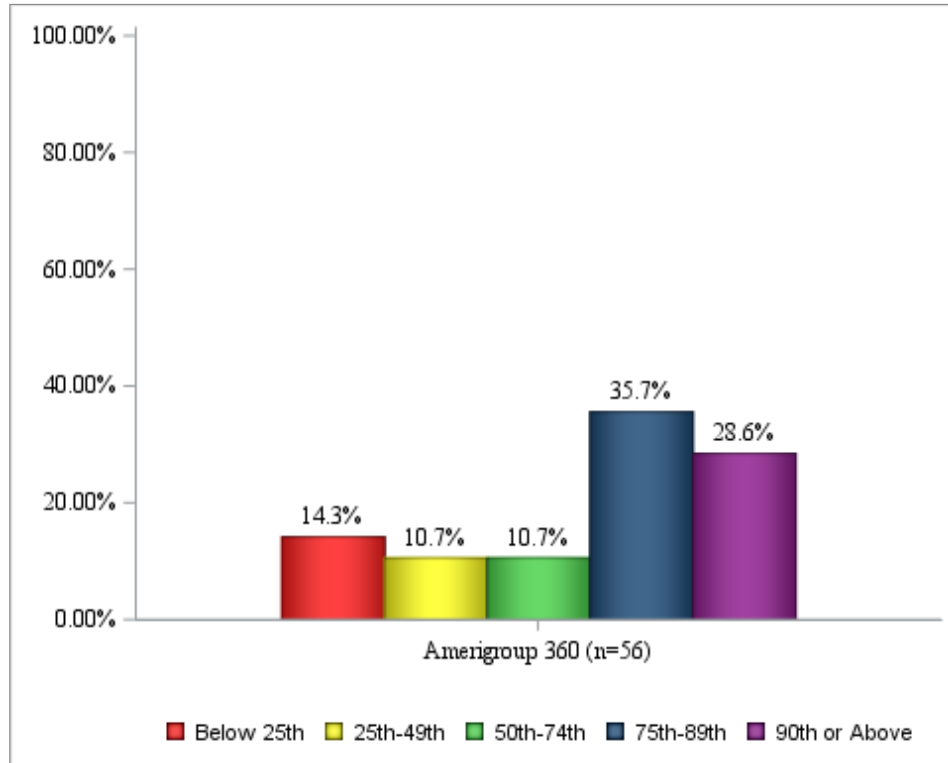


Table 3-3 presents the reporting year 2018 rates along with star ratings based on rate comparisons to the NCQA 2016 Quality Compass national Medicaid HMO percentiles, where applicable, for Amerigroup 360°. Star ratings were assigned as shown in Table 3-1.

Table 3-3—Reporting Year 2018 Results for Amerigroup 360°

HEDIS Measure	Amerigroup 360°
Access to Care	
<i>Adults’ Access to Preventive/Ambulatory Health Services¹</i>	
20–44 Years	60.43% ★
<i>Adult BMI Assessment¹</i>	
Adult BMI Assessment	67.51% ★

HEDIS Measure	Amerigroup 360°
Children and Adolescents' Access to Primary Care Practitioners	
12–24 Months	99.07% ★★★★★
25 Months–6 Years	92.43% ★★★★★
7–11 Years	90.31% ★★
12–19 Years	84.89% ★
Annual Dental Visit	
2–3 Years	60.42% ★★★★★
4–6 Years	80.62% ★★★★★
7–10 Years	78.32% ★★★★★
11–14 Years	72.09% ★★★★★
15–18 Years	64.88% ★★★★★
19–20 Years	42.61% ★★★
Total	70.21% ★★★★★
Children's Health	
Prevention and Screening	
Appropriate Testing for Children With Pharyngitis	
Appropriate Testing for Children With Pharyngitis	83.24% ★★★★★
Childhood Immunization Status	
Combination 3	82.48% ★★★★★
Combination 6	43.31% ★★★
Combination 10	34.55% ★★★
Immunizations for Adolescents	
Combination 1 (Meningococcal, Tdap)	86.62% ★★★★★
Combination 2 (Meningococcal, Tdap, HPV)	33.33% NC

HEDIS Measure	Amerigroup 360°
Lead Screening in Children	
<i>Lead Screening in Children</i>	82.10% ★★★★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	
<i>BMI Percentile—Total</i>	81.75% ★★★★
<i>Counseling for Nutrition—Total</i>	78.59% ★★★★
<i>Counseling for Physical Activity—Total</i>	71.53% ★★★★
Upper Respiratory Infection	
Appropriate Treatment for Children With Upper Respiratory Infection	
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	86.54% ★★
Well-Child/Well-Care Visits	
Adolescent Well-Care Visits	
<i>Adolescent Well-Care Visits</i>	60.83% ★★★★
Well-Child Visits in the First 15 Months of Life	
<i>No Well-Child Visits*</i>	0.49% ★★★★
<i>Six or More Well-Child Visits</i>	69.10% ★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	84.18% ★★★★★
Women's Health	
Prenatal Care and Birth Outcomes	
Percentage of Live Births Weighing Less Than 2,500 Grams	
<i>Percentage of Live Births Weighing Less Than 2,500 Grams*</i>	NA
Prenatal and Postpartum Care	
<i>Timeliness of Prenatal Care</i>	59.77% ★
<i>Postpartum Care</i>	68.97% ★★★
Prevention and Screening	
Chlamydia Screening in Women	
<i>16–20 Years</i>	65.03% ★★★★
<i>21–24 Years</i>	70.11% ★★★★

HEDIS Measure	Amerigroup 360°
<i>Total</i>	65.31% ★★★★★
Medication Management	
Medication Management for People With Asthma	
<i>Medication Compliance 50%—Ages 5–11 Years</i>	55.79% ★★★
<i>Medication Compliance 50%—Ages 12–18 Years</i>	58.01% ★★★★★
<i>Medication Compliance 75%—Ages 5–11 Years</i>	37.37% ★★★★★
<i>Medication Compliance 75%—Ages 12–18 Years</i>	36.46% ★★★★★
Asthma Medication Ratio	
<i>5–11 Years</i>	84.73% ★★★★★★
<i>12–18 Years</i>	71.63% ★★★★★
Behavioral Health	
Antidepressant Medication Management	
<i>Effective Acute Phase Treatment</i>	39.51% ★
<i>Effective Continuation Phase Treatment</i>	25.93% ★
Follow-Up After Emergency Department (ED) Visit for Mental Illness	
<i>7-Day Follow-Up</i>	59.80% ★★★★★
<i>30-Day Follow-Up</i>	82.11% ★★★★★★
Follow-Up After Hospitalization for Mental Illness	
<i>7-Day Follow-Up</i>	48.37% NC
<i>30-Day Follow-Up</i>	72.93% NC
Follow-Up Care for Children Prescribed ADHD Medication	
<i>Initiation Phase</i>	57.56% ★★★★★★
<i>Continuation and Maintenance Phase</i>	68.49% ★★★★★
Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment	
<i>Initiation of AOD Treatment—Total—Total</i>	56.71% NC

HEDIS Measure	Amerigroup 360°
<i>Engagement of AOD Treatment—Total—Total</i>	23.78% NC
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i>	
<i>1–5 Years</i>	13.33% ★★
<i>6–11 Years</i>	28.52% ★★
<i>12–17 Years</i>	51.08% ★★★★★
<i>Total</i>	43.40% ★★★★
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>	
<i>1–5 Years</i>	NA
<i>6–11 Years</i>	78.97% ★★★★★
<i>12–17 Years</i>	79.56% ★★★★★
<i>Total</i>	79.57% ★★★★★
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents</i>	
<i>1–5 Years*</i>	NA
<i>6–11 Years*</i>	1.98% ★★
<i>12–17 Years*</i>	6.45% ★
<i>Total*</i>	4.99% ★
Utilization	
<i>Ambulatory Care (per 1,000 Member Months)—Total</i>	
<i>Outpatient Visits—Total</i>	313.56 NC
<i>ED Visits—Total*</i>	36.26 NC
<i>Antibiotic Utilization—Total</i>	
<i>Percentage of Antibiotics of Concern for All Antibiotic Prescriptions—Total*</i>	40.73% ★★★
<i>Mental Health Utilization—Total</i>	
<i>Any Service—Total</i>	53.45% NC
<i>Inpatient—Total</i>	1.18% NC

HEDIS Measure	Amerigroup 360°
<i>Intensive Outpatient or Partial Hospitalization—Total</i>	0.11% NC
<i>Outpatient—Total</i>	52.22% NC
<i>ED—Total</i>	0.01% NC
<i>Telehealth—Total</i>	0.00% NC
<i>Inpatient Utilization—General Hospital/Acute Care—Total</i>	
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	1.80 NC
<i>Total Inpatient—Average Length of Stay—Total</i>	6.12 NC
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	0.60 NC
<i>Maternity—Average Length of Stay—Total</i>	3.33 NC
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	0.43 NC
<i>Surgery—Average Length of Stay—Total</i>	13.69 NC
<i>Medicine—Discharges per 1,000 Member Months—Total</i>	1.04 NC
<i>Medicine—Average Length of Stay—Total</i>	3.90 NC
Overuse/Appropriateness	
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females*</i>	2.62% ★★

* A lower rate indicates better performance for this measure.

¹ Indicates that the data for this measure only include members 21 years of age and younger.

NC indicates the reporting year 2018 rate was not compared to benchmarks either because a measure is informational only and/or comparisons to benchmarks are not appropriate.

NA indicates the denominator for the measure is too small to report (less than 30).

Amerigroup 360° demonstrated positive performance for reporting year 2018 as 36 of 56 measure rates (64.3 percent) that could be compared to benchmarks ranked at or above the national Medicaid 75th percentile. Additionally, the CMO demonstrated strength by ranking at or above the national Medicaid 50th percentile for all measure rates within the following domains: Prevention and Screening (Children’s Health and Women’s Health), Well-Child/Well-Care Visits, and Medication Management.

Conversely, eight of 56 measure rates (14.3 percent) fell below the national Medicaid 25th percentile, indicating opportunities for improvement for Amerigroup 360° in the following areas: increasing access to

care for older children and adults, monitoring of BMI for adults, medication adherence for members on antidepressants, reducing prescriptions for multiple antipsychotics to adolescents, and increasing the number of prenatal visits.

CMO Comparative and Statewide Aggregate PIP Results

In calendar year 2018, each CMO initiated one new clinical PIP and one new nonclinical PIP. The specific clinical and nonclinical topics selected by each CMO varied. For the clinical PIPs, three CMOs, CareSource, Peach State, and Amerigroup 360°, selected topics focused on improving mental healthcare for their members, including follow-up care after inpatient mental health hospitalization and antidepressant medication compliance. Among the remaining two CMOs, Amerigroup selected a clinical PIP topic to improve chronic disease management (diabetic eye exams), and WellCare selected a clinical PIP to improve prenatal care. The nonclinical PIP topics varied, with one CMO, Peach State, focusing on provider satisfaction, and one other CMO, Amerigroup, focusing on member satisfaction. The remaining three CMOs selected nonclinical PIP topics focused on improving internal processes and systems to improve service to their members. Specifically, Amerigroup 360° focused on obtaining more complete member contact information, CareSource focused on improving timeliness of the prior authorization process, and WellCare focused on improving primary care provider assignment.

All five CMOs achieved the objective of completing Modules 1 and 2 of the HSAG's rapid-cycle PIP process during calendar year 2018. Final PIP results were not available at the time this report was written; the CMOs will continue working on interventions for the ongoing PIPs through the SMART Aim end date of October 31, 2019.

CMO Comparative and Statewide Aggregate CAHPS Results

Objectives

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 the level of satisfaction that patients have with their healthcare experiences. The following section includes summary information for each of the State's Medicaid populations (adult and child) and GF 360°, along with conclusions and recommendations for each population. Detailed, CMO-specific findings and comparisons can be found in Section 4.

CMO Comparisons

To identify performance differences in member satisfaction between the three CMOs, the results for Amerigroup, CareSource, Peach State, and WellCare were compared to the Georgia CMO program average using standard tests for statistical significance.³⁻³ 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.³⁻⁴ 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).

The scoring of the global ratings, composite measures, and individual item measures involved assigning top-level (or top-box response) responses a score of 1, with all other responses receiving a score of 0. After applying this scoring methodology, the percentage of top-level responses was calculated to determine the question summary rates and global proportions. For additional detail, please refer to NCQA's *HEDIS 2018 Volume 3: Specifications for Survey Measures*.

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

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 (+).

Adult Plan Comparisons

Table 3–4 shows the results of the plan comparisons analysis of the 2018 adult Medicaid CAHPS top-box rates.

³⁻³ Caution should be exercised when evaluating plan comparisons, given that population and plan differences may impact CAHPS results.

³⁻⁴ 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.

Table 3–4—Adult Medicaid Plan Comparisons

	Amerigroup	CareSource	Peach State	WellCare
Composite Measures				
<i>Getting Needed Care</i>	77.8% ↔	78.1% ↔	81.9% ↔	81.4% ↔
<i>Getting Care Quickly</i>	74.2% ↔	76.5% ↔	83.2% ↑	81.7% ↔
<i>How Well Doctors Communicate</i>	91.2% ↔	91.1% ↔	92.2% ↔	92.6% ↔
<i>Customer Service</i>	89.8% ↔	88.2% ↔	86.8% ↔	88.2% ↔
<i>Shared Decision Making</i>	77.6% + ↔	76.7% + ↔	79.3% ↔	82.8% ↔
Global Ratings				
<i>Rating of All Health Care</i>	75.3% ↔	70.4% ↔	79.7% ↔	77.6% ↔
<i>Rating of Personal Doctor</i>	82.6% ↔	78.5% ↔	84.5% ↔	83.0% ↔
<i>Rating of Specialist Seen Most Often</i>	82.9% ↔	85.4% + ↔	77.2% ↔	84.0% ↔
<i>Rating of Health Plan</i>	76.5% ↔	70.7% ↔	80.5% ↔	77.7% ↔
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ↑ Indicates the CMO's score is statistically significantly better 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 worse than the State average.				

Summary of Adult Medicaid Plan Comparisons Results

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

- Peach State's score was statistically significantly greater than the Georgia CMO program average on one CAHPS measure, *Getting Care Quickly*.

Child Plan Comparisons

Table 3–5 shows the results of the plan comparisons analysis of the 2018 child Medicaid CAHPS top-box rates.

Table 3–5—Child Medicaid Plan Comparisons

	Amerigroup	CareSource	Peach State	WellCare
Composite Measures				
<i>Getting Needed Care</i>	86.1% ↔	83.4% ↔	86.7% ↔	84.4% ↔
<i>Getting Care Quickly</i>	88.9% ↔	89.6% ↔	90.8% ↔	91.2% ↔
<i>How Well Doctors Communicate</i>	91.8% ↔	93.4% ↔	94.1% ↔	92.5% ↔
<i>Customer Service</i>	88.5% ↔	85.3% ↔	85.5% ↔	90.4% ↔
<i>Shared Decision Making</i>	74.8% ↔	73.3% ↔	80.7% ↔	72.4% + ↔
Global Ratings				
<i>Rating of All Health Care</i>	86.2% ↔	84.6% ↓	90.9% ↑	91.0% ↑
<i>Rating of Personal Doctor</i>	91.1% ↔	90.5% ↔	91.1% ↔	89.2% ↔

	Amerigroup	CareSource	Peach State	WellCare
<i>Rating of Specialist Seen Most Often</i>	86.9% ↔	87.1% ↔	84.2% ↔	85.1% + ↔
<i>Rating of Health Plan</i>	87.4% ↔	79.8% ↓	90.4% ↑	90.2% ↑
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ↑ Indicates the CMO's score is statistically significantly better 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 worse than the State average.				

Summary of Child Medicaid Plan Comparisons Results

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

- CareSource's score was statistically significantly less than the Georgia CMO program average on two CAHPS measures: *Rating of All Health Care* and *Rating of Health Plan*.
- Peach State's score was statistically significantly greater than the Georgia CMO program average on two CAHPS measures: *Rating of All Health Care* and *Rating of Health Plan*.
- WellCare's score was statistically significantly greater than the Georgia CMO program average on two CAHPS measures: *Rating of All Health Care* and *Rating of Health Plan*.

CAHPS Statewide Performance and Findings

Statewide Adult Medicaid Findings


Table 3–6 shows the 2017 and 2018 statewide adult Medicaid CAHPS top-box rates.


Table 3–6—Statewide Adult Medicaid CAHPS Results

	2017 Top-Box Rates	2018 Top-Box Rates
Composite Measures		
<i>Getting Needed Care</i>	80.3%	79.8%
<i>Getting Care Quickly</i>	83.7%	79.1%
<i>How Well Doctors Communicate</i>	92.3%	91.8%
<i>Customer Service</i>	87.4%	88.2%
<i>Shared Decision Making</i>	79.9%	79.1%
Global Ratings		
<i>Rating of All Health Care</i>	75.5%	75.9%
<i>Rating of Personal Doctor</i>	84.0%	82.4%
<i>Rating of Specialist Seen Most Often</i>	82.6%	82.3%
<i>Rating of Health Plan</i>	78.1%	76.6%

	2017 Top-Box Rates	2018 Top-Box Rates
Effectiveness of Care*		
<i>Advising Smokers and Tobacco Users to Quit</i>	72.9%	73.3%
<i>Discussing Cessation Medications</i>	31.4%	33.6%
<i>Discussing Cessation Strategies</i>	33.3%	33.5%

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

 Indicates the 2018 rate is at least 5 percentage points greater than the 2018 national average.

 Indicates the 2018 rate is at least 5 percentage points less than the 2018 national average.

Adult Population Findings Overview

Comparison of the 2018 Georgia CMO program top-box rates for the adult Medicaid population to the 2018 NCQA adult Medicaid national averages revealed the following summary results:

- The Georgia CMO program’s scores were not 5 percentage points greater than the national averages on any of the measures.
- The Georgia CMO program’s scores were at least 5 percentage points less than the national averages on two measures: *Discussing Cessation Medications* and *Discussing Cessation Strategies*.

Comparison of the 2018 Georgia CMO program average rates for the adult Medicaid population to the corresponding 2017 scores revealed the following summary results:

- The Georgia CMO program’s scores were not 5 percentage points greater or less than the 2017 scores on any of the measures.

Adult Population Top-Box Rates

Georgia CMOs’ top-box rates for the adult Medicaid population decreased between 2017 and 2018 for seven measures:

- *Getting Needed Care*
- *Getting Care Quickly*
- *How Well Doctors Communicate*
- *Shared Decision Making*
- *Rating of Personal Doctor*
- *Rating of Specialist Seen Most Often*
- *Rating of Health Plan*

Georgia CMOs' rates for the adult Medicaid population increased between 2017 and 2018 for five measures:

- *Customer Service*
- *Rating of All Health Care*
- *Advising Smokers and Tobacco Users to Quit*
- *Discussing Cessation Medications*
- *Discussing Cessation Strategies*

None of the measure rates had a substantial increase or decrease of 5 percentage points or more from the 2017 rate.

Georgia CMOs' top-box rates for the adult Medicaid population were less than the 2018 NCQA adult Medicaid national averages for eight measures:

- *Getting Needed Care*
- *Getting Care Quickly*
- *Customer Service*
- *Shared Decision Making*
- *Rating of Health Plan*
- *Advising Smokers and Tobacco Users to Quit*
- *Discussing Cessation Medications*
- *Discussing Cessation Strategies*

Of these, *Discussing Cessation Medications* and *Discussing Cessation Strategies* rates were at least 5 percentage points less than the 2018 national averages.

Georgia CMOs' top-box rates for the adult Medicaid population were greater than the 2018 NCQA adult Medicaid national averages for four measures:

- *How Well Doctors Communicate*
- *Rating of All Health Care*
- *Rating of Personal Doctor*
- *Rating of Specialist Seen Most Often*


None of the measure rates were at least 5 percentage points greater than the 2018 national averages.


Statewide Child Medicaid Findings

Table 3–7 shows the 2017 and 2018 statewide child Medicaid CAHPS top-box rates.

Table 3–7—Statewide Child Medicaid CAHPS Results

	2017 Top-Box Rates	2018 Top-Box Rates
Composite Measures		
<i>Getting Needed Care</i>	84.9%	85.3%
<i>Getting Care Quickly</i>	91.6%	90.0%
<i>How Well Doctors Communicate</i>	93.4%	92.9%
<i>Customer Service</i>	90.5%	87.2%
<i>Shared Decision Making</i>	75.7%	75.5%
Global Ratings		
<i>Rating of All Health Care</i>	89.1%	88.0%
<i>Rating of Personal Doctor</i>	89.7%	90.6%
<i>Rating of Specialist Seen Most Often</i>	85.1%	85.9%
<i>Rating of Health Plan</i>	89.2%	86.9%

 Indicates the 2018 rate is at least 5 percentage points greater than the 2018 national average.

 Indicates the 2018 rate is at least 5 percentage points less than the 2018 national average.

Child Population Findings Overview

Comparison of the 2018 Georgia CMO program top-box rates for the child Medicaid population to the 2018 NCQA child Medicaid national averages revealed the following summary results:

- The Georgia CMO program’s scores were not 5 percentage points greater or less than the national averages on any of the measures.

Comparison of the 2018 Georgia CMO program average rates for the child Medicaid population to the corresponding 2017 scores revealed the following summary results:

- The Georgia CMO program’s scores were not 5 percentage points greater or less than the 2017 scores on any of the measures.

Child Population Top-Box Rates

Georgia CMOs’ top-box rates for the child Medicaid population decreased between 2017 and 2018 for six measures:

- *Getting Care Quickly*
- *How Well Doctors Communicate*
- *Customer Service*
- *Shared Decision Making*

- *Rating of All Health Care*
- *Rating of Health Plan*

Georgia CMOs’ top-box rates for the child Medicaid population increased between 2017 and 2018 for three measures:

- *Getting Needed Care*
- *Rating of Personal Doctor*
- *Rating of Specialist Seen Most Often*

None of the measure rates were at least 5 percentage points greater or less than the 2017 rate.

Georgia CMOs’ top-box rates for the child Medicaid population were less than the 2018 NCQA child Medicaid national averages for four measures:

- *How Well Doctors Communicate*
- *Customer Service*
- *Shared Decision Making*
- *Rating of Specialist Seen Most Often*

Georgia CMOs’ top-box rates for the child Medicaid population were greater than the 2018 NCQA child Medicaid national averages for five measures:

- *Getting Needed Care*
- *Getting Care Quickly*
- *Rating of All Health Care*
- *Rating of Personal Doctor*
- *Rating of Health Plan*

None of the measure rates were at least 5 percentage points greater or less than the 2018 national averages.


Statewide Georgia Families 360° Findings


Table 3–8 shows the 2017 and 2018 GF 360° program CAHPS top-box rates.

Table 3–8—Statewide Amerigroup 360° Medicaid CAHPS Results

	2017 Top-Box Rates	2018 Top-Box Rates
Global Ratings		
<i>Rating of Health Plan</i>	79.75%	81.09%

	2017 Top-Box Rates	2018 Top-Box Rates
<i>Rating of All Health Care</i>	86.25%	87.65%
<i>Rating of Personal Doctor</i>	91.55%	93.69%
<i>Rating of Specialist Seen Most Often</i>	86.47%	85.20%
Composite Measures		
<i>Getting Needed Care</i>	88.75%	86.77%
<i>Getting Care Quickly</i>	95.10%	95.64%
<i>How Well Doctors Communicate</i>	97.22%	97.42%
<i>Customer Service</i>	90.58%	88.98%
<i>Shared Decision Making</i>	80.24%	84.28%

 Indicates the 2018 rate is at least 5 percentage points greater than the 2018 national average.

 Indicates the 2018 rate is at least 5 percentage points less than the 2018 national average.

Georgia Families 360° Population Findings Overview

Comparison of the 2018 GF 360° program top-box rates for the child Medicaid population to the 2018 NCQA child Medicaid national averages revealed the following summary results:

- The GF 360° program’s scores were at least 5 percentage points greater than the national averages on two measures: *Getting Care Quickly* and *Shared Decision Making*.
- The GF 360° program’s scores were at least 5 percentage points less than the national average on one measure: *Rating of Health Plan*.

Comparison of the 2018 GF 360° program average rates for the child Medicaid population to the corresponding 2017 scores revealed the following summary results:

- The GF 360° program’s scores were not 5 percentage points greater or less than the 2017 scores on any of the measures.

Georgia Families 360° Population Top-Box Rates

GF 360°’s 2018 top-box rates were less than the 2018 NCQA child Medicaid national averages for two measures:

- *Rating of Health Plan*
- *Rating of Specialist Seen Most Often*

Of these, the rate of *Rating of Health Plan* was at least 5 percentage points less than the 2018 national average.

GF 360°'s 2018 top-box rates were greater than the 2018 NCQA child Medicaid national averages for seven measures:

- *Rating of All Health Care*
- *Rating of Personal Doctor*
- *Getting Needed Care*
- *Getting Care Quickly*
- *How Well Doctors Communicate*
- *Customer Service*
- *Shared Decision Making*

Of these, *Getting Care Quickly* and *Shared Decision Making* rates were at least 5 percentage points greater than the 2018 national averages.

GF 360°'s rates decreased between 2017 and 2018 for three measures:

- *Rating of Specialist Seen Most Often*
- *Getting Needed Care*
- *Customer Service*

GF 360°'s rates increased between 2017 and 2018 for six measures:

- *Rating of Health Plan*
- *Rating of All Health Care*
- *Rating of Personal Doctor*
- *How Well Doctors Communicate*
- *Shared Decision Making*
- *Getting Care Quickly*

None of the measure rates had a substantial increase or decrease of 5 percentage points or more from the 2017 rate.

Operational Systems Compliance Reviews

During contract year 2018, DCH required the CMOs to be accredited by NCQA as Medicaid managed care organizations. The DCH contracted with HSAG to conduct contract year 2018 full compliance reviews of the CMOs during contract year 2019. HSAG initiated planning for the compliance review activity in November 2018.

Recommendations for Georgia's Quality Strategic Plan Focus and Priorities

Summary of Quality Strategy Recommendations for DCH

Quality Strategy Focus and Priorities

The 2019 technical report is HSAG's 10th cycle of completing the EQR analysis and reporting for the State of Georgia. In these past years, DCH has demonstrated continued success in improving the quality of, access to, and timeliness of care and services for the managed Medicaid programs in the State of Georgia.

HSAG used its analyses and evaluations of EQR activity findings from the review period of July 1, 2017–June 30, 2018, to comprehensively assess the performance of CMOs in providing quality, timely, and accessible healthcare services to GF members. The overall findings and conclusions for all CMOs were compared and analyzed to develop overarching recommendations for the GF care management program as a whole. For a more detailed discussion of the strengths, weaknesses, conclusions, and recommendations for the Georgia Medicaid care management program and for each CMO, please refer to Sections 4.

DCH's Quality Strategic Plan includes six key goals for meeting the DCH mission and vision.

1. Improve the health status of Georgians by promoting healthy lifestyles, preventive care, disease management, and disparity elimination.
2. Improve access to quality health care at an affordable price.
3. Ensure value in health care contracts.
4. Increase effectiveness and efficiency in the delivery of health care programs.
5. Ensure DCH has enough workers with the necessary skills and competencies to meet current and future demand.

The Quality Strategic Plan combines five of the DCH key goals into two focus areas:

1. Improving the health status of Georgians
2. Smarter spending of each Medicaid dollar

The DCH GF and GF 360° managed care contracts require that CMOs support and comply with the Georgia Families DCH Quality Strategic Plan, which is designed to improve the quality of care and services rendered to GF and GF 360° members.

Performance Improvement Projects

Regarding the CMO's ongoing performance improvement activities related to measures for which CMOs are performing below the minimum performance standard, HSAG continues to recommend that DCH consider *instituting quarterly check-ins* that include a requirement for CMOs to complete small tests of change and report on the progress and results each quarter. HSAG recommends that CMOs identify barriers to improvement by following the National Institute of Health's Model for Improvement.³⁻⁵

HSAG has observed CMOs in some states experiencing challenges with adapting to the more rigorous rapid-cycle PIP process methodologies. The DCH should ensure and require that the CMOs' *executive leadership teams provide active support* for these performance improvement activities and equip the senior managers to communicate the vision clearly, consistently, and repeatedly throughout the organization. HSAG recommends that CMOs also ensure that each PIP is adequately staffed with team members possessing quality improvement skills, training, and experience. HSAG recommends that PIPs involve willing, motivated external partners with an allocation of sufficient resources. In addition, it is recommended that executive leadership use available training and preserve project knowledge by seeking to prevent staff turnover.

HSAG recommends that whatever performance improvement tools and methods CMOs choose, *leadership should be involved* in the process and communicate the vision clearly, consistently, and repeatedly throughout the organization. Teamwork is essential, and including the right people is critical to a successful improvement effort. CMOs should include managers and administrators as well as those who directly deliver healthcare and services. Data mining and analysis are crucial components; therefore, process improvement teams should also include data analysts. HSAG also recommends that CMOs include the *members' perspectives* whenever possible to gain a clear understanding of the actual challenges members encounter in receiving CMO healthcare services.

Performance Measure Validation

HSAG recommends that DCH and the CMOs identify *community collaboration opportunities* including home visiting programs and community health worker programs to design and implement effective, community-based interventions that may result in improved outcomes for maternal and early childhood members and for those members with chronic conditions. HSAG has observed CMOs in a number of states experiencing improved outcomes using collaborations and partnerships with community organizations, providers, vendors, and family/caregivers. HSAG recommends that CMOs be encouraged to continue to build and strengthen these relationships to have a greater impact on member care. HSAG recommends that the CMOs work closely with community organizations and local, state, and federal agencies focused on immunizations, behavioral health, care for the elderly, and maternal and child

³⁻⁵ Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd edition). San Francisco: Jossey-Bass Publishers; 2009. Available at: <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>. Accessed on: Jan 29, 2019.

health. Such collaborations allow for consistent messaging, pursuit of common goals, and *additional resources* to be focused on specific areas of need.

For improving *Care for Chronic Conditions* measure rates, HSAG recommends that the CMOs focus efforts on collaborating with and incentivizing PCPs or health home providers to ensure that medication refills are monitored. In other state Medicaid programs, Medicaid MCOs use their internal pharmacy department successfully to conduct follow-up on medication refills and outreach to review medications upon discharge from an inpatient stay or an emergency department visit, and to reconcile medications for the elderly or members with comorbid conditions that require multiple prescriptions. HSAG also recommends that CMOs focus efforts on identifying PCPs with strong chronic disease outcomes and encourage members to utilize these providers for their medical home. CMOs have an opportunity to learn from high-performing providers' best practices and to share those best practices with other providers treating individuals diagnosed with chronic conditions.

For continued improvement in the *Prenatal and Postpartum Care* measure rates, HSAG recommends that CMOs *leverage their relationships with providers and community partners* to provide opportunities to partner with obstetrical practices to conduct reminder calls the day before the scheduled appointment, assist with ensuring transportation is arranged for the appointment by completing warm transfers to the transportation vendor, and consider providing additional educational opportunities such as parenting classes for mothers and fathers.

CAHPS

For the CAHPS adult population, HSAG recommends that the CMOs focus quality improvement initiatives on *Getting Needed Care, Getting Care Quickly, Customer Service, Shared Decision Making, Rating of Health Plan, Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessation Strategies* for the adult Medicaid population, since these rates were all lower than the 2018 NCQA adult Medicaid national averages. The DCH and the CMOs have an opportunity to work with providers to discuss strategies with members on how to quit smoking and tobacco use and cessation medication options. There are also opportunities to collaborate with public health and community organizations and their work related to smoking and tobacco cessation campaigns.

Since the global ratings for *Rating of All Health Care* and *Rating of Health Plan* showed slight decreases from 2017 to 2018, the State has an opportunity to work with CMOs and providers to improve rates for the child measures by focusing on improving member experiences with the healthcare they are receiving. In addition, the *Getting Care Quickly* measure rate decreased from 2017 to 2018, indicating opportunities to improve members' access to care in a timely manner.

For the GF 360° population, HSAG recommends that DCH and the CMOs focus CAHPS quality improvement initiatives on *Rating of Health Plan* and *Rating of Specialist Seen Most Often* since these rates were lower than the NCQA child Medicaid national averages. It is recommended that the CMOs focus quality improvement initiatives that target improving member experience with CMOs and specialty provider relations.

4. Assessment of CMO Performance

Methodology for Aggregating and Analyzing EQR Activity Results

For the 2018 EQR Technical Report, HSAG used findings from the following EQR activities to derive conclusions and make recommendations about the quality of, access to, and timeliness of care and services provided by each CMO.

Mandatory EQR Activities: Performance improvement projects (PIPs) and performance measure validation (PMV).

Optional EQR Activities: CAHPS Surveys and calculation of performance measures.

HSAG 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 GF program as a whole.

To identify strengths and weaknesses and draw conclusions for each CMO, HSAG analyzed and evaluated all components of each EQR activity and resulting findings across the continuum of program areas and activities that comprise the GF and GF 360° programs. The composite findings for each CMO were analyzed to identify overarching trends and focus areas for the CMOs. The following sections include the results of the mandatory and optional activities for each CMO.

EQR Activity Results for Amerigroup Community Care (Amerigroup)

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.

Age bands of Amerigroup’s Georgia Medicaid- and CHIP-enrolled members as of June 30, 2018, are shown in Table 4-1.

Table 4-1—Amerigroup Medicaid and CHIP Age Band Population Counts

Georgia Medicaid and CHIP Managed Care Demographics*	
Medicaid Gender/Age Band	June 2018 Members
Males and Females <1 Year of Age	20,802
Males and Females 1–2 Years of Age	31,084
Males and Females 3–14 Years of Age	161,184
Females 15–18 Years of Age	20,306

Georgia Medicaid and CHIP Managed Care Demographics*	
Medicaid Gender/Age Band	June 2018 Members
Males 15–18 Years of Age	19,675
Females 19–34 Years of Age	44,940
Males 19–34 Years of Age	3,414
Females 35+ Years of Age	20,115
Males 35+ Years of Age	3,387
Total Medicaid	324,907
CHIP Gender/Age Band	June 2018 Members
Males and Females <1 Year of Age	80
Males and Females 1–2 Years of Age	2,771
Males and Females 3–14 Years of Age	22,825
Females 15–18 Years of Age	3,580
Males 15–18 Years of Age	3,569
Total CHIP	32, 825
Total Medicaid and CHIP	357,732

*Data provided by Amerigroup

The ethnic composition of Amerigroup’s Georgia CMO Medicaid recipients as of June 2018 is shown in Table 4-2.

Table 4-2—Amerigroup’s Member Ethnic Composition

Ethnicity	Total Eligible*
Asian or Pacific Islander Non-Hispanic	4,757
Black Non-Hispanic	164,191
Hispanic	33
Am Indian/Alaskan Non-Hispanic	669
Other Non-Hispanic	19,303
White Non-Hispanic	160,577
Total	349,530

*Data provided by Amerigroup

Validation of Performance Measures—NCQA HEDIS Compliance Audit

The table below displays the reporting year 2016, 2017, and 2018 rates for Amerigroup, along with reporting year 2016 to reporting year 2018 rate comparisons. Measures for which lower rates suggest better performance are indicated by an asterisk (*). For these measures, a decrease in the rate from 2016 to 2018

represents performance improvement, and an increase in the rate from 2016 to 2018 represents performance decline. Measures in the Utilization domain are designed to capture the frequency of services provided by the CMO and characteristics of the population served by the CMO. With the exception of the *Ambulatory Care (per 1,000 Member Months)—Total—ED Visits—Total, Antibiotic Utilization, and Plan All-Cause Readmissions* measure rates, higher or lower rates in this domain do not necessarily indicate better or worse performance. Therefore, these rates are provided for information only.

Table 4-3—Performance Measure Results for Amerigroup

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
Access to Care				
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>				
20–44 Years	79.48%	78.59%	77.61%	-1.87
45–64 Years	86.90%	87.12%	85.36%	-1.54
65 Years and Older	NA	NA	NA	NC
Total	80.67%	80.02%	78.76%	-1.91
<i>Adult BMI Assessment</i>				
Adult BMI Assessment	71.46%	81.02%	87.10%	15.64
<i>Children and Adolescents’ Access to Primary Care Practitioners</i>				
12–24 Months	96.61%	97.12%	95.51%	-1.10
25 Months–6 Years	89.42%	89.71%	89.09%	-0.33
7–11 Years	92.23%	92.06%	91.18%	-1.05
12–19 Years	89.92%	89.51%	88.89%	-1.03
<i>Annual Dental Visit</i>				
2–3 Years	46.51%	45.54%	44.18%	-2.33
4–6 Years	75.11%	74.81%	75.04%	-0.07
7–10 Years	78.48%	78.00%	77.69%	-0.79
11–14 Years	71.85%	71.73%	72.06%	0.21
15–18 Years	60.80%	60.43%	60.61%	-0.19
19–20 Years	39.47%	36.44%	35.51%	-3.96
Total	68.81%	68.44%	67.84%	-0.97
<i>Colorectal Cancer Screening</i>				
Colorectal Cancer Screening	45.24%	47.80%	33.33%	-11.91
Children’s Health				
Prevention and Screening				
<i>Appropriate Testing for Children With Pharyngitis</i>				
Appropriate Testing for Children With Pharyngitis	82.38%	80.76%	84.91%	2.53
<i>Childhood Immunization Status</i>				
Combination 3	76.16%	74.31%	81.75%	5.59
Combination 6	39.35%	32.87%	35.28%	-4.07
Combination 10	35.42%	28.47%	32.60%	-2.82

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
Immunizations for Adolescents				
Combination 1 (Meningococcal, Tdap)	90.49%	89.12%	90.27%	-0.22
Combination 2 (Meningococcal, Tdap, HPV) ¹	—	—	34.79%	NC
Lead Screening in Children				
Lead Screening in Children	80.09%	78.70%	79.17%	-0.92
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Total	67.75%	75.00%	81.75%	14.00
Counseling for Nutrition—Total	63.57%	70.60%	75.91%	12.34
Counseling for Physical Activity—Total	56.84%	65.28%	70.80%	13.96
Upper Respiratory Infection				
Appropriate Treatment for Children With Upper Respiratory Infection²				
Appropriate Treatment for Children With Upper Respiratory Infection	86.82%	88.32%	89.80%	2.98
Well-Child/Well-Care Visits				
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	56.02%	56.71%	54.74%	-1.28
Well-Child Visits in the First 15 Months of Life				
No Well-Child Visits*	1.62%	1.06%	0.97%	-0.65
Six or More Well-Child Visits	68.52%	71.69%	69.59%	1.07
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	73.04%	74.20%	73.21%	0.17
Women’s Health				
Prenatal Care and Birth Outcomes				
Percentage of Live Births Weighing Less Than 2,500 Grams				
Percentage of Live Births Weighing Less Than 2,500 Grams*	9.34%	8.65%	8.90%	-0.44
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	78.09%	81.25%	78.06%	-0.03
Postpartum Care	64.10%	68.98%	67.50%	3.40
Prevention and Screening				
Breast Cancer Screening¹				
Breast Cancer Screening	—	—	67.47%	NC
Cervical Cancer Screening				
Cervical Cancer Screening	64.49%	66.75%	67.12%	2.63
Chlamydia Screening in Women				
16–20 Years	52.30%	57.35%	61.68%	9.38
21–24 Years	58.68%	65.87%	65.95%	7.27
Total	53.71%	58.98%	62.79%	9.08

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
Chronic Conditions				
Diabetes				
<i>Comprehensive Diabetes Care</i>				
<i>Hemoglobin A1c (HbA1c) Testing</i>	88.35%	86.07%	83.58%	-4.77
<i>HbA1c Control (<8.0%)</i>	38.96%	38.64%	39.60%	0.64
<i>Eye Exam (Retinal) Performed</i>	49.74%	45.27%	42.34%	-7.40
<i>Blood Pressure Control (<140/90 mm Hg)</i>	50.78%	55.72%	58.03%	7.25
<i>HbA1c Poor Control (>9.0%)*</i>	53.22%	51.58%	53.10%	-0.12
<i>HbA1c Control (<7.0%)</i>	28.93%	29.14%	31.91%	2.98
<i>Medical Attention for Nephropathy</i>	92.87%	90.88%	91.42%	-1.45
<i>Statin Therapy for Patients With Diabetes</i>				
<i>Received Statin Therapy</i>	—	—	54.20%	NC
<i>Statin Adherence 80%</i>	—	—	39.93%	NC
Cardiovascular Conditions				
<i>Controlling High Blood Pressure</i>				
<i>Controlling High Blood Pressure</i>	42.72%	47.43%	44.53%	1.81
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>				
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	93.75%	NA	NA	NC
<i>Statin Therapy for Patients With Cardiovascular Disease</i>				
<i>Received Statin Therapy—Total</i>	—	—	77.27%	NC
<i>Statin Adherence 80%—Total</i>	—	—	41.18%	NC
Respiratory Conditions				
<i>Pharmacotherapy Management of COPD Exacerbation²</i>				
<i>Bronchodilator</i>	83.72%	75.36%	85.11%	1.39
<i>Systemic Corticosteroid</i>	79.07%	66.67%	74.47%	-4.60
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>				
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	—	—	39.66%	NC
Medication Management				
<i>Medication Management for People With Asthma</i>				
<i>Medication Compliance 50%—Ages 5–11 Years</i>	53.31%	42.62%	45.50%	-7.81
<i>Medication Compliance 50%—Ages 12–18 Years</i>	50.69%	44.62%	47.54%	-3.15
<i>Medication Compliance 50%—Ages 19–50 Years</i>	53.25%	46.98%	53.33%	0.08
<i>Medication Compliance 50%—Ages 51–64 Years</i>	NA	NA	74.19%	NC
<i>Medication Compliance 50%—Total</i>	52.54%	43.77%	46.90%	-5.64
<i>Medication Compliance 75%—Ages 5–11 Years</i>	27.16%	19.72%	21.60%	-5.56
<i>Medication Compliance 75%—Ages 12–18 Years</i>	24.22%	18.41%	23.24%	-0.98
<i>Medication Compliance 75%—Ages 19–50 Years</i>	33.73%	24.83%	28.00%	-5.73

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
<i>Medication Compliance 75%—Ages 51–64 Years</i>	NA	NA	29.03%	NC
<i>Medication Compliance 75%—Total</i>	26.58%	19.77%	22.56%	-4.02
Annual Monitoring for Patients on Persistent Medications				
<i>ACE Inhibitors or ARBs</i>	88.67%	90.59%	89.76%	1.09
<i>Diuretics</i>	88.14%	88.49%	88.63%	0.49
<i>Total¹</i>	—	—	89.22%	NC
Asthma Medication Ratio				
<i>5–11 Years</i>	—	—	76.17%	NC
<i>12–18 Years</i>	—	—	66.89%	NC
<i>19–50 Years</i>	—	—	49.76%	NC
<i>51–64 Years</i>	—	—	56.41%	NC
<i>Total</i>	—	—	71.03%	NC
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis				
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>	—	—	73.58%	NC
Use of Opioids at High Dosage (per 1,000 Members)				
<i>Use of Opioids at High Dosage*</i>	—	—	47.94	NC
Use of Opioids From Multiple Providers (per 1,000 Members)				
<i>Multiple Prescribers*</i>	—	—	286.05	NC
<i>Multiple Pharmacies*</i>	—	—	79.48	NC
<i>Multiple Prescribers and Multiple Pharmacies*</i>	—	—	49.30	NC
Behavioral Health				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia				
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	40.57%	38.46%	27.62%	-12.95
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia				
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	—	—	NA	NC
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications				
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	80.87%	83.66%	82.44%	1.57
Follow-Up After Emergency Department (ED) Visit for Alcohol and Other Drug (AOD) Abuse or Dependence				
<i>7-Day Follow-Up—Total</i>	—	—	9.22%	NC
<i>30-Day Follow-Up—Total</i>	—	—	12.29%	NC
Antidepressant Medication Management³				
<i>Effective Acute Phase Treatment</i>	57.03%	50.53%	49.69%	-7.34
<i>Effective Continuation Phase Treatment</i>	39.89%	30.95%	31.70%	-8.19

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
Diabetes Monitoring for People With Diabetes and Schizophrenia				
Diabetes Monitoring for People With Diabetes and Schizophrenia	—	—	NA	NC
Follow-Up After ED Visit for Mental Illness				
7-Day Follow-Up	—	—	38.01%	NC
30-Day Follow-Up	—	—	54.36%	NC
Follow-Up After Hospitalization for Mental Illness¹				
7-Day Follow-Up	—	—	43.41%	NC
30-Day Follow-Up	—	—	64.31%	NC
Follow-Up Care for Children Prescribed ADHD Medication³				
Initiation Phase	46.42%	46.10%	49.77%	3.35
Continuation and Maintenance Phase	61.59%	62.79%	65.83%	4.24
Initiation and Engagement of AOD Abuse or Dependence Treatment¹				
Initiation of AOD Treatment—Total—Total	—	—	43.83%	NC
Engagement of AOD Treatment—Total—Total	—	—	12.75%	NC
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
1–5 Years	—	—	12.50%	NC
6–11 Years	—	—	15.29%	NC
12–17 Years	—	—	30.47%	NC
Total	—	—	24.28%	NC
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
1–5 Years	—	—	NA	NC
6–11 Years	—	—	70.15%	NC
12–17 Years	—	—	65.17%	NC
Total	—	—	67.45%	NC
Use of Multiple Concurrent Antipsychotics in Children and Adolescents²				
1–5 Years*	NA	NA	NA	NC
6–11 Years*	2.67%	2.02%	2.11%	-0.56
12–17 Years*	2.98%	3.58%	4.23%	1.25
Total*	2.82%	2.91%	3.36%	0.54
Utilization				
Ambulatory Care (per 1,000 Member Months)—Total				
Outpatient Visits—Total	306.89	303.58	301.19	-5.70
ED Visits—Total*	56.35	54.90	53.54	-2.81
Antibiotic Utilization—Total				
Percentage of Antibiotics of Concern for All Antibiotic Prescriptions—Total*	38.83%	38.41%	37.04%	-1.79
Mental Health Utilization—Total				

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
<i>Any Service—Total</i> ³	9.69%	9.86%	10.27%	0.58
<i>Inpatient—Total</i>	0.54%	0.55%	0.31%	-0.23
<i>Intensive Outpatient or Partial Hospitalization—Total</i> ³	0.14%	0.12%	0.03%	-0.11
<i>Outpatient—Total</i> ¹	—	—	9.95%	NC
<i>ED—Total</i> ¹	—	—	0.01%	NC
<i>Telehealth—Total</i> ¹	—	—	0.00%	NC
Plan All-Cause Readmissions				
<i>Index Total Stays—Observed Readmissions—18–44 Years</i> *	—	—	12.96%	NC
<i>Index Total Stays—Observed Readmissions—45–54 Years</i> *	—	—	6.87%	NC
<i>Index Total Stays—Observed Readmissions—55–64 Years</i> *	—	—	4.29%	NC
<i>Index Total Stays—Observed Readmissions—Total</i> *	—	—	11.40%	NC
<i>Index Total Stays—O/E Ratio—Total</i> *	—	—	0.74	NC
Inpatient Utilization—General Hospital/Acute Care—Total				
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	6.11	5.04	4.93	-1.18
<i>Total Inpatient—Average Length of Stay—Total</i>	3.36	3.54	3.51	0.15
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	8.76	6.84	7.02	-1.74
<i>Maternity—Average Length of Stay—Total</i>	2.77	2.82	2.74	-0.03
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	0.60	0.56	0.46	-0.14
<i>Surgery—Average Length of Stay—Total</i>	7.44	7.66	8.55	1.11
<i>Medicine—Discharges per 1,000 Member Months—Total</i>	1.03	1.01	0.87	-0.16
<i>Medicine—Average Length of Stay—Total</i>	3.54	3.73	4.02	0.48
Overuse/Appropriateness				
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis				
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	—	—	31.65%	NC
Non-Recommended Cervical Cancer Screening in Adolescent Females				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i> *	—	—	1.14%	NC
Use of Imaging Studies for Low Back Pain				
<i>Use of Imaging Studies for Low Back Pain</i>	—	—	75.24%	NC

* For this indicator, a lower rate indicates better performance.

¹ Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

² Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 and 2018 rates to prior years.

³ Due to changes in the technical specifications for this measure for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

— Indicates the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates the 2016–2018 Rate Comparison could not be calculated because data are not available for both years.

NA indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

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 specifications and produced reportable rates for all measures in the scope of the validation of performance measures.

Additionally, the Amerigroup HEDIS auditor found that the CMO was fully compliant with all information system (IS) standards and determined that the CMO submitted valid and reportable rates for all measures in the scope of the NCQA HEDIS Compliance Audit.

Performance Improvement Projects

In calendar year 2018, Amerigroup initiated one nonclinical PIP, *Customer Satisfaction*, and one clinical PIP, *Diabetes—Retinal Eye Exam*. The CMO submitted Modules 1 and 2 for each PIP to HSAG for validation.

Diabetes—Retinal Eye Exam PIP

Module 1: PIP Initiation

In Module 1, the CMO identified the target population for the project, based on historical data, and set a goal for improvement. Amerigroup defined a Global and SMART Aim. The SMART Aim statement includes the narrowed population, the baseline rate, the goal for the project, and the end date. The SMART Aim statement sets the framework for the PIP and identifies the goal against which the PIP will be evaluated at the end of the project. The CMO defined the SMART Aim for the project as stated below, setting a goal to improve the rate of members with diabetes in the narrowed focus care network who received a retinal eye exam by 16.1 percentage points.

SMART Aim: *Improve the percentage of members 18–75 years of age at Choice Healthcare Network (CHN) who have had a diabetic retinal eye exam from 44.9% to 61.0%, by October 31, 2019.*

HSAG approved Module 1 for Amerigroup’s *Diabetes—Retinal Eye Exam* PIP in December 2018, after the initial submission and four resubmissions. HSAG reviewed the CMO’s Module 1 documentation and provided feedback and technical assistance after the initial submission and each subsequent resubmission. After the fourth resubmission, the CMO’s documentation addressed all of HSAG’s validation criteria, and Module 1 was approved.

Module 2: SMART Aim Data Collection

In Module 2, the CMO defined the measure, data source(s), and data collection process that will be used to evaluate improvement throughout the project. The SMART Aim measure will be used to evaluate progress in achieving the SMART Aim goal. Table 4-4 summarizes the SMART Aim measure and data collection plan defined by the CMO in Module 2.

Table 4-4—SMART Aim Measure: *Diabetes—Retinal Eye Exam* PIP

Numerator Description	Eligible Choice Healthcare members screened or monitored for diabetic retinal disease as evidenced by a retinal or dilated eye exam in the measurement year; a negative retinal or dilated eye exam in the year before the measurement year; or Bilateral eye enucleation anytime during the members history through the last day of the rolling 12-month measurement period.
Denominator Description	Eligible Choice Healthcare members identified as having Diabetes through claims/encounter data or pharmacy data in the rolling 12-month measurement period or the year before the rolling 12-month measurement period.
Data Collection Plan	Administrative data and pharmacy data will be collected to identify members for inclusion in the numerator and denominator. A rolling 12-month measurement period will be used.

HSAG approved Module 2 for Amerigroup’s *Diabetes—Retinal Eye Exam* PIP in November 2018, after the initial submission and three resubmissions. HSAG reviewed the CMO’s Module 2 documentation and provided feedback and technical assistance after the initial submission and each subsequent resubmission. After the third resubmission, the CMO’s documentation addressed all of HSAG’s validation criteria, and Module 2 was approved.

Customer Satisfaction PIP

Module 1: PIP Initiation

In Module 1, the CMO identified the target population for the project, based on historical data, and set a goal for improvement. Amerigroup defined a Global and SMART Aim. The SMART Aim statement includes the narrowed population, the baseline rate, the goal for the project, and the end date. The SMART Aim statement sets the framework for the PIP and identifies the goal against which the PIP will be evaluated at the end of the project. The CMO defined the SMART Aim for the project as stated below, setting a goal to improve the post-call survey composite satisfaction score, calculated from member responses to a post-call satisfaction survey following benefit inquiry calls to the CMO call center, by 5 percentage points.

SMART Aim: *Improve the percentage of members’ satisfaction with benefit inquiry Post Call Survey results from baseline 92% to 97%.*

HSAG approved Module 1 for Amerigroup’s *Customer Satisfaction* PIP in October 2018, after the initial submission and one resubmission. HSAG reviewed the CMO’s Module 1 documentation and provided feedback and technical assistance after the initial submission and resubmission. In the resubmission, the CMO’s documentation addressed all of HSAG’s validation criteria, and Module 1 was approved.

Module 2: SMART Aim Data Collection

In Module 2, the CMO defined the measure, data source(s), and data collection process that will be used to evaluate improvement throughout the project. The SMART Aim measure will be used to evaluate progress in achieving the SMART Aim goal. Table 4-5 summarizes the SMART Aim measure and data collection plan defined by the CMO in Module 2.

Table 4-5—SMART Aim Measure: Customer Satisfaction PIP

	Info Help Score Percentage	Courtesy Respect Score Percentage
Numerator Description	<p>The percentage of members who responded to a post-call survey and indicated 3 (Usually) and 4 (Always) satisfaction with customer service in the following two categories:</p> <p>Info & Help Score - Please rate the Member Services representative’s ability to give you the information or help you need.</p>	<p>The percentage of members who responded to a post-call survey and indicated 3 (Usually) and 4 (Always) satisfaction with customer service in the following two categories:</p> <p>Courtesy & Respect - Please rate the Member Services representative on treating you with courtesy and respect.</p>
Denominator Description	The number 2	
Data Collection Plan	Phone survey data will be collected from members contacting the CMO’s call center for questions related to benefit inquiries. A composite score will be calculated, combining responses to the questions described for the numerator above. The composite score will be calculated using a rolling 12-month measurement period.	

HSAG approved Module 2 for Amerigroup’s *Customer Satisfaction* PIP in November 2018, after the initial submission and three resubmissions. HSAG reviewed the CMO’s Module 2 documentation and provided feedback and technical assistance after the initial submission and each subsequent resubmission. After the third resubmission, the CMO’s documentation addressed all of HSAG’s validation criteria, and Module 2 was approved.

Consumer Survey Quality of Care

Adult Findings


Table 4-6 shows Amerigroup’s 2017 and 2018 adult Medicaid CAHPS top-box rates. In 2018, a total of 1,755 adult members were administered a survey, of which 284 completed a survey. After ineligible members were excluded, the response rate was 16.4 percent. In 2018, the average NCQA response rate for the adult Medicaid population was 21.8 percent, greater than Amerigroup’s response rate.


Table 4-6—Amerigroup Adult Medicaid CAHPS Results

	2017 Top-Box Rates	2018 Top-Box Rates
Composite Measures		
<i>Getting Needed Care</i>	80.8%	77.8%
<i>Getting Care Quickly</i>	82.1%	74.2%
<i>How Well Doctors Communicate</i>	91.2%	91.2%
<i>Customer Service</i>	86.7%	89.8%
<i>Shared Decision Making</i>	82.1% ⁺	77.6% ⁺
Global Ratings		
<i>Rating of All Health Care</i>	77.7%	75.3%
<i>Rating of Personal Doctor</i>	83.7%	82.6%
<i>Rating of Specialist Seen Most Often</i>	91.0%	82.9%
<i>Rating of Health Plan</i>	77.8%	76.5%
Effectiveness of Care*		
<i>Advising Smokers and Tobacco Users to Quit</i>	70.7%	71.2%
<i>Discussing Cessation Medications</i>	42.4%	34.5%
<i>Discussing Cessation Strategies</i>	36.4%	36.4%

+ 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 2018 rate is at least 5 percentage points greater than the 2018 national average.

 Indicates the 2018 rate is at least 5 percentage points less than the 2018 national average.

Amerigroup’s 2018 top-box rates for the adult Medicaid population were less than the 2018 NCQA adult Medicaid national averages for eight measures:

- *Getting Needed Care*
- *Getting Care Quickly*
- *How Well Doctors Communicate*
- *Shared Decision Making*
- *Rating of Health Plan*
- *Advising Smokers and Tobacco Users to Quit*
- *Discussing Cessation Medications*
- *Discussing Cessation Strategies*

Of these, *Getting Care Quickly*, *Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation*

Medications, and *Discussing Cessation Strategies* rates were at least 5 percentage points less than the 2018 national averages.

Amerigroup's 2018 top-box rates for the adult Medicaid population were greater than the 2018 NCQA adult Medicaid national averages for four measures:

- *Customer Service*
- *Rating of All Health Care*
- *Rating of Personal Doctor*
- *Rating of Specialist Seen Most Often*

None of the measure rates were at least 5 percentage points greater than the 2018 national averages.

Amerigroup's rates decreased for the adult Medicaid population between 2017 and 2018 for nine measures:

- *Getting Needed Care*
- *Getting Care Quickly*
- *Shared Decision Making*
- *Rating of All Health Care*
- *Rating of Personal Doctor*
- *Rating of Specialist Seen Most Often*
- *Rating of Health Plan*
- *Discussing Cessation Medications*
- *Discussing Cessation Strategies*

Of these, *Getting Care Quickly*, *Rating of Specialist Seen Most Often*, and *Discussing Cessation Medications* rates showed a substantial decrease of 5 percentage points or more.

Amerigroup's rates increased for the adult Medicaid population between 2017 and 2018 for two measures:

- *Customer Service*
- *Advising Smokers and Tobacco Users to Quit*

None of the measure rates had a substantial increase of 5 percentage points or more from the 2017 rate.


Child Findings


Table 4-7 shows Amerigroup's 2017 and 2018 child Medicaid CAHPS top-box rates. In 2018, a total of 2,640 child members were administered a survey, of which 729 completed a survey. After ineligible

members were excluded, the response rate was 28.0 percent. In 2018, the average NCQA response rate for the child Medicaid population was 21.2 percent, less than Amerigroup’s response rate.

Table 4-7—Amerigroup Child Medicaid CAHPS Results

	2017 Top-Box Rates	2018 Top-Box Rates
Composite Measures		
<i>Getting Needed Care</i>	84.5%	86.1%
<i>Getting Care Quickly</i>	91.0%	88.9%
<i>How Well Doctors Communicate</i>	93.1%	91.8%
<i>Customer Service</i>	88.4%	88.5%
<i>Shared Decision Making</i>	79.6%	74.8%
Global Ratings		
<i>Rating of All Health Care</i>	89.8%	86.2%
<i>Rating of Personal Doctor</i>	89.6%	91.1%
<i>Rating of Specialist Seen Most Often</i>	87.8%	86.9%
<i>Rating of Health Plan</i>	88.7%	87.4%

 Indicates the 2018 rate is at least 5 percentage points greater than the 2018 national average.

 Indicates the 2018 rate is at least 5 percentage points less than the 2018 national average.

Amerigroup’s 2018 top-box rates for the child Medicaid population were less than the 2018 NCQA child Medicaid national averages for six measures:

- *Getting Care Quickly*
- *How Well Doctors Communicate*
- *Customer Service*
- *Shared Decision Making*
- *Rating of All Health Care*
- *Rating of Specialist Seen Most Often*

Amerigroup’s 2018 top-box rates for the child Medicaid population were greater than the 2018 NCQA child Medicaid national averages for three measures:

- *Getting Needed Care*
- *Rating of Personal Doctor*
- *Rating of Health Plan*

None of the measure rates were at least 5 percentage points greater or less than the 2018 national averages.

Amerigroup's rates for the child Medicaid population decreased between 2017 and 2018 for six measures:

- *Getting Care Quickly*
- *How Well Doctors Communicate*
- *Shared Decision Making*
- *Rating of All Health Care*
- *Rating of Specialist Seen Most Often*
- *Rating of Health Plan*

Amerigroup's rates for the child Medicaid population increased between 2017 and 2018 for three measures:

- *Getting Needed Care*
- *Customer Service*
- *Rating of Personal Doctor*

None of the measure rates had a substantial increase or decrease of 5 percentage points or more from the 2017 rate.

Amerigroup Accomplishments

Amerigroup stated that its accomplishments during contract year 2018 included maintaining NCQA accreditation at the "Commendable" level with a score of 88.0521. The CMO achieved NCQA Multicultural Health Plan Distinction recognition and maintained an NCQA Health Plan rating of 3.5. Amerigroup demonstrated improvement in 87 percent of performance measures that were reported using a hybrid medical record review process. Amerigroup met the 80 percent EPSDT screening ratio for PeachCare for Kids® (PCFK®). Amerigroup was successful in getting 73 percent of provider quality incentive program (PQIP) providers to use the Provider Care Management Solutions (PCMS) tool to track and monitor missed opportunities and members care gaps. Amerigroup also expanded the shared savings program to 25 provider groups.

Activities and Interventions Focused on Behavioral Health, Opioid Epidemic, and Substance Use Disorder

Amerigroup's focus on behavioral health, the opioid epidemic, and SUDs centered on integrating behavioral health, dental, and physical healthcare to provide the best holistic care for the member in the least restrictive environment.

Best and Emerging Practices for Improving Quality of Care and Services

For contract year 2018, Amerigroup submitted the following best and emerging practices.

- Completed 195 quality meetings with high-volume providers to discuss HEDIS report cards, missed opportunities, and direct provider scheduling or clinic days to close care gaps.
- Implemented initiatives to improve member outreach efficiencies, maintaining a 40 percent reach rate to members. Primary outreach activities focused on closing care gaps for preventive care and well visits, breast and cervical cancer screenings, new mom outreach for both the postpartum visit and well visits for the baby. Targeted campaigns were also implemented for diabetes care gaps.
- Expanded practices included in the Provider Quality Incentive Program (PQIP) to 76 groups. Results included:
 - 100 percent of the PQIP groups qualified for an incentive payment.
- Assisted in the accreditation support of the first behavioral health medical home in the nation with an NCQA Level 3 recognition.

Pay-for-Performance

The CMO monitored PCPs that qualified for an enhanced pay program including a pay-for-performance (P4P) program to improve the quality of services their assigned members receive, as well as to improve the management of medical costs through a review of the underutilization monitoring report every six months. If the medical director determined evidence of underutilization, the PCP was notified in writing of the underutilization concern and required to submit a corrective action plan (CAP) to the CMO.

Provider and Member Collaboration to Promote Prevention

Amerigroup continued initiatives to address barriers with member compliance with preventive assessments and screenings in 2018, including the following:

- Assisted members in getting Health Check screenings from their primary care physician.
- Scheduled appointments for Amerigroup Clinic Days.
- Performed follow-up calls to members referred for diagnostic and treatment services.
- Regularly scheduled provider collaboration meetings to address missed opportunities for members to close care gaps and improve access to healthcare.

CMO Activities Aimed at Achieving Goals and Objectives in the Georgia Strategic Quality Plan

Amerigroup implemented the following activities that aligned with the goals and objectives in the Georgia Strategic Quality Plan:

Goal 1: Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members

- Implemented programs, including collaboration with high-volume provider offices that focused on preventive health, wellness, and chronic diseases to close gaps in care.
- Conducted ongoing activities to increase compliance with HEDIS and EPSDT such as clinic days and medical and dental mobile assessment units; and assisted in scheduling member appointments; and completed reminder calls.
- Provided no-cost flu shots for members at community events.

Goal 2: Smarter Utilization of Each Medicaid Dollar

- Continued to promote Being Healthy Brings Rewards incentive program.
- Case managers worked collaboratively with members, assessing and identifying their needs, and developed solutions that served to prevent ED visits.
- Case managers worked to ensure the member had an established relationship with a PCP.
- When members were identified as using ED services for nonemergent needs, the disease management (DM) case manager provided education on the appropriate use of the ED and options available to the member if an urgent health question or concern arose.
- Provided education that included ensuring members were aware of the 24/7 Nurse Advice Line, how to contact their provider on call, and exploring local, in-network options such as urgent care centers for immediate care needs.

Summary of Strengths, Weaknesses, and Overall Conclusions

The following highlights the key information used to develop high-level EQR technical report recommendations for Amerigroup.

Performance Measure Validation

Please see Appendix E for the criteria used to determine the CMO's greatest strengths, weaknesses, and opportunities for quality improvement (QI) efforts related to performance measure results.

Amerigroup's performance for reporting year 2018 demonstrated the following measure rates as the greatest strengths, all related to children's health (nine measure rates):

- *Annual Dental Visit—4–6 Years, 7–10 Years, 11–14 Years, and Total*
- *Childhood Immunization Status—Combination 3*
- *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total and Counseling for Physical Activity—Total*
- *Chlamydia Screening in Women—16–20 Years*

Amerigroup's performance for reporting year 2018 demonstrated the greatest weaknesses related to care for chronic conditions (15 measure rates) and care for behavioral health conditions (seven measure rates).

The following measure rates are weaknesses related to care for chronic conditions:

- *Comprehensive Diabetes Care—HbA1c Testing, HbA1c Control (<8.0%), HbA1c Poor Control (>9.0%), and Eye Exam (Retinal) Performed*
- *Statin Therapy for Patients With Diabetes*
- *Controlling High Blood Pressure*
- *Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total*
- *Medication Management for People With Asthma—Medication Compliance 50%—Ages 5–11 Years, Ages 19–50 Years, and Total; and Medication Compliance 75%—Ages 5–11 Years, Ages 19–50 Years, Ages 51–64 Years, and Total*

The following measure rates are weakness related to care for behavioral health conditions:

- *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*
- *Antidepressant Medication Management*
- *Metabolic Monitoring for Children and Adolescents on Antipsychotics—6–11 Years and Total*
- *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—12–17 Years and Total*

Performance Improvement Projects

In calendar year 2018, Amerigroup initiated two new rapid-cycle PIPs, the clinical *Diabetes—Retinal Eye Exam* PIP, and the nonclinical *Customer Satisfaction* PIP. The success of Amerigroup's PIPs in addressing access and service will be determined in calendar year 2019, when the projects progress to testing interventions and evaluating improvement of outcomes.

While Amerigroup ultimately achieved HSAG's validation criteria for Modules 1 and 2 for both PIPs, the CMO had opportunities for improvement in efficiently incorporating HSAG's feedback and progressing through the Initiation phase of the projects. Amerigroup required multiple resubmissions of both modules for both PIPs before all criteria were achieved in November 2018. HSAG recommends that the CMO focus on improving the performance on subsequent modules of the PIPs and achieving the goals set forth for improving PIP outcomes in 2019. The CMO must take ownership of the PIP process and ensure that adequate staffing and resources are allocated.

CAHPS

Amerigroup saw improvement in the 2018 composite measure rating for *Customer Service* as compared to 2017 (indicating that the CMO's members were satisfied with its customer service); however, Amerigroup still has an opportunity to continue to improve members' experience with the CMO and with access to timely care.

For the child Medicaid population, Amerigroup should focus on activities and initiatives targeted at improving rates for the *Getting Care Quickly*, *How Well Doctors Communicate*, *Customer Service*, *Shared Decision Making*, *Rating of All Health Care*, and *Rating of Specialist Seen Most Often* measures since these all fell below the NCQA 2018 CAHPS child Medicaid national averages. Additionally, efforts should focus on improving the *Rating of Health Plan* measure rate, as well as all measures that fell below the NCQA child Medicaid national averages, since the rates decreased between 2017 and 2018. Interventions targeted at the provider level and toward provider communication and interaction with Medicaid members most likely will have the greatest impact on these CAHPS measures. In addition, interventions targeted toward improving members' access to care and getting the care needed quickly will help improve rates.

Key Recommendations for Amerigroup

Performance Measure Validation

To assess the CMO's performance measure results, reporting year 2018 rates were compared to prior years' results to determine notable declines and improvements in rates, as well as to NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS 2017. The results of the assessment were used to determine the CMO's greatest strengths, weaknesses, and opportunities for quality improvement (QI) efforts related to performance measure results.

Amerigroup's performance for reporting year 2018 demonstrated that most measures that are the best targets for QI efforts are related to care for behavioral health conditions (six measure rates), followed by children's health (five measure rates), care for chronic conditions (five measure rates), and adults' health (four measure rates).

The following measure rates are the best targets for QI efforts related to care for behavioral health conditions. (The recommendations may not be listed according to the NCQA domain, and each bullet may include more than one measure or measurement set.)

- *Follow-Up After ED Visit for AOD Abuse or Dependence*
- *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up*
- *Metabolic Monitoring for Children and Adolescents on Antipsychotics—1–5 Years and 12–17 Years*
- *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—6–11 Years*

The following measure rates are the best targets for QI efforts related to children's health:

- *Children and Adolescents' Access to Primary Care Practitioners—12–24 Months and 12–19 Years*
- *Annual Dental Visit—19–20 Years*
- *Childhood Immunization Status—Combination 6 and Combination 10*

The following measure rates are the best targets for QI efforts related to care for chronic conditions:

- *Comprehensive Diabetes Care—HbA1c Control (<7.0%) and Blood Pressure Control (<140/90 mm Hg)*
- *Medication Management for People With Asthma—Medication Compliance 50%—Ages 12–18 Years and Medication Compliance 75%—Ages 12–18 Years*
- *Asthma Medication Ratio—19–50 Years*

The following measure rates are the best targets for QI efforts related to adults' health:

- *Adults' Access to Preventive/Ambulatory Health Services—20–44 Years, 45–64 Years, and Total*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*

Please see Appendix E for the criteria used to determine the CMO's greatest strengths, weaknesses, and opportunities for quality improvement (QI) efforts related to performance measure results.

CAHPS

In addition, HSAG recommends that Amerigroup focus efforts on members' access to care to improve the rate for *Getting Care Quickly* since it was lower than both the 2017 adult CAHPS top-box rate and the NCQA 2018 CAHPS adult Medicaid national average by at least 5 percentage points.

For the adult population, HSAG recommends that Amerigroup focus QI initiatives on medical assistance it provides related to smoking and tobacco use cessation (i.e., the effectiveness of care measures [*Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessation Strategies*]) since these rates fell below NCQA's 2018 CAHPS adult Medicaid national averages by at least 5 percentage points, with the *Discussion Cessation Medications* rate decreasing more than 5 percentage points from 2017 to 2018. For those patients who smoke or use tobacco, providers could 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.

Amerigroup did see improvement in the 2018 composite measure rating for *Customer Service* as compared to 2017 (indicating that the CMO's members were satisfied with its customer service); however, Amerigroup still has an opportunity to continue to improve members' experience with the CMO and with access to timely care.

For the child Medicaid population, Amerigroup should focus on activities and initiatives targeted at improving the rates for the *Getting Care Quickly, How Well Doctors Communicate, Customer Service, Shared Decision Making, Rating of All Health Care, and Rating of Specialist Seen Most Often* measures since their rates all fell below the NCQA 2018 CAHPS child Medicaid national averages. Additionally, efforts should focus on improving the *Rating of Health Plan* measure rate, as well as all of the measures that fell below the NCQA child Medicaid national averages, since all rates but *Customer Service*

decreased between 2017 and 2018. Interventions targeted at the provider level and toward provider communication and interaction with Medicaid members most likely will have the greatest impact on these CAHPS measures. In addition, interventions targeted toward improving members’ access to care and getting the care needed quickly will help improve rates.

EQR Activity Results for CareSource

CareSource was founded in 1989 and is a nonprofit model of managed care. CareSource product lines include Medicaid, Marketplace, and Medicare Advantage programs.

Age bands of CareSource’s Georgia Medicaid- and CHIP-enrolled members as of June 30, 2018, are shown in Table 4-8.

Table 4-8—CareSource Medicaid and CHIP Age Band Population Counts

Georgia Medicaid and CHIP Managed Care Demographics	
Medicaid Gender/Age Band	June 2018 Members*
Males and Females <1 Year of Age	9,395
Males and Females 1–2 Years of Age	18,376
Males and Females 3–14 Years of Age	101,646
Females 15–18 Years of Age	14,672
Males 15–18 Years of Age	13,941
Females 19–34 Years of Age	29,841
Males 19–34 Years of Age	3,168
Females 35+ Years of Age	14,209
Males 35+ Years of Age	3,081
Total Medicaid	208,329
CHIP Gender/Age Band	June 2018 Members
Males and Females <1 Year of Age	62
Males and Females 1–2 Years of Age	1,430
Males and Females 3–14 Years of Age	12,716
Females 15–18 Years of Age	2,039
Males 15–18 Years of Age	2,054
Total CHIP	18,301
Total Medicaid and CHIP	226,630

*Data provided by CareSource

The ethnic composition of CareSource’s Georgia CMO Medicaid recipients as of June 2018 is shown in Table 4-9.

Table 4-9—CareSource’s Member Ethnic Composition

Ethnicity	Total Eligible *
Asian or Pacific Islander Non-Hispanic	2,355
Black Non-Hispanic	91,809
Hispanic	91
Am Indian/Alaskan Non-Hispanic	349
Am Indian/Alaskan and White	N/A
Asian and White	N/A
Black African Am and White	N/A
Am Indian/Alaskan and Black	N/A
Other Non-Hispanic	4,197
Asian/Pacific Islander Hispanic	N/A
Black Hispanic	N/A
Am Indian/Alaskan Hispanic	N/A
White Hispanic	N/A
White Non-Hispanic	99,528
Total	197,980

*Data provided by CareSource

Performance Measures

CareSource became a GF CMO on July 1, 2017. To conduct the performance measure activity, the CMO must be contracted for a full calendar year prior to completing the NCQA HEDIS Compliance Audit.

Performance Improvement Projects

In calendar year 2018, CareSource initiated one nonclinical PIP, *Improve the Timeliness of Utilization Management Decisions*, and one clinical PIP, *Follow-up After Hospitalization for Mental Illness Within 7 Days of Discharge*. The CMO submitted Modules 1 and 2 for each PIP to HSAG for validation.

Improve the Timeliness of Utilization Management Decisions PIP

Module 1: PIP Initiation

In Module 1, the CMO identified the target population for the project, based on historical data, and set a goal for improvement. CareSource defined a Global and SMART Aim. The SMART Aim statement includes the narrowed population, the baseline rate, the goal for the project, and the end date. The

SMART Aim statement sets the framework for the PIP and identifies the goal against which the PIP will be evaluated at the end of the project. The CMO defined the SMART Aim for the project as stated below, setting a goal to improve the timely prior authorization rate for the narrowed focus facility by 10.3 percentage points.

SMART Aim: *By October 31, 2019, increase the percent of medical outpatient prior authorization compliance rate of timely decision (within 3 business days of request) at Soft Touch Medical, LLC, from 76.6 percent to 86.9 percent.*

HSAG approved Module 1 for CareSource’s *Improve the Timeliness of Utilization Management Decisions* PIP in September 2018, after the initial submission and one resubmission. HSAG reviewed the CMO’s Module 1 documentation and provided feedback and technical assistance after the initial submission and resubmission. In the resubmission, the CMO’s documentation addressed all of HSAG’s validation criteria and Module 1 was approved.

Module 2: SMART Aim Data Collection

In Module 2, the CMO defined the measure, data source(s), and data collection process that will be used to evaluate improvement throughout the project. The SMART Aim measure will be used to evaluate progress in achieving the SMART Aim goal. Table 4-10 summarizes the SMART Aim measure and data collection plan defined by the CMO in Module 2.

Table 4-10—SMART Aim Measure: *Improve the Timeliness of Utilization Management Decisions* PIP

Table 4-10—SMART Aim Measure: <i>Improve the Timeliness of Utilization Management Decisions</i> PIP	
Numerator Description	Number of medical outpatient authorizations that are in compliance with contractual timeliness standards (decision made within three days of request) for Soft Touch Medical, LLC.
Denominator Description	Number of medical outpatient authorizations submitted for Soft Touch Medical, LLC.
Data Collection Plan	Administrative data on prior authorization requests, including number of days from request to approval, will be collected monthly from the narrowed focus facility. A rolling 12-month measurement period will be used.

HSAG approved Module 2 for CareSource’s *Improve the Timeliness of Utilization Management Decisions* PIP in September 2018, after the initial submission and one resubmission. HSAG reviewed the CMO’s Module 2 documentation and provided feedback and technical assistance after the initial submission and resubmission. In the resubmission, the CMO’s documentation addressed all of HSAG’s validation criteria, and Module 2 was approved.

Follow-up After Hospitalization for Mental Illness Within 7 Days of Discharge PIP

Module 1: PIP Initiation

In Module 1, the CMO identified an appropriate population for the project, based on historical data, and set a goal for improvement. CareSource defined a Global and SMART Aim. The SMART Aim statement includes the narrowed population, the baseline rate, the goal for the project, and the end date. The SMART Aim statement sets the framework for the PIP and identifies the goal against which the PIP will be evaluated at the end of the project. The CMO defined the SMART Aim for the project as stated below, setting a goal to improve the seven-day follow-up rate for acute inpatient mental health hospital discharges from the narrowed focus facility by 31.7 percentage points.

SMART Aim: Increase the percent of members receiving a follow-up visit with a mental health clinician within seven days of discharge for acute inpatient mental health hospitalizations from Tanner Medical Center Villa Rica Hospital from 14.8 percent to 46.5 percent by October 31, 2019.

HSAG approved Module 1 for CareSource’s *Follow-up After Hospitalization for Mental Illness Within 7 Days of Discharge* PIP in September 2018, after the initial submission and one resubmission. HSAG reviewed the CMO’s Module 1 documentation and provided feedback and technical assistance after the initial submission and resubmission. In the resubmission, the CMO’s documentation addressed all of HSAG’s validation criteria, and Module 1 was approved.

Module 2: SMART Aim Data Collection

In Module 2, the CMO defined the measure, data source(s), and data collection process that will be used to evaluate improvement throughout the project. The SMART Aim measure will be used to evaluate progress in achieving the SMART Aim goal. Table 4-11 summarizes the SMART Aim measure and data collection plan defined by the CMO in Module 2.

Table 4-11—SMART Aim Measure: *Follow-up After Hospitalization for Mental Illness Within 7 Days of Discharge* PIP

Numerator Description	Members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 7 days after discharge from Tanner Medical Center Villa Rica Hospital.
Denominator Description	Members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and discharged from Tanner Medical Center Villa Rica Hospital. The denominator is based on discharges.
Data Collection Plan	Administrative data for the HEDIS <i>Follow-up After Hospitalization for Mental Illness (FUH)</i> measure, modified to follow a rolling 12-month measurement period. Data on discharges will also be obtained directly from the narrowed focus facility to minimize the impact of claims lag on the SMART Aim measure.

HSAG approved Module 2 for CareSource’s *Follow-up After Hospitalization for Mental Illness Within 7 Days of Discharge* PIP in September 2018, after the initial submission and one resubmission. HSAG reviewed the CMO’s Module 2 documentation and provided feedback and technical assistance after the initial submission and resubmission. In the resubmission, the CMO’s documentation addressed all of HSAG’s validation criteria, and Module 2 was approved.

Consumer Survey Quality of Care

Adult Findings

Table 4-12 shows CareSource’s 2018 adult Medicaid CAHPS top-box rates. In 2018, a total of 1,890 adult members were administered a survey, of which 276 completed a survey. After ineligible members were excluded, the response rate was 15.2 percent. In 2018, the average NCQA response rate for the adult Medicaid population was 21.8 percent, greater than CareSource’s response rate.


Table 4-12—CareSource Adult Medicaid CAHPS Results


	2017 Top-Box Rates	2018 Top-Box Rates
Composite Measures		
<i>Getting Needed Care</i>	N/A	78.1%
<i>Getting Care Quickly</i>	N/A	76.5%
<i>How Well Doctors Communicate</i>	N/A	91.1%
<i>Customer Service</i>	N/A	88.2%
<i>Shared Decision Making</i>	N/A	76.7% ⁺
Global Ratings		
<i>Rating of All Health Care</i>	N/A	70.4%
<i>Rating of Personal Doctor</i>	N/A	78.5%
<i>Rating of Specialist Seen Most Often</i>	N/A	85.4% ⁺
<i>Rating of Health Plan</i>	N/A	70.7%
Effectiveness of Care*		
<i>Advising Smokers and Tobacco Users to Quit</i>	N/A	71.6% ⁺
<i>Discussing Cessation Medications</i>	N/A	37.8% ⁺
<i>Discussing Cessation Strategies</i>	N/A	31.9% ⁺

+ 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.

N/A indicates results are not available.

* These rates did not follow NCQA’s methodology of calculating a rolling two-year average, since only one year of data was available.

 Indicates the 2018 rate is at least 5 percentage points greater than the 2018 national average.

 Indicates the 2018 rate is at least 5 percentage points less than the 2018 national average.

CareSource’s 2018 top-box rates for the adult Medicaid population were less than the 2018 NCQA adult Medicaid national averages for 11 measures:

- *Getting Needed Care*
- *Getting Care Quickly*
- *How Well Doctors Communicate*
- *Customer Service*
- *Shared Decision Making*
- *Rating of All Health Care*
- *Rating of Personal Doctor*
- *Rating of Health Plan*
- *Advising Smokers and Tobacco Users to Quit*
- *Discussing Cessation Medications*
- *Discussing Cessation Strategies*

Of these, *Getting Care Quickly*, *Rating of Health Plan*, *Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation Medications*, and *Discussing Cessation Strategies* rates were at least 5 percentage points less than the 2018 national averages.

CareSource’s 2018 top-box rates for the adult Medicaid population were greater than the 2018 NCQA adult Medicaid national averages for one measure:

- *Rating of Specialist Seen Most Often*

None of the measure rates were at least 5 percentage points greater than the 2018 national averages.

Child Findings


Table 4-13 shows CareSource’s 2018 child Medicaid CAHPS top-box rates. In 2018, a total of 3,300 child members were administered a survey, of which 560 completed a survey. After ineligible members were excluded, the response rate was 18.1 percent. In 2018, the average NCQA response rate for the child Medicaid population was 21.2 percent, greater than CareSource’s response rate.


Table 4-13—CareSource Child Medicaid CAHPS Results

	2017 Top-Box Rates	2018 Top-Box Rates
Composite Measures		
<i>Getting Needed Care</i>	N/A	83.4%
<i>Getting Care Quickly</i>	N/A	89.6%
<i>How Well Doctors Communicate</i>	N/A	93.4%
<i>Customer Service</i>	N/A	85.3%

	2017 Top-Box Rates	2018 Top-Box Rates
<i>Shared Decision Making</i>	N/A	73.3%
Global Ratings		
<i>Rating of All Health Care</i>	N/A	84.6%
<i>Rating of Personal Doctor</i>	N/A	90.5%
<i>Rating of Specialist Seen Most Often</i>	N/A	87.1%
<i>Rating of Health Plan</i>	N/A	79.8%

N/A indicates results are not available.

 Indicates the 2018 rate is at least 5 percentage points greater than the 2018 national average.

 Indicates the 2018 rate is at least 5 percentage points less than the 2018 national average.

CareSource’s 2018 top-box rates for the child Medicaid population were less than the 2018 NCQA child Medicaid national averages for six measures:

- *Getting Needed Care*
- *How Well Doctors Communicate*
- *Customer Service*
- *Shared Decision Making*
- *Rating of All Health Care*
- *Rating of Health Plan*

Of these, the rate for *Rating of Health Plan* was at least 5 percentage points less than the 2018 national average.

CareSource’s 2018 top-box rates for the child Medicaid population were greater than the 2018 NCQA child Medicaid national averages for three measures:

- *Getting Care Quickly*
- *Rating of Personal Doctor*
- *Rating of Specialist Seen Most Often*

None of the measure rates were at least 5 percentage points greater than the 2018 national averages.

CareSource Accomplishments

Contract year 2018 was the first year that CareSource served as a Georgia GF CMO. CareSource included as accomplishments that it built relationships with the maternal and child health community agencies. CareSource developed and implemented an ED high-utilizer assessment questionnaire. CareSource also developed HEDIS coding guidelines for providers.

Activities and Interventions Focused on Behavioral Health, Opioid Epidemic, and Substance Use Disorder

CareSource focused significant effort on interventions and activities focused on behavioral health, the opioid epidemic, and SUD. The highlights include:

Behavioral Health:

- Launched Applied Behavior Analysis (ABA) services on January 1, 2018, for autism spectrum disorder for youth up to 21 years old.
- Launched Behavioral Health State Plan Amendment (SPA) services on February 1, 2018, including expansion of peer support benefit and coverage of intensive customized care coordination.
- In response to feedback from the CMO's Member Advisory Council, created and distributed a behavioral health brochure to identify mental health issues and available CareSource resources.
- For members with behavioral health conditions and elongated ED stays:
 - Developed a statewide resource list for internal teams (Care4U) listing all providers by type, location, etc.
 - Developed a weekend on-call system to handle crises (social workers/behavioral health specialists).
 - Developed an email distribution box and protocol for timely communications with DCH.
 - Educated the CareSource 24-hour nurse-line Customer Advocacy Group (call center) on handling calls from hospitals.
- Provided Mental Health First Aid training to all member-facing staff.
- Implemented materials on depression and attention deficit hyperactivity disorder (ADHD) for providers.
- Implemented myStrength educational material (provider and member versions).
- Expanded telemedicine offering to all members in need.
- Attended behavioral health fairs, conferences, symposiums, and outreach events for providers and members.
- Included the entire CareSource Behavioral health team as members of the Interagency Director's Team to develop tools regarding the system of care and navigating behavioral health treatment.
- Developed parity documents and tools in conjunction with DCH and applied rules to all behavioral health benefits.

Substance Use Disorder, including the Opioid Epidemic

- Implemented distribution of materials related to drug take-back program.
- Implemented the use of materials and delivered presentations to providers on Screening, Brief Intervention, and Referral to Treatment (SBIRT) for substance abuse.

- Met with providers to promote becoming Medication Assisted Treatment (MAT) licensed
- Updated the CMO’s website to include an “addiction help” section for members (including pregnant members) that provided a phone number to call for help.
- Updated Morphine Equivalent Dosage (MED) prescribing materials based on Centers for Disease Control and Prevention (CDC) guidelines.
- Participated in the Department of Public Health (DPH) Strategic Planning teams (Georgia Opioid Strategic Plan) geared toward prevention and education, treatment and recovery, and maternal substance use (opioids).
- Encouraged providers’ use of functional scales to better determine member benefit and use of opioids by providers.
- Developed tool kits for providers to have ready access to guidelines, tapering tools, and predictive analytics to assist providers with determining a member’s risk of overdose.

Best and Emerging Practices for Improving Quality of Care and Services

CareSource submitted the following best and emerging practices for contract year 2018.

- Created a multidisciplinary workgroup, whose primary focus in 2017 was developing Phase I of its Health, Safety & Welfare (HSW) Program.
- Conducted multidisciplinary group meetings to brainstorm high ED utilization and inpatient admissions for an ED diversion pilot and discharge planning pilot.
- Conducted weekly huddle meetings with a psychiatrist and care management team to discuss complex inpatient cases to improve continuity of care which resulted in a reduction of inpatient admissions for the top behavioral health inpatient diagnosis codes.

CMO Activities Aimed at Achieving Goals and Objectives in the Georgia Quality Strategy

Goal 1: Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members

- Participated in the Children’s Healthcare of Atlanta (CHOA) collaboration to improve neonatal intensive care unit (NICU) support.
- Developed quarterly baby showers to educate new moms about CareSource services, well-child visits, behavioral health services, breastfeeding, life services, job connect services, and the rewards program for new moms.
- Provided free flu shots for members at community events.

Goal 2: Smarter Utilization of Each Medicaid Dollar

- Implemented ED tracking and bimonthly follow-up on high-utilizing members.
- Developed a transitions of care team to improve timely follow-up with transitioning members (inpatient to home, inpatient to long-term care, crisis center to partial hospitalization).

Follow-Up on Prior EQR Recommendations

CareSource was not included in the 2018 annual technical report and therefore did not have any recommendations that required follow-up.

Summary of Strengths, Weaknesses, and Overall Conclusions

In contract year 2018, CareSource initiated two new rapid-cycle PIPs, the clinical *Follow-up After Hospitalization for Mental Illness Within 7 Days of Discharge* PIP, and the nonclinical *Improve the Timeliness of Utilization Management Decisions* PIP. The clinical PIP topic has the potential to address improving access to coordinated mental healthcare, and improving the quality of care provided to members with mental illness. The nonclinical PIP topic has the potential to improve the ability of providers to address the care needs of their patients and improving the timeliness of care for members. The success of CareSource's PIPs in addressing Access, Quality, and Service will be determined in contract year 2019, when the projects progress to testing interventions and evaluating improvement of outcomes.

CareSource demonstrated strength for contract year 2018 by efficiently and effectively progressing through Modules 1 and 2 of the rapid-cycle PIP process. The CMO effectively sought out and utilized technical assistance from HSAG and succeeded in addressing all of HSAG's feedback for both modules of both PIPs with only one resubmission of each module. This accomplishment was especially noteworthy as 2018 was the first year that CareSource had participated in HSAG's rapid-cycle PIP process, while all other CMOs had completed rapid-cycle PIPs in previous years. CareSource passed through Modules 1 and 2 for both PIPs in September 2018. The CMO should continue to apply the same level of dedication, proactively seeking technical assistance, as needed, to achieve PIP goals.

Key Recommendations for CareSource

CAHPS

For CareSource's adult population, HSAG recommends, based on the Adult CAHPS results, that QI initiatives focus on medical assistance the CMO provides related to smoking and tobacco use cessation (i.e., the Effectiveness of Care measures—*Advising Smokers and Tobacco Users to Quit, Discussing*

Cessation Medications, and *Discussing Cessation Strategies*) since all of these rates fell below NCQA's 2018 CAHPS adult Medicaid national averages by at least 5 percentage points.⁴⁻¹

All but one of CareSource's CAHPS Adult Medicaid Population 2018 top-box rates fell below the NCQA 2018 adult Medicaid national averages, with *Getting Care Quickly*, *Rating of Health Plan*, *Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation Medications*, and *Discussing Cessation Strategies* rates at least 5 percentage points less than the 2018 national averages. Along with smoking and tobacco cessation initiatives, the CMO should focus QI activities on member experience, access to care, and provider relations.

Based on the 2018 CAHPS Child Medicaid population, CareSource should focus on improving the rates for the *Getting Needed Care*, *How Well Doctors Communicate*, *Customer Service*, *Shared Decision Making*, *Rating of All Health Care*, and *Rating of Health Plan* measures since these rates all fell below the NCQA 2018 CAHPS child Medicaid national averages, with the *Rating of Health Plan* rate at least 5 percentage points less than the national average. CareSource should work with the State to adopt identified best practices and initiatives to support members' positive experiences with the CMO and their contracted providers.

⁴⁻¹ These CAHPS scores had fewer than 100 respondents. Due to the low response rate, caution should be exercised when interpreting results for these measures.

EQR Activity Results for Peach State Health Plan

Peach State Health Plan (Peach State) is a subsidiary of the Centene Corporation. Centene was founded in 1984. Product lines include Medicaid, Medicare, and the Exchange plans in some states.

Age bands of Peach State’s Georgia Medicaid- and CHIP-enrolled members as of June 30, 2018, are shown in Table 4-14.

Table 4-14—Peach State Medicaid and CHIP Age Band Population Counts

Georgia Medicaid and CHIP Managed Care Demographics	
Medicaid Gender/Age Band	June 2018 Members*
Males and Females <1 Year of Age	20,560
Males and Females 1–2 Years of Age	32,353
Males and Females 3–14 Years of Age	167,799
Females 15–18 Years of Age	20,145
Males 15–18 Years of Age	19,226
Females 19–34 Years of Age	36,608
Males 19–34 Years of Age	2,958
Females 35+ Years of Age	16,318
Males 35+ Years of Age	2,966
Total Medicaid	318,933
CHIP Gender/Age Band	June 2018 Members
Males and Females <1 Year of Age	59
Males and Females 1–2 Years of Age	2,906
Males and Females 3–14 Years of Age	22,153
Females 15–18 Years of Age	3,361
Males 15–18 Years of Age	3,289
Total CHIP	31,768
Total Medicaid and CHIP	350,701
P4HB® Gender/Age Band	June 2018 Members
Females 15–18 Years of Age	3
Females 19–34 Years of Age	8,360
Females 35+ Years of Age	2,023
Total P4HB®	10,386
Total Medicaid, CHIP, and P4HB®	361,087

*Data provided by Peach State

The ethnic composition of Peach State’s Georgia CMO Medicaid recipients as of June 2018 are shown in Table 4-15.

Table 4-15—Peach State’s Member Ethnic Composition

Ethnicity	Total Eligible*
Asian or Pacific Islander Non-Hispanic	9,476
Black Non-Hispanic	172
Hispanic	49
Am Indian/Alaskan Non-Hispanic	586
Am Indian/Alaskan and White	829
Asian and White	9,494
Black African Am and White	196,389
Am Indian/Alaskan and Black	767
Other Non-Hispanic	15,071
Asian/Pacific Islander Hispanic	8
Black Hispanic	0
Am Indian/Alaskan Hispanic	9
White Hispanic	0
White Non-Hispanic	234
Total	233,084

*Data provided by Peach State

Validation of Performance Measures—NCQA HEDIS Compliance Audit

Table 4-16 displays the reporting year 2016, 2017, and 2018 rates for Peach State, along with reporting year 2016 to reporting year 2018 rate comparisons. Measures for which lower rates suggest better performance are indicated by an asterisk (*). For these measures, a decrease in the rate from 2016 to 2018 represents performance improvement, and an increase in the rate from 2016 to 2018 represents performance decline. Measures in the Utilization domain are designed to capture the frequency of services provided by the CMO and characteristics of the population served by the CMO. With the exception of the *Ambulatory Care (per 1,000 Member Months)—Total—ED Visits—Total, Antibiotic Utilization*, and *Plan All-Cause Readmissions* measure rates, higher or lower rates in this domain do not necessarily indicate better or worse performance. Therefore, these rates are provided for information only.

Table 4-16—Performance Measure Results for Peach State

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
Access to Care				
<i>Adults' Access to Preventive/Ambulatory Health Services</i>				
20–44 Years	77.87%	77.22%	76.30%	-1.57
45–64 Years	85.02%	85.25%	83.36%	-1.66
65 Years and Older	NA	NA	NA	NC
Total	78.78%	78.28%	77.13%	-1.65
<i>Adult BMI Assessment</i>				
Adult BMI Assessment	82.38%	85.88%	77.63%	-4.75
<i>Children and Adolescents' Access to Primary Care Practitioners</i>				
12–24 Months	96.74%	96.84%	94.62%	-2.12
25 Months–6 Years	89.17%	89.69%	88.41%	-0.76
7–11 Years	91.17%	90.64%	90.26%	-0.91
12–19 Years	88.78%	88.73%	87.86%	-0.92
<i>Annual Dental Visit</i>				
2–3 Years	44.05%	39.98%	44.21%	0.16
4–6 Years	72.77%	70.18%	73.41%	0.64
7–10 Years	76.03%	73.04%	75.71%	-0.32
11–14 Years	69.85%	66.51%	69.39%	-0.46
15–18 Years	59.19%	56.94%	58.38%	-0.81
19–20 Years	37.57%	35.07%	33.69%	-3.88
Total	66.97%	63.90%	66.12%	-0.85
<i>Colorectal Cancer Screening</i>				
Colorectal Cancer Screening	49.29%	48.84%	49.31%	0.02
Children's Health				
Prevention and Screening				
<i>Appropriate Testing for Children With Pharyngitis</i>				
Appropriate Testing for Children With Pharyngitis	82.14%	83.95%	85.06%	2.92
<i>Childhood Immunization Status</i>				
Combination 3	79.09%	71.88%	77.62%	-1.47
Combination 6	36.30%	30.53%	32.60%	-3.70
Combination 10	34.38%	26.68%	30.41%	-3.97
<i>Immunizations for Adolescents</i>				
Combination 1 (Meningococcal, Tdap)	88.90%	87.02%	89.96%	1.06
Combination 2 (Meningococcal, Tdap, HPV) ¹	—	—	31.86%	NC
<i>Lead Screening in Children</i>				
Lead Screening in Children	80.05%	83.17%	79.17%	-0.88
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
<i>BMI Percentile—Total</i>	67.79%	73.32%	76.43%	8.64
<i>Counseling for Nutrition—Total</i>	66.59%	68.27%	73.95%	7.36
<i>Counseling for Physical Activity—Total</i>	57.21%	57.93%	63.52%	6.31
Upper Respiratory Infection				
<i>Appropriate Treatment for Children With Upper Respiratory Infection²</i>				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	84.00%	87.16%	87.59%	3.59
Well-Child/Well-Care Visits				
<i>Adolescent Well-Care Visits</i>				
<i>Adolescent Well-Care Visits</i>	47.60%	50.00%	54.01%	6.41
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>No Well-Child Visits*</i>	1.92%	1.60%	3.91%	1.99
<i>Six or More Well-Child Visits</i>	67.79%	63.73%	62.76%	-5.03
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>				
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	68.99%	72.80%	76.12%	7.13
Women’s Health				
Prenatal Care and Birth Outcomes				
<i>Percentage of Live Births Weighing Less Than 2,500 Grams</i>				
<i>Percentage of Live Births Weighing Less Than 2,500 Grams*</i>	8.87%	8.86%	8.92%	0.05
<i>Prenatal and Postpartum Care</i>				
<i>Timeliness of Prenatal Care</i>	77.49%	73.72%	73.48%	-4.01
<i>Postpartum Care</i>	59.72%	61.07%	61.56%	1.84
Prevention and Screening				
<i>Breast Cancer Screening¹</i>				
<i>Breast Cancer Screening</i>	—	—	64.64%	NC
<i>Cervical Cancer Screening</i>				
<i>Cervical Cancer Screening</i>	68.56%	66.19%	67.39%	-1.17
<i>Chlamydia Screening in Women</i>				
<i>16–20 Years</i>	56.40%	59.78%	61.42%	5.02
<i>21–24 Years</i>	70.41%	73.04%	70.63%	0.22
<i>Total</i>	59.83%	62.60%	64.06%	4.23
Chronic Conditions				
Diabetes				
<i>Comprehensive Diabetes Care</i>				
<i>Hemoglobin A1c (HbA1c) Testing</i>	81.80%	83.48%	84.85%	3.05
<i>HbA1c Control (<8.0%)</i>	32.51%	29.91%	35.40%	2.89

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
<i>Eye Exam (Retinal) Performed</i>	59.36%	59.83%	57.30%	-2.06
<i>Blood Pressure Control (<140/90 mm Hg)</i>	52.83%	46.78%	50.55%	-2.28
<i>HbA1c Poor Control (>9.0%)*</i>	59.72%	61.04%	56.57%	-3.15
<i>HbA1c Control (<7.0%)</i>	23.52%	22.46%	25.38%	1.86
<i>Medical Attention for Nephropathy</i>	91.87%	88.70%	89.05%	-2.82
Statin Therapy for Patients With Diabetes				
<i>Received Statin Therapy</i>	—	—	48.59%	NC
<i>Statin Adherence 80%</i>	—	—	43.39%	NC
Cardiovascular Conditions				
Controlling High Blood Pressure				
<i>Controlling High Blood Pressure</i>	43.14%	37.82%	32.60%	-10.54
Persistence of Beta-Blocker Treatment After a Heart Attack				
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	NA	NA	NA	NC
Statin Therapy for Patients With Cardiovascular Disease				
<i>Received Statin Therapy—Total</i>	—	—	75.51%	NC
<i>Statin Adherence 80%—Total</i>	—	—	51.35%	NC
Respiratory Conditions				
Pharmacotherapy Management of COPD Exacerbation²				
<i>Bronchodilator</i>	82.46%	78.87%	64.52%	-17.94
<i>Systemic Corticosteroid</i>	80.70%	74.65%	59.68%	-21.02
Use of Spirometry Testing in the Assessment and Diagnosis of COPD				
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	—	—	42.19%	NC
Medication Management				
Medication Management for People With Asthma				
<i>Medication Compliance 50%—Ages 5–11 Years</i>	45.40%	46.01%	52.38%	6.98
<i>Medication Compliance 50%—Ages 12–18 Years</i>	41.64%	44.02%	51.32%	9.68
<i>Medication Compliance 50%—Ages 19–50 Years</i>	50.96%	52.74%	55.41%	4.45
<i>Medication Compliance 50%—Ages 51–64 Years</i>	NA	NA	NA	NC
<i>Medication Compliance 50%—Total</i>	44.34%	45.69%	52.16%	7.82
<i>Medication Compliance 75%—Ages 5–11 Years</i>	20.95%	20.28%	26.60%	5.65
<i>Medication Compliance 75%—Ages 12–18 Years</i>	16.58%	19.77%	25.33%	8.75
<i>Medication Compliance 75%—Ages 19–50 Years</i>	19.75%	21.89%	31.76%	12.01
<i>Medication Compliance 75%—Ages 51–64 Years</i>	NA	NA	NA	NC
<i>Medication Compliance 75%—Total</i>	19.41%	20.25%	26.39%	6.98
Annual Monitoring for Patients on Persistent Medications				
<i>ACE Inhibitors or ARBs</i>	87.45%	87.22%	87.50%	0.05

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
<i>Diuretics</i>	87.41%	86.68%	86.29%	-1.12
<i>Total¹</i>	—	—	86.92%	NC
<i>Asthma Medication Ratio</i>				
<i>5–11 Years</i>	—	—	77.40%	NC
<i>12–18 Years</i>	—	—	71.04%	NC
<i>19–50 Years</i>	—	—	52.00%	NC
<i>51–64 Years</i>	—	—	NA	NC
<i>Total</i>	—	—	73.78%	NC
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>				
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>	—	—	73.02%	NC
<i>Use of Opioids at High Dosage (per 1,000 Members)</i>				
<i>Use of Opioids at High Dosage*</i>	—	—	10.41	NC
<i>Use of Opioids From Multiple Providers (per 1,000 Members)</i>				
<i>Multiple Prescribers*</i>	—	—	NQ	NC
<i>Multiple Pharmacies*</i>	—	—	NQ	NC
<i>Multiple Prescribers and Multiple Pharmacies*</i>	—	—	NQ	NC
<i>Behavioral Health</i>				
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>				
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	19.63%	31.53%	25.33%	5.70
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>				
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	—	—	NA	NC
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>				
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	82.22%	85.39%	80.75%	-1.47
<i>Follow-Up After Emergency Department (ED) Visit for Alcohol and Other Drug (AOD) Abuse or Dependence</i>				
<i>7-Day Follow-Up—Total</i>	—	—	5.44%	NC
<i>30-Day Follow-Up—Total</i>	—	—	8.84%	NC
<i>Antidepressant Medication Management³</i>				
<i>Effective Acute Phase Treatment</i>	38.66%	40.76%	44.41%	5.75
<i>Effective Continuation Phase Treatment</i>	23.89%	24.84%	27.69%	3.80
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>				
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	—	—	NA	NC

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
Follow-Up After ED Visit for Mental Illness				
7-Day Follow-Up	—	—	35.47%	NC
30-Day Follow-Up	—	—	52.36%	NC
Follow-Up After Hospitalization for Mental Illness¹				
7-Day Follow-Up	—	—	46.27%	NC
30-Day Follow-Up	—	—	66.60%	NC
Follow-Up Care for Children Prescribed ADHD Medication³				
Initiation Phase	43.84%	45.69%	45.48%	1.64
Continuation and Maintenance Phase	58.82%	59.84%	57.83%	-0.99
Initiation and Engagement of AOD Abuse or Dependence Treatment¹				
Initiation of AOD Treatment—Total—Total	—	—	41.73%	NC
Engagement of AOD Treatment—Total—Total	—	—	9.13%	NC
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
1–5 Years	—	—	NA	NC
6–11 Years	—	—	17.34%	NC
12–17 Years	—	—	26.52%	NC
Total	—	—	22.21%	NC
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
1–5 Years	—	—	NA	NC
6–11 Years	—	—	54.71%	NC
12–17 Years	—	—	61.39%	NC
Total	—	—	56.88%	NC
Use of Multiple Concurrent Antipsychotics in Children and Adolescents²				
1–5 Years*	NA	NA	NA	NC
6–11 Years*	0.00%	1.06%	0.00%	0.00
12–17 Years*	0.45%	1.63%	1.88%	1.43
Total*	0.25%	1.37%	1.07%	0.82
Utilization				
Ambulatory Care (per 1,000 Member Months)—Total				
Outpatient Visits—Total	303.03	307.29	305.30	2.27
ED Visits—Total*	52.44	52.27	51.55	-0.89
Antibiotic Utilization—Total				
Percentage of Antibiotics of Concern for All Antibiotic Prescriptions—Total*	38.78%	38.36%	37.20%	-1.58
Mental Health Utilization—Total				
Any Service—Total ³	7.68%	7.86%	8.25%	0.57
Inpatient—Total	0.41%	0.40%	0.25%	-0.16

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
<i>Intensive Outpatient or Partial Hospitalization—Total³</i>	0.12%	0.10%	0.03%	-0.09
<i>Outpatient—Total¹</i>	—	—	8.01%	NC
<i>ED—Total¹</i>	—	—	0.01%	NC
<i>Telehealth—Total¹</i>	—	—	0.01%	NC
Plan All-Cause Readmissions				
<i>Index Total Stays—Observed Readmissions—18–44 Years*</i>	—	—	8.09%	NC
<i>Index Total Stays—Observed Readmissions—45–54 Years*</i>	—	—	5.53%	NC
<i>Index Total Stays—Observed Readmissions—55–64 Years*</i>	—	—	6.35%	NC
<i>Index Total Stays—Observed Readmissions—Total*</i>	—	—	7.58%	NC
<i>Index Total Stays—O/E Ratio—Total*</i>	—	—	0.57	NC
Inpatient Utilization—General Hospital/Acute Care—Total				
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	5.62	6.05	5.85	0.23
<i>Total Inpatient—Average Length of Stay—Total</i>	3.47	3.39	3.47	0.00
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	7.99	8.63	8.50	0.51
<i>Maternity—Average Length of Stay—Total</i>	2.82	2.83	2.86	0.04
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	0.54	0.52	0.47	-0.07
<i>Surgery—Average Length of Stay—Total</i>	8.37	7.89	9.08	0.71
<i>Medicine—Discharges per 1,000 Member Months—Total</i>	1.14	1.24	1.13	-0.01
<i>Medicine—Average Length of Stay—Total</i>	3.41	3.40	3.41	0.00
Overuse/Appropriateness				
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis				
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	—	—	28.19%	NC
Non-Recommended Cervical Cancer Screening in Adolescent Females				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females*</i>	—	—	2.39%	NC
Use of Imaging Studies for Low Back Pain				
<i>Use of Imaging Studies for Low Back Pain</i>	—	—	70.26%	NC

* For this indicator, a lower rate indicates better performance.

¹ Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

² Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 and 2018 rates to prior years.

³ Due to changes in the technical specifications for this measure for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

— Indicates the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates the 2016–2018 Rate Comparison could not be calculated because data are not available for both years.

NA indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

NQ indicates the CMO was not required to report this measure.

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 validation of performance measures.

Additionally, 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.

Performance Improvement Projects

In calendar year 2018, Peach State initiated one nonclinical PIP, *Improving Providers’ Satisfaction*, and one clinical PIP, *Improving Follow-Up After Hospitalization for Mental Illness (7-Day)*. The CMO submitted Modules 1 and 2 for each PIP to HSAG for validation.

Improving Providers’ Satisfaction PIP

Module 1: PIP Initiation

In Module 1, the CMO identified the target population for the project, based on historical data, and set a goal for improvement. Peach State defined a Global and SMART Aim. The SMART Aim statement includes the narrowed population, the baseline rate, the goal for the project, and the end date. The SMART Aim statement sets the framework for the PIP and identifies the goal against which the PIP will be evaluated at the end of the project. The CMO defined the SMART Aim for the project as stated below, setting a goal to improve the percentage of providers at the narrowed focus practice responding “very satisfied” to a survey question on overall satisfaction by 21.8 percentage points.

SMART Aim: *By October 31, 2019, the percentage of providers reporting that they are “very satisfied” at Snellville Pediatrics will increase from 58.8% to 80.6%.*

HSAG approved Module 1 for Peach State’s *Improving Providers’ Satisfaction* PIP in September 2018, after the initial submission and one resubmission. HSAG reviewed the CMO’s Module 1 documentation and provided feedback and technical assistance after the initial submission and resubmission. In the resubmission, the CMO’s documentation addressed all of HSAG’s validation criteria, and Module 1 was approved.

Module 2: SMART Aim Data Collection

In Module 2, the CMO defined the measure, data source(s), and data collection process that will be used to evaluate improvement throughout the project. The SMART Aim measure will be used to evaluate progress in achieving the SMART Aim goal. Table 4-17 summarizes the SMART Aim measure and data collection plan defined by the CMO in Module 2.

Table 4-17—SMART Aim Measure: *Improving Providers’ Satisfaction* PIP

Numerator Description	Number of respondents who answered very satisfied (3) to Question 1. On a scale of 1–3, how satisfied are you with Peach State Health Plan?
Denominator Description	Number of responses to Question 1. On a scale of 1–3, how satisfied are you with Peach State Health Plan?
Data Collection Plan	Using a standard survey tool, survey responses will be collected monthly from staff at the narrowed focus practice.

HSAG approved Module 2 for Peach State’s *Improving Providers’ Satisfaction* PIP in September 2018, after the initial submission and one resubmission. HSAG reviewed the CMO’s Module 1 documentation and provided feedback and technical assistance after the initial submission and resubmission. In the resubmission, the CMO’s documentation addressed all of HSAG’s validation criteria, and Module 2 was approved.

Improving Follow-Up After Hospitalization for Mental Illness (7-Day) PIP

Module 1: PIP Initiation

In Module 1, the CMO identified the target population for the project, based on historical data, and set a goal for improvement. Peach State defined a Global and SMART Aim. The SMART Aim statement includes the narrowed population, the baseline rate, the goal for the project, and the end date. The SMART Aim statement sets the framework for the PIP and identifies the goal against which the PIP will be evaluated at the end of the project. The CMO defined the SMART Aim for the project as stated below, setting a goal to the seven-day follow-up rate for acute inpatient mental health hospital discharges from the narrowed focus facility by 10 percentage points.

SMART Aim: *By Oct. 31, 2019, Peach State Health Plan will increase the FUH 7 rate for Peachford Hospital from 47.53% to 57.53%.*

HSAG approved Module 1 for Peach State’s *Improving Follow-Up After Hospitalization for Mental Illness (7-Day) PIP* in September 2018, after the initial submission and one resubmission. HSAG reviewed the CMO’s Module 1 documentation and provided feedback and technical assistance after the initial submission and resubmission. In the resubmission, the CMO’s documentation addressed all of HSAG’s validation criteria and Module 1 was approved.

Module 2: SMART Aim Data Collection

In Module 2, the CMO defined the measure, data source(s), and data collection process that will be used to evaluate improvement throughout the project. The SMART Aim measure will be used to evaluate progress in achieving the SMART Aim goal. Table 4-18 summarizes the SMART Aim measure and data collection plan defined by the CMO in Module 2.

Table 4-18—SMART Aim Measure: *Improving Follow-Up After Hospitalization for Mental Illness (7-Day)* PIP

Numerator Description	All Peachford Hospital acute inpatient discharges in the denominator that are followed by a follow-up visit with a mental health practitioner, meeting the HEDIS 2018 specifications for the Follow-Up after Hospitalization for Mental Illness (FUH) measure specifications for follow-up within 7 days of discharge.
Denominator Description	All Peachford Hospital acute inpatient discharges for members 6 years and older with a primary diagnosis of mental illness (Mental Illness Value Set) within the rolling 12-month period (discharges occur from the 1st day of rolling 12-month period through the 1st day of the last month of the rolling 12-month period).
Data Collection Plan	Data will be pulled monthly from the CMO’s data warehouse, which includes administrative claims and supplemental data. Using a Microsoft (MS) Access database, the CMO will query the data to generate monthly measurements for the narrowed focus. Specifications for the HEDIS <i>Follow-up after Hospitalization for Mental Illness (FUH)</i> measure, modified to follow a rolling 12-month measurement period, will be used.

HSAG approved Module 2 for Peach State’s *Improving Follow-Up After Hospitalization for Mental Illness (7-Day)* PIP in October 2018, after the initial submission and two resubmissions. HSAG reviewed the CMO’s Module 1 documentation and provided feedback and technical assistance after the initial submission and each resubmission. After the second resubmission, the CMO’s documentation addressed all of HSAG’s validation criteria, and Module 2 was approved.

Consumer Survey Quality of Care

Adult Findings


Table 4-19 shows Peach State’s 2017 and 2018 adult Medicaid CAHPS top-box rates. In 2018, a total of 2,727 adult members were administered a survey, of which 330 completed a survey. After ineligible members were excluded, the response rate was 12.2 percent. In 2018, the average NCQA response rate for the adult Medicaid population was 21.8 percent, greater than Peach State’s response rate.

Table 4-19—Peach State Adult Medicaid CAHPS Results

	2017 Top-Box Rates	2018 Top-Box Rates
Composite Measures		
<i>Getting Needed Care</i>	79.2%	81.9%
<i>Getting Care Quickly</i>	82.7%	83.2%
<i>How Well Doctors Communicate</i>	92.6%	92.2%

	2017 Top-Box Rates	2018 Top-Box Rates
<i>Customer Service</i>	86.9%	86.8%
<i>Shared Decision Making</i>	78.0%	79.3%
Global Ratings		
<i>Rating of All Health Care</i>	75.6%	79.7%
<i>Rating of Personal Doctor</i>	84.1%	84.5%
<i>Rating of Specialist Seen Most Often</i>	78.3%	77.2%
<i>Rating of Health Plan</i>	78.0%	80.5%
Effectiveness of Care*		
<i>Advising Smokers and Tobacco Users to Quit</i>	66.7%	73.1%
<i>Discussing Cessation Medications</i>	28.1%	36.7%
<i>Discussing Cessation Strategies</i>	30.6%	37.4%

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

 Indicates the 2018 rate is at least 5 percentage points greater than the 2018 national average.

 Indicates the 2018 rate is at least 5 percentage points less than the 2018 national average.

Peach State’s 2018 top-box rates for the adult Medicaid population were less than the 2018 NCQA adult Medicaid national averages for seven measures:

- *Getting Needed Care*
- *Customer Service*
- *Shared Decision Making*
- *Rating of Specialist Seen Most Often*
- *Advising Smokers and Tobacco Users to Quit*
- *Discussing Cessation Medications*
- *Discussing Cessation Strategies*

Of these, *Discussing Cessation Medications* and *Discussing Cessation Strategies* rates were at least 5 percentage points less than the 2018 national averages.

Peach State’s 2018 top-box rates for the adult Medicaid population were greater than the 2018 NCQA adult Medicaid national averages for five measures:

- *Getting Care Quickly*
- *How Well Doctors Communicate*
- *Rating of All Health Care*
- *Rating of Personal Doctor*

- *Rating of Health Plan*

Of these, the rate for *Rating of All Health Care* was at least 5 percentage points greater than the 2018 national average.

Peach State's rates decreased for the adult Medicaid population between 2017 and 2018 for three measures:

- *How Well Doctors Communicate*
- *Customer Service*
- *Rating of Specialist Seen Most Often*

None of the measure rates had a substantial decrease of 5 percentage points or more from the 2017 rate.

Peach State's rates increased for the adult Medicaid population between 2017 and 2018 for nine measures:

- *Getting Needed Care*
- *Getting Care Quickly*
- *Shared Decision Making*
- *Rating of All Health Care*
- *Rating of Personal Doctor*
- *Rating of Health Plan*
- *Advising Smokers and Tobacco Users to Quit*
- *Discussing Cessation Medications*
- *Discussing Cessation Strategies*


Of these, *Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation Medications*, and *Discussing Cessation Strategies* rates showed a substantial increase of 5 percentage points or more.

Child Findings

Table 4-20 shows Peach State's 2017 and 2018 child Medicaid CAHPS top-box rates. In 2018, a total of 3,003 child members were administered a survey, of which 597 completed a survey. After ineligible members were excluded, the response rate was 20.0 percent. In 2018, the average NCQA response rate for the child Medicaid population was 21.2 percent, slightly greater than Peach State's response rate.

Table 4-20—Peach State Child Medicaid CAHPS Results

	2017 Top-Box Rates	2018 Top-Box Rates
Composite Measures		
<i>Getting Needed Care</i>	83.9%	86.7%
<i>Getting Care Quickly</i>	90.9%	90.8%
<i>How Well Doctors Communicate</i>	92.6%	94.1%
<i>Customer Service</i>	90.6%	85.5%
<i>Shared Decision Making</i>	74.3%	80.7%
Global Ratings		
<i>Rating of All Health Care</i>	88.6%	90.9%
<i>Rating of Personal Doctor</i>	90.0%	91.1%
<i>Rating of Specialist Seen Most Often</i>	84.7%	84.2%
<i>Rating of Health Plan</i>	90.3%	90.4%

 Indicates the 2018 rate is at least 5 percentage points greater than the 2018 national average.

 Indicates the 2018 rate is at least 5 percentage points less than the 2018 national average.

Peach State’s 2018 top-box rates for the child Medicaid population were less than the 2018 NCQA child Medicaid national averages for two measures:

- *Customer Service*
- *Rating of Specialist Seen Most Often*

Peach State’s 2018 top-box rates for the child Medicaid population were greater than the 2018 NCQA child Medicaid national averages for seven measures:

- *Getting Needed Care*
- *Getting Care Quickly*
- *How Well Doctors Communicate*
- *Shared Decision Making*
- *Rating of All Health Care*
- *Rating of Personal Doctor*
- *Rating of Health Plan*

None of the measure rates were at least 5 percentage points greater or less than the 2018 national averages.

Peach State’s rates for the child Medicaid population decreased between 2017 and 2018 for three measures:

- *Getting Care Quickly*
- *Customer Service*
- *Rating of Specialist Seen Most Often*

Of these, the rate for *Customer Service* showed a substantial decrease of 5 percentage points or more.

Peach State's rates for the child Medicaid population increased between 2017 and 2018 for six measures:

- *Getting Needed Care*
- *How Well Doctors Communicate*
- *Shared Decision Making*
- *Rating of All Health Care*
- *Rating of Personal Doctor*
- *Rating of Health Plan*

Of these, the rate for *Shared Decision Making* showed a substantial increase of 5 percentage points or more.

Peach State Accomplishments

Integrated Behavioral Health Clinical Best Practices Provider Education Program

Peach State reported in its contract year 2018 accomplishments that 772 providers attended the trainings offered by Peach State's behavioral health clinical trainers. Of the providers that attended, 32 percent were non-behavioral health providers which included physical health practitioners. The training category with the highest number of attendees was Substance Abuse-Related and Addiction Disorder (37 percent). The average percentage of knowledge gained as measured by a pre- and post-test was 27.53 percent (average pretest score 53.95 percent versus an average post-test score 81.48 percent), and the average evaluation score was 4.84 on a 5 point scale.

Appropriate Treatment of Behavioral Health Disorders in Primary Care

Peach State conducted quarterly medical record audits to ensure PCPs' compliance with clinical practice guidelines. In 2018, Peach State reviewed 150 records from 100 PCPs for compliance with the Attention Deficit Hyperactivity Disorder Clinical Practice Guideline. Peach State set a target of overall compliance at 80 percent. The 2018 results, by quarter, demonstrated that most providers were following the clinical practice guidelines in the area assessed. Peach State providers exceeded the goal in Quarter (Q)1, Q2, and Q3 (93.49 percent, 98.70 percent, and 94.74 percent, respectively). The compliance rate from Q1 2018 (93.49) to Q2 2018 (98.70) increased by 5.21 percent. From Q2 2018 (98.70 percent) to Q3 2018 (94.74 percent), the rate decreased by 3.96 percentage points, which Peach State believed was due to the lack of consistency with the history/physical completed indicator. The CMO found that

providers were not recording complete vitals (respiratory rate, temperature, blood pressure, and pulse) that were required according to DCH guidelines. Peach State continued to educate providers on the requirements to increase providers' overall compliance.

Activities and Interventions Focused on Behavioral Health, Opioid Epidemic, and Substance Use Disorder

The purpose of the Peach State Substance Abuse Reduction Program (SARP) was to establish a reasonable and appropriate opioid utilization monitoring and management program to assist in preventing overutilization of opioids and other substances of abuse. The program also employed effective concurrent and retrospective drug utilization review (DUR) programs to address overutilization of opioids and to apply clinical case management and other intervention strategies. The following methods were also employed by SARP to limit opioid overutilization:

- Pharmacy and provider lock-in for known members, including additional pharmacy reporting
- Monthly top 200 ED frequent utilization data review
- Member-focused “Do You Need Help Letter?” to refer to opioid overutilization program
- Peach State outreach letter to high prescribers of opioids and benzodiazepines
- DM program for SUD in pregnancy
- Enhanced addiction specialist network
- Participation in Georgia’s Prescription Drug Monitoring Awareness program

Appropriate Use of Psychotropic Medication

Peach State collected and analyzed data regarding appropriate diagnosis, treatment, and referral of behavioral health disorders commonly seen in primary care, and appropriate use of psychotropic medications through the assessment of the *Antidepressant Medication Management (AMM)* HEDIS measure. Peach State collaborated with practitioners from both primary care and behavioral health that treat members with depressive disorders and prescribe antidepressant medications. Peach State used ELIZA calls to contact members regarding their medication, encouraging and assisting members to schedule appointments.

Best and Emerging Practices for Improving Quality of Care and Services

Emergency Room CM Program

Peach State’s Emergency Room Case Management Program was designed to engage members with frequent or inappropriate ED utilization. Peach State partners with 10 high-volume hospitals to receive daily notification of members who visited the ER on the previous day. Case managers outreach to members within 24–48 hours of the encounter to assist them with obtaining follow-up care and to

provide education regarding appropriate use of the ER, the importance of getting primary and preventive care, and the availability of the Peach State 24/7 Nurse Advice Line.

Start Smart for Your Baby Program (SSFYB)

The Start Smart Case Management Program promotes the early identification and assessment of pregnant members and encourages appropriate prenatal care and follow-up. The overall goal of the program is to improve birth outcomes.

Healthy Start Newborn & Women Program

The Healthy Start Program targets new mothers and newborns to ensure they are linked with an obstetrician or PCP. The purpose of the program is to increase the total number of members who successfully complete postpartum and newborn well-visit appointments. This program provides in-person visits while the new mother is still inpatient to ensure the member understood instructions and the importance of follow-up visits for prenatal care and well visits.

Pay-for-Performance

Peach State has offered provider incentive programs since 2010. The incentive programs actively engage and reward providers for delivering high-quality, cost-effective patient care. The CMO's incentive programs aligned with its goal to optimize member healthcare outcomes, while effectively managing healthcare costs.

- Sixty-three provider groups participated in one of Peach State's provider incentive programs. Overall, these providers served 77 percent of the CMO's membership, more than the 66 percent served by providers in an incentive program in 2016. Peach State achieved improvements from 2016 to 2017 in several measures for which the CMO provided incentives. Peach State attributed some of that success to members assigned to participating incentive providers.

CMO Activities Aimed at Achieving Goals and Objectives in the Georgia Quality Strategy

Goal 2: Smarter Utilization of Each Medicaid Dollar

- Decreased avoidable ED use by enhancing the ED case management program to target outreach to members newly diagnosed with chronic conditions in the ED.
- Continued discharge planning efforts to decrease readmissions.

Summary of Strengths, Weaknesses, and Overall Conclusions

The following highlights the key information used to develop high-level EQR technical report recommendations for Peach State.

Performance Measure Validation

Please see Appendix E for the criteria used to determine the CMO's greatest strengths, weaknesses, and opportunities for quality improvement (QI) efforts related to performance measure results.

Peach State's performance for reporting year 2018 demonstrated the following measure rates as the greatest strengths related to children's health (three measure rates), followed by care for chronic conditions and behavioral health conditions (each with one measure rate).

The following measure rates are strengths related to children's health. (The recommendations may not be listed according to the NCQA domain, and each bullet may include more than one measure or measurement set.)

- *Annual Dental Visit—7–10 Years*
- *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)*
- *Chlamydia Screening in Women—16–20 Years.*

Asthma Medication Ratio—Total is a strength related to care for chronic conditions, while *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—6–11 Years* is a strength related to behavioral health conditions.

Peach State's performance for reporting year 2018 demonstrated the greatest weaknesses related to care for chronic conditions (11 measure rates), followed by care for behavioral health conditions (six measure rates), adults' health (two measure rates), and children's health (one measure rate).

The following measure rates are weaknesses related to care for chronic conditions:

- *Comprehensive Diabetes Care—HbA1c Control (<8.0%), Blood Pressure Control (<140/90 mm Hg), HbA1c Poor Control (>9.0%), and HbA1c Control (<7.0%)*
- *Statin Therapy for Patients With Diabetes*
- *Controlling High Blood Pressure*
- *Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total*
- *Pharmacotherapy Management of COPD Exacerbation*
- *Medication Management for People With Asthma—Medication Compliance 50%—Ages 19–50 Years*

The following measure rates are weakness related to care for behavioral health conditions:

- *Follow-Up After ED Visit for AOD Abuse or Dependence*
- *Antidepressant Medication Management—Effective Continuation Phase Treatment*
- *Metabolic Monitoring for Children and Adolescents on Antipsychotics—6–11 Years, 12–17 Years, and Total*

The following measure rates are weaknesses related to adults' health:

- *Adult BMI Assessment*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*

Well-Child Visits in the First 15 Months of Life—No Well-Child Visits is a weakness related to children's health.

A strength for Peach State was that its performance measure data were compliant with HEDIS and DCH specifications and the data, as reported, were valid. Peach State's performance measures were reportable.

CAHPS

While below national averages for the CAHPS Adult Medicaid population, the CMO did see significant improvements on all effectiveness of care measures with an improvement of over 5 percentage points from 2017 to 2018. The State should consider working with the CMO to identify specific initiatives or actions taken by the CMO to improve these measures. In addition, the *Rating of All Health Care* measure for Peach State adult members was at least 5 percentage points greater than NCQA's 2018 CAHPS adult Medicaid national average.

Because members rated their personal doctor highly (i.e., rate greater than the national average and increased between 2017 and 2018), Peach State has an opportunity to work with providers regarding smoking and tobacco-using members to discuss smoking cessation medications and strategies that may help their patients to quit smoking and tobacco use. Peach State may also identify opportunities to collaborate with public health and community organization work related to smoking and tobacco cessation campaigns.

Child Population

For the child Medicaid population, Peach State should focus on improving the *Customer Service* and *Rating of Specialist Seen Most Often* rates since these rates were less than the 2017 child CAHPS results and fell below NCQA's 2018 CAHPS child Medicaid national averages, with *Customer Service* decreasing more than 5 percentage points from 2017 to 2018. In addition, Peach State should look to improve the *Getting Care Quickly* measure rate by improving members' access to care since this rate also fell slightly below the 2017 CAHPS results.

Peach State saw a significant improvement on the *Shared Decision Making* composite measure for the child Medicaid population and should consider analyzing and documenting best practices for other CMOs' use.

Key Recommendations for Peach State

Performance Measure Validation

To assess the CMO's performance measure results, reporting year 2018 rates were compared to prior years' results to determine notable declines and improvements in rates, as well as to NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS 2017. The results of the assessment were used to determine the CMO's greatest strengths, weaknesses, and opportunities for QI efforts related to performance measure results.

Peach State's performance for reporting year 2018 demonstrated that most of the measures that are the best targets for QI efforts are related to care for chronic conditions (10 measure rates), followed by children's health (nine measure rates), care for behavioral health conditions (six measure rates), and adults' health (six measure rates). The recommendations may include more than one NCQA domain. The following measure rates are the best targets for QI efforts related to care for chronic conditions:

- *Comprehensive Diabetes Care—HbA1c Testing and Medical Attention for Nephropathy*
- *Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total*
- *Medication Management for People With Asthma—Medication Compliance 50%—Ages 5–11 Years and Total, and Medication Compliance 75%—Ages 5–11 Years and Ages 12–18 Years*
- *Annual Monitoring for Patients on Persistent Medications—Ace Inhibitors or ARBs and Diuretics*
- *Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis*

The following measure rates are the best targets for QI efforts related to children's health:

- *Children and Adolescents' Access to Primary Care Practitioners—12–24 Months, 7–11 Years, and 12–19 Years*
- *Annual Dental Visit—19–20 Years*
- *Childhood Immunization Status—Combination 6 and Combination 10*
- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits*
- *Non-Recommended Cervical Cancer Screening in Adolescent Females*

The following measure rates are the best targets for QI efforts related to care for behavioral health conditions:

- *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*
- *Follow-Up After ED Visit for Mental Illness*

- *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—6–11 Years, 12–17 Years, and Total*

The following measure rates are the best targets for QI efforts related to adults' health:

- *Adults' Access to Preventive/Ambulatory Health Services—20–44 Years, 45–64 Years, and Total*
- *Prenatal and Postpartum Care—Postpartum Care*
- *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*
- *Use of Imaging Studies for Low Back Pain*

Please see Appendix E for the criteria used to determine the CMO's greatest strengths, weaknesses, and opportunities for QI efforts related to performance measure results.

CAHPS

Because members rated their personal doctor highly (i.e., rate greater than the national average and increased between 2017 and 2018), HSAG recommends that Peach State work with providers for smoking and tobacco-using members to discuss smoking cessation medications and strategies that may help their patients to quit smoking and tobacco use. Peach State may also identify opportunities to collaborate with public health and community organization work related to smoking and tobacco cessation campaigns.

Based on the results of the 2018 CAHPS adult population results, HSAG recommends that Peach State continue to focus QI initiatives on providing medical assistance with smoking and tobacco use cessation (*Discussing Cessation Medications* and *Discussing Cessation Strategies*), since these rates fell below NCQA's 2018 CAHPS adult Medicaid national averages by at least 5 percentage points.

HSAG also recommends that Peach State focus QI initiatives on enhancing members' experiences with *Customer Service*, *How Well Doctors Communicate*, and *Rating of Specialist Seen Most Often* for the adult Medicaid population, since these rates were less than the 2017 adult CAHPS results and (except for *How Well Doctors Communicate*) also fell below NCQA's 2018 CAHPS adult Medicaid national averages. The CMO should focus targeted efforts on member experience, as well as provider-member relations.

For the child Medicaid population, Peach State should focus on improving the *Customer Service* and *Rating of Specialist Seen Most Often* rates since they were less than the 2017 child CAHPS results and fell below NCQA's 2018 CAHPS child Medicaid national averages, with *Customer Service* decreasing more than 5 percentage points from 2017 to 2018. In addition, Peach State should look to improve the *Getting Care Quickly* measure rate by improving members' access to care since the rate also fell slightly below the 2017 CAHPS results.

EQR Activity Results for WellCare

WellCare of Georgia 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.

Age bands of WellCare’s Georgia Medicaid- and CHIP-enrolled members as of June 30, 2018, are shown in Table 4-21.

Table 4-21—WellCare Medicaid and CHIP Age Band Population Counts

Georgia Medicaid and CHIP Managed Care Demographics	
Medicaid Gender/Age Band	June 2018 Members*
Males and Females <1 Year of Age	27,242
Males and Females 1–2 Years of Age	42,238
Males and Females 3–14 Years of Age	246,525
Females 15–18 Years of Age	30,307
Males 15–18 Years of Age	29,409
Females 19–34 Years of Age	59,577
Males 19–34 Years of Age	4,688
Females 35+ Years of Age	27,517
Males 35+ Years of Age	4,537
Total Medicaid	472,040
CHIP Gender/Age Band	June 2018 Members
Males and Females <1 Year of Age	69
Males and Females 1–2 Years of Age	3,527
Males and Females 3–14 Years of Age	34,304
Females 15–18 Years of Age	5,489
Males 15–18 Years of Age	5,475
Total CHIP	48,864
Total Medicaid and CHIP	520,904

*Data provided by WellCare

The ethnic composition of WellCare’s Georgia CMO Medicaid recipients as of June 2018 are shown in Table 4-22.

Table 4-22—WellCare’s Member Ethnic Composition

Ethnicity*	Total Eligible**
Blanks	33
American Indian or Alaskan	746
Asian	7,214
Black	241,818
Black (non-Hispanic)	19
Caucasian	237,980
Hispanic	19
Native Hawaiian	96
Other	32,608
Pacific Islander	336
White (non-Hispanic)	40
Total	520,909

*Please note that the categorical breakout reported represents how WellCare’s system differentiates ethnicity and varies from DCH’s categories of race/ethnicity.

**Data reported by WellCare.

Validation of Performance Measures—NCQA HEDIS Compliance Audit

The table below displays the reporting year 2016, 2017, and 2018 rates for WellCare, along with reporting year 2016 to reporting year 2018 rate comparisons. Measures for which lower rates suggest better performance are indicated by an asterisk (*). For these measures, a decrease in the rate from 2016 to 2018 represents performance improvement, and an increase in the rate from 2016 to 2018 represents performance decline. Measures in the Utilization domain are designed to capture the frequency of services provided by the CMO and characteristics of the population served by the CMO. With the exception of the *Ambulatory Care (per 1,000 Member Months)—Total—ED Visits—Total, Antibiotic Utilization*, and *Plan All-Cause Readmissions* measure rates, higher or lower rates in this domain do not necessarily indicate better or worse performance. Therefore, these rates are provided for information only.

Table 4-23—Performance Measure Results for WellCare

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
Access to Care				
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>				
20–44 Years	81.52%	82.55%	81.16%	-0.36
45–64 Years	88.28%	88.99%	87.24%	-1.04

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
<i>65 Years and Older</i>	NA	NA	NA	NC
<i>Total</i>	82.40%	83.48%	81.99%	-0.41
Adult BMI Assessment				
<i>Adult BMI Assessment</i>	82.08%	82.06%	89.20%	7.12
Children and Adolescents' Access to Primary Care Practitioners				
<i>12–24 Months</i>	96.90%	97.13%	96.19%	-0.71
<i>25 Months–6 Years</i>	89.63%	90.80%	89.57%	-0.06
<i>7–11 Years</i>	91.36%	91.55%	91.46%	0.10
<i>12–19 Years</i>	89.09%	89.48%	89.17%	0.08
Annual Dental Visit				
<i>2–3 Years</i>	49.80%	50.00%	50.14%	0.34
<i>4–6 Years</i>	76.42%	77.21%	76.72%	0.30
<i>7–10 Years</i>	78.49%	79.18%	78.59%	0.10
<i>11–14 Years</i>	72.49%	73.37%	73.13%	0.64
<i>15–18 Years</i>	61.57%	63.20%	62.91%	1.34
<i>19–20 Years</i>	40.17%	43.14%	38.15%	-2.02
<i>Total</i>	70.12%	70.93%	70.23%	0.11
Colorectal Cancer Screening				
<i>Colorectal Cancer Screening</i>	46.72%	50.93%	45.75%	-0.97
Children's Health				
Prevention and Screening				
Appropriate Testing for Children With Pharyngitis				
<i>Appropriate Testing for Children With Pharyngitis</i>	80.67%	81.16%	84.10%	3.43
Childhood Immunization Status				
<i>Combination 3</i>	82.10%	78.24%	76.64%	-5.46
<i>Combination 6</i>	44.54%	30.79%	31.39%	-13.15
<i>Combination 10</i>	41.48%	28.24%	29.44%	-12.04
Immunizations for Adolescents				
<i>Combination 1 (Meningococcal, Tdap)</i>	89.51%	89.35%	92.21%	2.70
<i>Combination 2 (Meningococcal, Tdap, HPV)¹</i>	—	—	33.09%	NC
Lead Screening in Children				
<i>Lead Screening in Children</i>	83.85%	81.02%	82.31%	-1.54
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile—Total</i>	66.26%	77.78%	80.00%	13.74
<i>Counseling for Nutrition—Total</i>	60.39%	69.68%	73.33%	12.94
<i>Counseling for Physical Activity—Total</i>	54.03%	56.25%	63.46%	9.43

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
Upper Respiratory Infection				
Appropriate Treatment for Children With Upper Respiratory Infection²				
Appropriate Treatment for Children With Upper Respiratory Infection	84.42%	86.91%	88.50%	4.08
Well-Child/Well-Care Visits				
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	53.28%	51.62%	58.39%	5.11
Well-Child Visits in the First 15 Months of Life				
No Well-Child Visits*	0.54%	2.01%	0.52%	-0.02
Six or More Well-Child Visits	64.69%	63.41%	71.09%	6.40
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	68.73%	71.16%	79.24%	10.51
Women's Health				
Prenatal Care and Birth Outcomes				
Percentage of Live Births Weighing Less Than 2,500 Grams				
Percentage of Live Births Weighing Less Than 2,500 Grams*	9.05%	8.69%	9.64%	0.59
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	72.32%	80.38%	81.48%	9.16
Postpartum Care	52.87%	60.28%	58.77%	5.90
Prevention and Screening				
Breast Cancer Screening¹				
Breast Cancer Screening	—	—	64.12%	NC
Cervical Cancer Screening				
Cervical Cancer Screening	66.36%	69.77%	67.51%	1.15
Chlamydia Screening in Women				
16–20 Years	50.37%	54.32%	58.50%	8.13
21–24 Years	62.38%	66.45%	68.85%	6.47
Total	53.04%	56.69%	61.01%	7.97
Chronic Conditions				
Diabetes				
Comprehensive Diabetes Care				
Hemoglobin A1c (HbA1c) Testing	80.43%	81.79%	83.42%	2.99
HbA1c Control (<8.0%)	39.80%	37.63%	42.62%	2.82
Eye Exam (Retinal) Performed	39.64%	42.94%	40.30%	0.66
Blood Pressure Control (<140/90 mm Hg)	49.09%	47.04%	56.05%	6.96
HbA1c Poor Control (>9.0%)*	52.74%	56.30%	51.24%	-1.50

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
<i>HbA1c Control (<7.0%)</i>	32.39%	28.97%	31.39%	-1.00
<i>Medical Attention for Nephropathy</i>	90.88%	92.41%	90.55%	-0.33
<i>Statin Therapy for Patients With Diabetes</i>				
<i>Received Statin Therapy</i>	—	—	52.35%	NC
<i>Statin Adherence 80%</i>	—	—	45.38%	NC
Cardiovascular Conditions				
<i>Controlling High Blood Pressure</i>				
<i>Controlling High Blood Pressure</i>	40.15%	34.30%	41.61%	1.46
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>				
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	NA	78.57%	NA	NC
<i>Statin Therapy for Patients With Cardiovascular Disease</i>				
<i>Received Statin Therapy—Total</i>	—	—	73.33%	NC
<i>Statin Adherence 80%—Total</i>	—	—	41.41%	NC
Respiratory Conditions				
<i>Pharmacotherapy Management of COPD Exacerbation²</i>				
<i>Bronchodilator</i>	82.35%	84.79%	79.89%	-2.46
<i>Systemic Corticosteroid</i>	69.28%	74.65%	70.65%	1.37
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>				
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	—	—	33.06%	NC
Medication Management				
<i>Medication Management for People With Asthma</i>				
<i>Medication Compliance 50%—Ages 5–11 Years</i>	47.49%	47.46%	52.21%	4.72
<i>Medication Compliance 50%—Ages 12–18 Years</i>	42.44%	45.63%	48.92%	6.48
<i>Medication Compliance 50%—Ages 19–50 Years</i>	56.15%	53.77%	59.93%	3.78
<i>Medication Compliance 50%—Ages 51–64 Years</i>	NA	NA	NA	NC
<i>Medication Compliance 50%—Total</i>	46.08%	47.12%	51.52%	5.44
<i>Medication Compliance 75%—Ages 5–11 Years</i>	22.99%	21.84%	24.34%	1.35
<i>Medication Compliance 75%—Ages 12–18 Years</i>	19.95%	19.52%	22.83%	2.88
<i>Medication Compliance 75%—Ages 19–50 Years</i>	34.23%	33.22%	32.90%	-1.33
<i>Medication Compliance 75%—Ages 51–64 Years</i>	NA	NA	NA	NC
<i>Medication Compliance 75%—Total</i>	22.37%	21.56%	24.33%	1.96
<i>Annual Monitoring for Patients on Persistent Medications</i>				
<i>ACE Inhibitors or ARBs</i>	89.47%	89.23%	90.60%	1.13
<i>Diuretics</i>	88.82%	89.56%	90.40%	1.58
<i>Total¹</i>	—	—	90.51%	NC

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
Asthma Medication Ratio				
5–11 Years	—	—	78.97%	NC
12–18 Years	—	—	73.42%	NC
19–50 Years	—	—	55.50%	NC
51–64 Years	—	—	NA	NC
Total	—	—	75.27%	NC
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis				
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	—	—	73.00%	NC
Use of Opioids at High Dosage (per 1,000 Members)				
Use of Opioids at High Dosage*	—	—	40.49	NC
Use of Opioids From Multiple Providers (per 1,000 Members)				
Multiple Prescribers*	—	—	290.68	NC
Multiple Pharmacies*	—	—	114.85	NC
Multiple Prescribers and Multiple Pharmacies*	—	—	71.88	NC
Behavioral Health				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	39.23%	33.99%	36.11%	-3.12
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia				
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	—	—	NA	NC
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications				
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	80.40%	83.97%	82.47%	2.07
Follow-Up After Emergency Department (ED) Visit for Alcohol and Other Drug (AOD) Abuse or Dependence				
7-Day Follow-Up—Total	—	—	8.78%	NC
30-Day Follow-Up—Total	—	—	10.24%	NC
Antidepressant Medication Management³				
Effective Acute Phase Treatment	44.77%	44.88%	45.12%	0.35
Effective Continuation Phase Treatment	28.35%	29.07%	30.26%	1.91
Diabetes Monitoring for People With Diabetes and Schizophrenia				
Diabetes Monitoring for People With Diabetes and Schizophrenia	—	—	61.76%	NC
Follow-Up After ED Visit for Mental Illness				
7-Day Follow-Up	—	—	39.11%	NC

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
<i>30-Day Follow-Up</i>	—	—	53.70%	NC
<i>Follow-Up After Hospitalization for Mental Illness¹</i>				
<i>7-Day Follow-Up</i>	—	—	47.09%	NC
<i>30-Day Follow-Up</i>	—	—	67.12%	NC
<i>Follow-Up Care for Children Prescribed ADHD Medication³</i>				
<i>Initiation Phase</i>	47.02%	49.76%	51.29%	4.27
<i>Continuation and Maintenance Phase</i>	64.29%	68.00%	71.71%	7.42
<i>Initiation and Engagement of AOD Abuse or Dependence Treatment¹</i>				
<i>Initiation of AOD Treatment—Total—Total</i>	—	—	39.37%	NC
<i>Engagement of AOD Treatment—Total—Total</i>	—	—	9.56%	NC
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i>				
<i>1–5 Years</i>	—	—	16.22%	NC
<i>6–11 Years</i>	—	—	20.77%	NC
<i>12–17 Years</i>	—	—	27.61%	NC
<i>Total</i>	—	—	24.53%	NC
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>				
<i>1–5 Years</i>	—	—	45.16%	NC
<i>6–11 Years</i>	—	—	58.33%	NC
<i>12–17 Years</i>	—	—	57.46%	NC
<i>Total</i>	—	—	57.49%	NC
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents²</i>				
<i>1–5 Years*</i>	NA	NA	NA	NC
<i>6–11 Years*</i>	0.41%	0.89%	0.94%	0.53
<i>12–17 Years*</i>	2.66%	2.40%	2.96%	0.30
<i>Total*</i>	1.59%	1.70%	2.12%	0.53
Utilization				
<i>Ambulatory Care (per 1,000 Member Months)—Total</i>				
<i>Outpatient Visits—Total</i>	327.56	406.77	404.43	76.87
<i>ED Visits—Total*</i>	60.95	62.39	61.72	0.77
<i>Antibiotic Utilization—Total</i>				
<i>Percentage of Antibiotics of Concern for All Antibiotic Prescriptions—Total*</i>	40.16%	40.01%	38.36%	-1.80
<i>Mental Health Utilization—Total</i>				
<i>Any Service—Total³</i>	9.25%	9.57%	10.18%	0.93
<i>Inpatient—Total</i>	0.55%	0.55%	0.32%	-0.23
<i>Intensive Outpatient or Partial Hospitalization—Total³</i>	0.13%	0.12%	0.03%	-0.10
<i>Outpatient—Total¹</i>	—	—	9.78%	NC

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
<i>ED—Total¹</i>	—	—	0.06%	NC
<i>Telehealth—Total¹</i>	—	—	0.05%	NC
Plan All-Cause Readmissions				
<i>Index Total Stays—Observed Readmissions—18–44 Years*</i>	—	—	9.56%	NC
<i>Index Total Stays—Observed Readmissions—45–54 Years*</i>	—	—	11.56%	NC
<i>Index Total Stays—Observed Readmissions—55–64 Years*</i>	—	—	12.63%	NC
<i>Index Total Stays—Observed Readmissions—Total*</i>	—	—	9.99%	NC
<i>Index Total Stays—O/E Ratio—Total*</i>	—	—	0.72	NC
Inpatient Utilization—General Hospital/Acute Care—Total				
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	5.95	7.02	5.98	0.03
<i>Total Inpatient—Average Length of Stay—Total</i>	3.20	2.96	3.27	0.07
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	8.05	8.02	7.05	-1.00
<i>Maternity—Average Length of Stay—Total</i>	2.74	2.43	2.76	0.02
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	0.73	0.86	0.62	-0.11
<i>Surgery—Average Length of Stay—Total</i>	5.75	6.16	6.99	1.24
<i>Medicine—Discharges per 1,000 Member Months—Total</i>	1.26	2.19	1.78	0.52
<i>Medicine—Average Length of Stay—Total</i>	3.18	2.66	2.99	-0.19
Overuse/Appropriateness				
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis				
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	—	—	26.95%	NC
Non-Recommended Cervical Cancer Screening in Adolescent Females				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females*</i>	—	—	2.43%	NC
Use of Imaging Studies for Low Back Pain				
<i>Use of Imaging Studies for Low Back Pain</i>	—	—	65.57%	NC

* For this indicator, a lower rate indicates better performance.

¹ Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

² Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 and 2018 rates to prior years.

³ Due to changes in the technical specifications for this measure for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

— Indicates the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates the 2016–2018 Rate Comparison could not be calculated because data are not available for both years.

NA indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

Based on HSAG’s validation of performance measures, HSAG identified 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, the WellCare HEDIS auditor found that the CMO was fully compliant with all IS standards and determined that the CMO submitted valid and reportable rates for all measures in the scope of the NCQA HEDIS Compliance Audit.

Performance Improvement Projects

Member Realignment PIP

Upon initial validation of Module 1, HSAG identified that WellCare did not document overall plan data to support the PIP topic. Additionally, the CMO did not include the narrowed focus Independent Physicians Association (IPA) as one of the subgroups included in the reported comparative data to support the narrowed focus. Also, the CMO's documented measurement period and numerator descriptions for the comparative and narrowed focus data required further clarification. Finally, one of the key drivers, and some of the interventions, in the CMO's key driver diagram were not clearly linked to the SMART Aim. After receiving technical assistance from HSAG and two resubmissions, the CMO addressed HSAG's feedback, and all validation criteria were achieved.

Upon initial validation of Module 2, HSAG identified opportunities for improvement with the CMO's SMART Aim measure development. The documented numerator and denominator descriptions referred to the baseline measurement period, rather than the prospective data collection plan for the project. Additionally, the CMO did not document a prospective data collection methodology for tracking the SMART Aim measure for the duration of the project. Also, HSAG identified that the CMO should revise the data collection plan to follow a rolling 12-month methodology. Finally, WellCare did not correctly plot the SMART Aim goal on the SMART Aim run chart. After receiving technical assistance, and revising and resubmitting Module 2 three times, all validation criteria were achieved.

Prenatal Birth Outcomes—Makena Initiation PIP

Upon initial validation of Module 1, HSAG identified that WellCare did not report overall plan-wide data to support the PIP topic or comparative data to support selection of the narrowed focus. The CMO also did not document the data collection process used to calculate the narrowed focus baseline rate. Additionally, WellCare's initial SMART Aim did not clearly identify the narrowed focus for the project. HSAG provided technical assistance to the CMO to review initial validation findings and discuss the necessary changes. WellCare revised the Module 1 documentation to address HSAG's feedback and resubmitted the module. After the second resubmission, WellCare achieved all validation criteria for Module 1.

Upon initial validation of Module 2, HSAG identified opportunities for improvement related to the CMO's SMART Aim measure development. WellCare did not specify the narrowed focus for the SMART Aim measure, and the denominator definition required further clarification. While the CMO

referenced the use of a manual data collection tool, the tool was not included in the initial submission. Additionally, HSAG recommended that the CMO use a rolling 12-month methodology for the SMART Aim measure so monthly data could be collected and compared to the baseline measurement, based on 12 months of data. WellCare also needed to revise the SMART Aim run chart to reference the narrowed focus for the project. HSAG provided technical assistance to WellCare, and the CMO revised and resubmitted the module. After three resubmissions, all validation criteria were achieved.

Consumer Survey Quality of Care

Adult Findings


Table 4-24 shows WellCare’s 2017 and 2018 adult Medicaid CAHPS top-box rates. In 2018, a total of 2,160 adult members were administered a survey, of which 321 completed a survey. After ineligible members were excluded, the response rate was 15.3 percent. In 2018, the average NCQA response rate for the adult Medicaid population was 21.8 percent, greater than WellCare’s response rate.

Table 4-24—WellCare Adult Medicaid CAHPS Results

	2017 Top-Box Rates	2018 Top-Box Rates
Composite Measures		
<i>Getting Needed Care</i>	81.8%	81.4%
<i>Getting Care Quickly</i>	87.3%	81.7%
<i>How Well Doctors Communicate</i>	93.3%	92.6%
<i>Customer Service</i>	89.0% ⁺	88.2%
<i>Shared Decision Making</i>	81.8% ⁺	82.8%
Global Ratings		
<i>Rating of All Health Care</i>	72.5%	77.6%
<i>Rating of Personal Doctor</i>	84.4%	83.0%
<i>Rating of Specialist Seen Most Often</i>	80.0% ⁺	84.0%
<i>Rating of Health Plan</i>	78.7%	77.7%
Effectiveness of Care*		
<i>Advising Smokers and Tobacco Users to Quit</i>	72.5%	76.0%
<i>Discussing Cessation Medications</i>	29.6%	27.2%
<i>Discussing Cessation Strategies</i>	27.4%	27.6%

+ 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 2018 rate is at least 5 percentage points greater than the 2018 national average.

 Indicates the 2018 rate is at least 5 percentage points less than the 2018 national average.

WellCare's 2018 top-box rates for the adult Medicaid population were less than the 2018 NCQA adult Medicaid national averages for six measures:

- *Getting Needed Care*
- *Getting Care Quickly*
- *Customer Service*
- *Advising Smokers and Tobacco Users to Quit*
- *Discussing Cessation Medications*
- *Discussing Cessation Strategies*

Of these, *Discussing Cessation Medications* and *Discussing Cessation Strategies* rates were at least 5 percentage points less than the 2018 national averages.

WellCare's 2018 top-box rates for the adult Medicaid population were greater than the 2018 NCQA adult Medicaid national averages for six measures:

- *How Well Doctors Communicate*
- *Shared Decision Making*
- *Rating of All Health Care*
- *Rating of Personal Doctor*
- *Rating of Specialist Seen Most Often*
- *Rating of Health Plan*

None of the measure rates were at least 5 percentage points greater than the 2018 national averages.

WellCare's rates decreased for the adult Medicaid population between 2017 and 2018 for seven measures:

- *Getting Needed Care*
- *Getting Care Quickly*
- *How Well Doctors Communicate*
- *Customer Service*
- *Rating of Personal Doctor*
- *Rating of Health Plan*
- *Discussing Cessation Medications*

Of these, the rate for *Getting Care Quickly* showed a substantial decrease of 5 percentage points or more.

WellCare's rates increased for the adult Medicaid population between 2017 and 2018 for five measures:

- *Shared Decision Making*

- *Rating of All Health Care*
- *Rating of Specialist Seen Most Often*
- *Advising Smokers and Tobacco Users to Quit*
- *Discussing Cessation Strategies*

Of these, the rate for *Rating of All Health Care* showed a substantial increase of 5 percentage points or more.


Child Findings

Table 4-25 shows WellCare’s 2017 and 2018 child Medicaid CAHPS top-box rates. In 2018, a total of 1,980 child members were administered a survey, of which 428 completed a survey. After ineligible members were excluded, the response rate was 22.8 percent. In 2018, the average NCQA response rate for the child Medicaid population was 21.2 percent, slightly less than WellCare’s response rate.

Table 4-25—WellCare Child Medicaid CAHPS Results

	2017 Top-Box Rates	2018 Top-Box Rates
Composite Measures		
<i>Getting Needed Care</i>	88.0%	84.4%
<i>Getting Care Quickly</i>	94.4%	91.2%
<i>How Well Doctors Communicate</i>	96.2%	92.5%
<i>Customer Service</i>	94.9%	90.4%
<i>Shared Decision Making</i>	71.8% ⁺	72.4% ⁺
Global Ratings		
<i>Rating of All Health Care</i>	88.9%	91.0%
<i>Rating of Personal Doctor</i>	89.4%	89.2%
<i>Rating of Specialist Seen Most Often</i>	81.2% ⁺	85.1% ⁺
<i>Rating of Health Plan</i>	87.3%	90.2%

+ 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 2018 rate is at least 5 percentage points greater than the 2018 national average.

 Indicates the 2018 rate is at least 5 percentage points less than the 2018 national average.

WellCare’s 2018 top-box rates for the child Medicaid population were less than the 2018 NCQA child Medicaid national averages for five measures:

- *Getting Needed Care*
- *How Well Doctors Communicate*
- *Shared Decision Making*

- *Rating of Personal Doctor*
- *Rating of Specialist Seen Most Often*

Of these, the rate for *Shared Decision Making* was at least 5 percentage points less than the 2018 national average.

WellCare's 2018 top-box rates for the child Medicaid population were greater than the 2018 NCQA child Medicaid national averages for four measures:

- *Getting Care Quickly*
- *Customer Service*
- *Rating of All Health Care*
- *Rating of Health Plan*

None of the measure rates were at least 5 percentage points greater than the 2018 national averages.

WellCare's rates for the child Medicaid population decreased between 2017 and 2018 for five measures:

- *Getting Needed Care*
- *Getting Care Quickly*
- *How Well Doctors Communicate*
- *Customer Service*
- *Rating of Personal Doctor*

WellCare's rates for the child Medicaid population increased between 2017 and 2018 for four measures:

- *Shared Decision Making*
- *Rating of All Health Care*
- *Rating of Specialist Seen Most Often*
- *Rating of Health Plan*

None of the measure rates had a substantial increase or decrease of 5 percentage points or more from the 2017 rate.

WellCare Accomplishments

WellCare stated that it developed 2018 improvement initiatives based on recommendations from the QAPI Description and Evaluation, member feedback, provider input, and quality of care trends. WellCare created programs or enhancements to improve the health status of members by promoting healthy lifestyles and encouraging preventive care and DM opportunities with efficiency. Certain goals and activities placed emphasis on continuity of care between medical and behavioral health disciplines.

Behavioral health goals focused on the development and delivery of an opioid program. WellCare also used access to the Georgia Health Information Network (GaHIN) to obtain available medical record information. This process avoided duplicative efforts and provider abrasion when the needed information was obtained through GaHIN. WellCare worked with GaHIN each week to help improve the areas of access needed for the CMO's population.

Activities and Interventions Focused on Behavioral Health, the Opioid Epidemic, and Substance Use Disorder

WellCare implemented an opioid care management program that included the following elements:

- **Non-opioid Alternatives:** Evidence-based education of non-opioid pain management techniques that can be used instead of, or in conjunction with, prescribed opioids to increase the member's overall function.
- **Member Engagement:** Coaching and support by using strategies such as motivational interviewing, and collaborating with the member, providers, and additional supports to create customized goals and interventions to address optimal pain relief and functioning.
- **Safety Education:** When opioids are necessary, education for members and providers on how to monitor use, safe storage, and disposal of unused medications.
- **Community & Provider Engagement:** Connect members to psychosocial supports and/or substance abuse treatments, including Medication Assisted Treatment (MAT) providers, as needed.
- **Overdose (OD) Prevention:** Educate members and support systems on safety measures regarding opioid use such as recognizing signs of overdose and correct use of naloxone.
- **Treatment/Recovery:** Ensuring members are receiving appropriate levels of care for their clinical needs (inpatient/outpatient detox, residential, partial hospitalization program, intensive outpatient program, peer support, etc.).

Based on positive results from a pilot program conducted with WellCare's Kentucky health plan, WellCare implemented a standardized lock-in program throughout all Medicaid markets in which members were identified based on patterns of overutilization of controlled substances, prescribers, pharmacies, and/or ED facilities. Identified members were locked in to one pharmacy and one provider for a period of at least one year and referred to care management.

WellCare ensured that its customer service representatives understood that MAT pharmaceuticals were included in the 72-hour emergency fill process. This allowed WellCare to swiftly authorize the initial start-up of medications used in MAT for opioid treatment. Providing this immediate access to MAT pharmaceuticals supported WellCare's care management efforts to engage its members early in their recovery process and potentially avoid opioid-related overdoses and deaths and helped keep members stable and active in their community while seeking treatment for their opioid addiction.

To prevent overprescribing, misuse, and overdoses related to opioids, WellCare implemented the following limitations:

- All long-acting opioids require a trial of a short-acting opioid.
- Initial opioid fills for opioid-naïve members were limited to three to seven days.
- A 90 morphine milligram equivalents (MME)/day maximum dose limitation.
- A limitation preventing concurrent prescriptions of opioids and benzodiazepines.
- Prior authorizations were required for initial authorizations and reauthorizations that show use of nonopioid measures to manage pain and proof of improvement of pain level and function with opioid management.
- Used the proprietary predictive analytics engine from WellCare's vendor partner, RxAnte to identify, after the first opioid prescription is written, who is at risk for misusing that drug.

Best and Emerging Practices for Improving Quality of Care and Services

Lock-In Program

Through coordination of care efforts, WellCare's behavioral health program, along with WellCare's pharmacy and health services care management teams, created and implemented the lock-in program.

Postpartum Outreach Program

Health services care management initiated a postpartum outreach program through an in-home vendor, Resurgia. The program addressed postpartum assessment, including depression screening, contraception, and chlamydia screening.

Model of Care Program

A model of care program around members with asthma launched in 2018, reaching over 600 of WellCare's members with this chronic disease. Similarly, an outreach program for members with diabetes mellitus reached over 500 members.

Provider Web Portal Enhancements

The provider Web portal was enhanced for easier use as it pertains to care gap reporting, membership rosters, authorization status, and more.

Pay-for-Performance

As part of the Pay for Quality (P4Q) Program launched in 2017, providers must attend all required training to be eligible to receive the incentives. One of the required training modules is for cultural competency. Providers were able to earn incentive payments through the P4Q Program by closing care gaps, helping to ensure members took prescribed medication, and by updating the health history for the members they treated. The incentive program was in addition to the compensation arrangement set forth in the provider's participation agreement.

WellCare's Behavioral Health Home (BHH) Program was a pilot program that WellCare initiated to provide coordinated, integrated care to members who had significant behavioral health and medical needs. WellCare compensated the BHH entity for delivering comprehensive, integrated, and coordinated care for enrolled BHH members. A performance-based payment is provided to the BHH entity based on quality of care measures.

Providers and practices that have achieved PCMH recognition using NCQA's PCMH recognition program were eligible to receive the quarterly incentives during their recognition period. The PCMH incentive program was designed to encourage more member visits with PCMH-recognized providers which will help nurture the medical home relationship between members and their PCPs.

The PCMH incentives were paid quarterly for claims that contained any of the 20 eligible Current Procedural Terminology (CPT) codes. The rates for the payments were based on the CPT code and the level of PCMH recognition achieved, with Level 3 being the highest.

CMO Activities Aimed at Achieving Goals and Objectives in the Georgia Quality Strategy

Goal 1: Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members

- The CMO initiated a postpartum outreach program through an in-home vendor, Resurgica. The program addressed postpartum assessments, including depression screening, contraception, and chlamydia screening.
- The CMO used a pay-for-performance program where providers were able to earn incentive payments by closing care gaps, helping to ensure members took prescribed medication, and by updating the health history for the members they treated.

Goal 2: Smarter Utilization of Each Medicaid Dollar

- The CMO's prenatal program reduced NICU rates for members who were case managed by 4.5 percent. The various educational events attended by care managers helped in educating and engaging WellCare members and resulted in a 38.1 percent decrease in ER visits per 1,000 members as well as a 60.3 percent decrease in inpatient admissions per 1,000 members.

Summary of Strengths, Weaknesses, and Overall Conclusions

The following highlights the key information used to develop high-level EQR technical report recommendations for WellCare.

Performance Measure Validation

Please see Appendix E for the criteria used to determine the CMO's greatest strengths, weaknesses, and opportunities for quality improvement (QI) efforts related to performance measure results.

WellCare's performance for reporting year 2018 demonstrated the following measure rates as the greatest strengths related to children's health (seven measure rates), followed by care for chronic conditions (two measure rates) and care for behavioral health conditions (one measure rate). (The recommendations may not be listed according to the NCQA domain, and each bullet may include more than one measure or measurement set.)

The following measure rates are the greatest strengths related to children's health:

- *Annual Dental Visit—4–6 Years, 7–10 Years, 11–14 Years, and Total*
- *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)*
- *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits*
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*

The following measure rates are the greatest strengths related to care for chronic conditions: *Asthma Medication Ratio—12–18 Years and Total*.

Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase is the greatest strength related to care for behavioral health conditions.

WellCare's performance for reporting year 2018 demonstrated the greatest weaknesses related to care for chronic conditions (nine measure rates), followed by care for behavioral health conditions (six measure rates), children's health (two measure rates), and adults' health (one measure rate).

The following measure rates are weaknesses related to care for chronic conditions:

- *Comprehensive Diabetes Care—HbA1c Testing, Eye Exam (Retinal) Performed, HbA1c Poor Control (>9.0%), and HbA1c Control (<7.0%)*
- *Statin Therapy for Patients With Diabetes—Received Statin Therapy and Statin Adherence 80%*
- *Controlling High Blood Pressure*
- *Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total*
- *Medication Management for People With Asthma—Medication Compliance 75%—Total*

The following measure rates are weaknesses related to care for behavioral health conditions:

- *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*
- *Antidepressant Medication Management*
- *Diabetes Monitoring for People With Diabetes and Schizophrenia*

- *Metabolic Monitoring for Children and Adolescents on Antipsychotics—6–11 Years and Total*

The following measure rates are weaknesses related to children’s health: *Childhood Immunization Status—Combination 6* and *Combination 10*.

Use of Imaging Studies for Low Back Pain is a weakness related to adults’ health.

HSAG’s PMV auditors indicated that WellCare’s measure data were compliant with HEDIS and DCH specifications and that the data, as reported, were valid.

Performance Improvement Projects

In calendar year 2018, WellCare initiated two new rapid-cycle PIPs, the clinical *Prenatal Birth Outcomes—Makena Initiation* PIP, and the nonclinical *Member Realignment* PIP. The clinical PIP topic has the potential to improve access to appropriate prenatal care, supporting a health pregnancy and reducing the likelihood of pre-term delivery. The nonclinical PIP topic has the potential to ensure that primary care assignments are meeting member needs and improve member satisfaction with the assigned PCP. The success of WellCare’s PIPs will be determined in calendar year 2019, when the projects progress to testing interventions and evaluating improvement of outcomes.

WellCare demonstrated opportunities for improvement in efficiently moving through the Initiation phase of the PIPs during calendar year 2018. While the CMO completed Modules 1 and 2 for both PIPs, three resubmissions for each PIP were required before WellCare fully addressed HSAG’s feedback and achieved all validation criteria for Modules 1 and 2. All criteria for the clinical PIP were achieved in October 2018, and all criteria for the nonclinical PIP were achieved in December 2018. HSAG recommends that the CMO focus on improving performance on subsequent PIP modules and support achieving the established goals for improving PIP outcomes in 2019.

CAHPS

For the adult Medicaid population, the rates for *Getting Needed Care*, *Getting Care Quickly*, *Customer Service*, *Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation Medication*, and *Discussing Cessation Strategies* fell below NCQA’s 2018 CAHPS adult Medicaid national averages, with *Getting Care Quickly* decreasing more than 5 percentage points from 2017 to 2018, indicating a weakness for WellCare. WellCare’s rates for two of the adult Effectiveness of Care measures (*Discussing Cessation Medications* and *Discussing Cessation Strategies*) fell below the NCQA 2018 CAHPS adult Medicaid national averages by at least 5 percentage points.

WellCare demonstrated a strength in the global rating for *Rating of Specialist Seen Most Often*. The rate for this measure improved (indicating that the CMO’s members were satisfied with their specialty providers’ care), and members rated their personal doctor highly (i.e., rate greater than the national average).

For the child Medicaid population, WellCare should focus on improving the rate for the *Shared Decision Making* measure since the rate fell below NCQA’s 2018 CAHPS child Medicaid national averages by at

least 5 percentage points.⁴⁻² WellCare could use member focus groups or targeted provider education to better understand and provide information to providers about involving members and their caregivers in decision making regarding the member's care and services. Including the member's voice in QI provides an opportunity for WellCare to target specific areas that may improve satisfaction with the specialist seen most often as well as ensuring members perceive that they participate in making healthcare decisions with their providers.

WellCare rates for the child Medicaid population for the *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, *Customer Service*, and *Rating of Personal Doctor* rates were less than the 2017 child CAHPS results. Of these measures, *Getting Needed Care*, *How Well Doctors Communicate*, and *Rating of Personal Doctor* fell below NCQA's 2018 CAHPS child Medicaid national averages.

Performance Improvement Projects

WellCare demonstrated opportunities for improvement in efficiently moving through the Initiation phase of the PIPs during calendar year 2018. While the CMO completed Modules 1 and 2 for both PIPs, three resubmissions for each PIP were required before WellCare fully addressed HSAG's feedback and achieved all validation criteria for Modules 1 and 2. All criteria for the clinical PIP were achieved in October 2018, and all criteria for the nonclinical PIP were achieved in December 2018.

Key Recommendations for WellCare

Performance Measure Validation

To assess the CMO's performance measure results, reporting year 2018 rates were compared to prior years' results to determine notable declines and improvements in rates, as well as to NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS 2017. The results of the assessment were used to determine the CMO's greatest strengths, weaknesses, and opportunities for QI efforts related to performance measure results.

WellCare's performance for reporting year 2018 demonstrated that most of the measures that are the best targets for QI efforts are related to care for chronic conditions (11 measure rates), followed by care for behavioral health conditions (six measure rates), children's health (three measure rates), and adults' health (three measure rates).

The following measure rates are the best targets for QI efforts related to care for chronic conditions:

- *Comprehensive Diabetes Care—HbA1c Control (<8.0%)*
- *Blood Pressure Control (<140/90 mm Hg)*

⁴⁻² This CAHPS score had fewer than 100 respondents. Due to the low response rate, caution should be exercised when interpreting results for this measure.

- *Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total*
- *Pharmacotherapy Management of COPD Exacerbation—Bronchodilator*
- *Medication Management for People With Asthma—Medication Compliance 50%—Ages 5–11 Years, Ages 12–18 Years, and Ages 19–50 Years*
- *Medication Compliance 75%—Ages 5–11 Years, Ages 12–18 Years, and Ages 19–50 Years*
- *Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis*

The following measure rates are the best targets for QI efforts related to care for behavioral health conditions:

- *Follow-Up After ED Visit for AOD Abuse or Dependence*
- *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up*
- *Metabolic Monitoring for Children and Adolescents on Antipsychotics—1–5 Years and 12–17 Years*
- *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics*
- *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—12–17 Years*

The following measure rates are the best targets for QI efforts related to children’s health:

- *Children and Adolescents’ Access to Primary Care Practitioners—12–19 Years*
- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Non-Recommended Cervical Cancer Screening in Adolescent Females*

The following measure rates are the best targets for QI efforts related to adults’ health:

- *Adults’ Access to Preventive/Ambulatory Health Services—Total*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*

Please see Appendix E for the criteria used to determine the CMO’s greatest strengths, weaknesses, and opportunities for QI efforts related to performance measure results.

CAHPS

It is recommended that WellCare focus QI efforts, for the adult Medicaid population, on the rates for *Getting Needed Care*, *Getting Care Quickly*, *Customer Service*, *Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation Medication*, and *Discussing Cessation Strategies*, which fell below NCQA’s 2018 CAHPS adult Medicaid national averages, with *Getting Care Quickly* decreasing more than 5 percentage points from 2017 to 2018. WellCare’s rates for two of the adult Effectiveness of Care measures (*Discussing Cessation Medications* and *Discussing Cessation Strategies*) fell below the NCQA 2018 CAHPS adult Medicaid national averages by at least 5 percentage points.

Since the global rating for *Rating of Specialist Seen Most Often* improved (indicating that the CMO’s members were satisfied with their specialty providers’ care) and members rated their personal doctor

highly (i.e., rate greater than the national average), HSAG recommends that WellCare work with these providers to improve rates for the adult Effectiveness of Care measures. For those patients who smoke or use tobacco, providers could discuss strategies 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. WellCare should also focus efforts on improving members' access to timely care, as well as members' experience with the CMO (*Getting Needed Care*, *Getting Care Quickly*, and *Customer Service*).

For the child Medicaid population, HSAG recommends that WellCare focus on improving the rate for the *Shared Decision Making* measure since the rate fell below NCQA's 2018 CAHPS child Medicaid national averages by at least 5 percentage points⁴⁻³ WellCare could use member focus groups or targeted provider education to better understand and provide information to providers about involving members and their caregivers in decision making regarding the member's care and services. Including the member's voice in QI provides an opportunity for WellCare to target specific areas that may improve satisfaction with the specialist seen most often as well as ensuring members perceive that they participate in making healthcare decisions with their providers.

In addition, HSAG recommends that WellCare focus efforts on improving the *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, *Customer Service*, and *Rating of Personal Doctor* rates for the child Medicaid population, since these rates were less than the 2017 child CAHPS results. Of these measures, *Getting Needed Care*, *How Well Doctors Communicate*, and *Rating of Personal Doctor* fell below NCQA's 2018 CAHPS child Medicaid national averages. It is recommended that WellCare consider conducting a root cause analysis of these areas of low performance and devise potential improvement strategies.

⁴⁻³ This CAHPS score had fewer than 100 respondents. Due to the low response rate, caution should be exercised when interpreting results for this measure.

EQR Activity Results for Amerigroup 360°

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.

Age bands of the CMO’s Georgia Medicaid- and CHIP-enrolled members as of June 30, 2018, are shown in Table 4-26.

Table 4-26—Amerigroup 360° Medicaid and CHIP Age Band Population Counts

Georgia Medicaid and CHIP Managed Care Demographics	
Medicaid Gender/Age Band	June 2018 Members*
Males and Females <1 Year of Age	859
Males and Females 1–2 Years of Age	2,677
Males and Females 3–14 Years of Age	17,653
Females 15–18 Years of Age	3,338
Males 15–18 Years of Age	3,514
Females 19–34 Years of Age	863
Males 19–34 Years of Age	765
Females 35+ Years of Age	N/A
Males 35+ Years of Age	N/A
Total Medicaid	29,669
CHIP Gender/Age Band	June 2018 Members
Males and Females <1 Year of Age	N/A
Males and Females 1–2 Years of Age	N/A
Males and Females 3–14 Years of Age	N/A
Females 15–18 Years of Age	N/A
Males 15–18 Years of Age	N/A
Total CHIP	N/A
Total Medicaid and CHIP	29,669

*Data provided by Amerigroup 360°.

The ethnic composition of the CMO’s Medicaid recipients as of June 2018 are shown in Table 4-27.

Table 4-27—Amerigroup 360°’s Member Ethnic Composition

Ethnicity	Total Eligible*
Asian or Pacific Islander Non-Hispanic	90
Black Non-Hispanic	12,962

Ethnicity	Total Eligible*
Hispanic	1
Am Indian/Alaskan Non-Hispanic	52
Am Indian/Alaskan and White	0
Asian and White	0
Black African Am and White	0
Am Indian/Alaskan and Black	0
Other Non-Hispanic	1,043
Asian/Pacific Islander Hispanic	0
Black Hispanic	0
Am Indian/Alaskan Hispanic	0
White Hispanic	0
White Non-Hispanic	14,704
Total	28,852

*Data provided by Amerigroup 360°.

Validation of Performance Measures—NCQA HEDIS Compliance Audit

The table below displays the reporting year 2016, 2017, and 2018 rates for Amerigroup 360°, along with reporting year 2016 to reporting year 2018 rate comparisons. Measures for which lower rates suggest better performance are indicated by an asterisk (*). For these measures, a decrease in the rate from 2016 to 2018 represents performance improvement, and an increase in the rate from 2016 to 2018 represents performance decline. Measures in the Utilization domain are designed to capture the frequency of services provided by the CMO and characteristics of the population served by the CMO. With the exception of the *Ambulatory Care (per 1,000 Member Months)—Total—ED Visits—Total* and *Antibiotic Utilization* measure rates, higher or lower rates in this domain do not necessarily indicate better or worse performance. Therefore, these rates are provided for information only.

Table 4-28—Performance Measure Results for Amerigroup 360°

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
Access to Care				
<i>Adults’ Access to Preventive/Ambulatory Health Services¹</i>				
20–44 Years	52.82%	55.68%	60.43%	7.61
<i>Adult BMI Assessment¹</i>				
Adult BMI Assessment	NA	62.82%	67.51%	NC
<i>Children and Adolescents’ Access to Primary Care Practitioners</i>				

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
<i>12–24 Months</i>	98.75%	98.95%	99.07%	0.32
<i>25 Months–6 Years</i>	91.06%	91.88%	92.43%	1.37
<i>7–11 Years</i>	97.46%	88.23%	90.31%	-7.15
<i>12–19 Years</i>	96.92%	82.69%	84.89%	-12.03
Annual Dental Visit				
<i>2–3 Years</i>	46.87%	56.93%	60.42%	13.55
<i>4–6 Years</i>	80.41%	79.94%	80.62%	0.21
<i>7–10 Years</i>	75.91%	78.41%	78.32%	2.41
<i>11–14 Years</i>	69.54%	70.91%	72.09%	2.55
<i>15–18 Years</i>	63.67%	65.96%	64.88%	1.21
<i>19–20 Years</i>	38.91%	40.70%	42.61%	3.70
<i>Total</i>	67.48%	69.78%	70.21%	2.73
Children’s Health				
Prevention and Screening				
Appropriate Testing for Children With Pharyngitis				
<i>Appropriate Testing for Children With Pharyngitis</i>	81.98%	83.10%	83.24%	1.26
Childhood Immunization Status				
<i>Combination 3</i>	71.06%	72.22%	82.48%	11.42
<i>Combination 6</i>	37.73%	37.27%	43.31%	5.58
<i>Combination 10</i>	26.39%	27.55%	34.55%	8.16
Immunizations for Adolescents				
<i>Combination 1 (Meningococcal, Tdap)</i>	84.03%	84.49%	86.62%	2.59
<i>Combination 2 (Meningococcal, Tdap, HPV)²</i>	—	—	33.33%	NC
Lead Screening in Children				
<i>Lead Screening in Children</i>	78.94%	84.49%	82.10%	3.16
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile—Total</i>	68.29%	78.24%	81.75%	13.46
<i>Counseling for Nutrition—Total</i>	68.52%	79.63%	78.59%	10.07
<i>Counseling for Physical Activity—Total</i>	64.12%	73.15%	71.53%	7.41
Upper Respiratory Infection				
Appropriate Treatment for Children With Upper Respiratory Infection³				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	84.11%	87.63%	86.54%	2.43
Well-Child/Well-Care Visits				
Adolescent Well-Care Visits				
<i>Adolescent Well-Care Visits</i>	53.47%	56.61%	60.83%	7.36

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
Well-Child Visits in the First 15 Months of Life				
No Well-Child Visits*	1.42%	0.23%	0.49%	-0.93
Six or More Well-Child Visits	56.70%	62.73%	69.10%	12.40
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	73.84%	77.10%	84.18%	10.34
Women’s Health				
Prenatal Care and Birth Outcomes				
Percentage of Live Births Weighing Less Than 2,500 Grams				
Percentage of Live Births Weighing Less Than 2,500 Grams*	NA	NA	NA	NC
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	81.08%	65.06%	59.77%	-21.31
Postpartum Care	59.46%	67.47%	68.97%	9.51
Prevention and Screening				
Chlamydia Screening in Women				
16–20 Years	54.35%	60.44%	65.03%	10.68
21–24 Years	58.14%	71.43%	70.11%	11.97
Total	54.47%	60.88%	65.31%	10.84
Medication Management				
Medication Management for People With Asthma				
Medication Compliance 50%—Ages 5–11 Years	NA	62.57%	55.79%	NC
Medication Compliance 50%—Ages 12–18 Years	NA	56.25%	58.01%	NC
Medication Compliance 75%—Ages 5–11 Years	NA	37.43%	37.37%	NC
Medication Compliance 75%—Ages 12–18 Years	NA	28.41%	36.46%	NC
Asthma Medication Ratio				
5–11 Years	—	—	84.73%	NC
12–18 Years	—	—	71.63%	NC
Behavioral Health				
Antidepressant Medication Management⁴				
Effective Acute Phase Treatment	73.02%	46.88%	39.51%	-33.51
Effective Continuation Phase Treatment	61.90%	31.25%	25.93%	-35.97
Follow-Up After Emergency Department (ED) Visit for Mental Illness				
7-Day Follow-Up	—	—	59.80%	NC
30-Day Follow-Up	—	—	82.11%	NC
Follow-Up After Hospitalization for Mental Illness²				
7-Day Follow-Up	—	—	48.37%	NC
30-Day Follow-Up	—	—	72.93%	NC

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
Follow-Up Care for Children Prescribed ADHD Medication⁴				
Initiation Phase	51.71%	53.95%	57.56%	5.85
Continuation and Maintenance Phase	54.72%	66.27%	68.49%	13.77
Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment²				
Initiation of AOD Treatment—Total—Total	—	—	56.71%	NC
Engagement of AOD Treatment—Total—Total	—	—	23.78%	NC
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
1–5 Years	—	—	13.33%	NC
6–11 Years	—	—	28.52%	NC
12–17 Years	—	—	51.08%	NC
Total	—	—	43.40%	NC
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
1–5 Years	—	—	NA	NC
6–11 Years	—	—	78.97%	NC
12–17 Years	—	—	79.56%	NC
Total	—	—	79.57%	NC
Use of Multiple Concurrent Antipsychotics in Children and Adolescents³				
1–5 Years*	NA	NA	NA	NC
6–11 Years*	2.58%	3.32%	1.98%	-0.60
12–17 Years*	6.04%	7.31%	6.45%	0.41
Total*	4.93%	5.96%	4.99%	0.06
Utilization				
Ambulatory Care (per 1,000 Member Months)—Total				
Outpatient Visits—Total	289.86	302.00	313.56	23.70
ED Visits—Total*	35.58	35.44	36.26	0.68
Antibiotic Utilization—Total				
Percentage of Antibiotics of Concern for All Antibiotic Prescriptions—Total*	—	—	40.73%	NC
Mental Health Utilization—Total				
Any Service—Total ⁴	56.61%	54.88%	53.45%	-3.16
Inpatient—Total	4.52%	3.87%	1.18%	-3.34
Intensive Outpatient or Partial Hospitalization—Total ⁴	0.98%	0.72%	0.11%	-0.87
Outpatient—Total ²	—	—	52.22%	NC
ED—Total ²	—	—	0.01%	NC
Telehealth—Total ²	—	—	0.00%	NC

HEDIS Measure	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	2016–2018 Rate Comparison
Inpatient Utilization—General Hospital/Acute Care—Total				
Total Inpatient—Discharges per 1,000 Member Months—Total	1.88	1.84	1.80	-0.08
Total Inpatient—Average Length of Stay—Total	4.90	5.04	6.12	1.22
Maternity—Discharges per 1,000 Member Months—Total	0.50	0.62	0.60	0.10
Maternity—Average Length of Stay—Total	2.89	3.19	3.33	NC
Surgery—Discharges per 1,000 Member Months—Total	0.55	0.43	0.43	-0.12
Surgery—Average Length of Stay—Total	8.14	9.29	13.69	NC
Medicine—Discharges per 1,000 Member Months—Total	1.04	1.06	1.04	0.00
Medicine—Average Length of Stay—Total	3.76	3.94	3.90	NC
Overuse/Appropriateness				
Non-Recommended Cervical Cancer Screening in Adolescent Females				
Non-Recommended Cervical Cancer Screening in Adolescent Females*	—	—	2.62%	NC

* For this indicator, a lower rate indicates better performance.

¹ Indicates that the data for this measure only includes members 21 years of age and younger.

² Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

³ Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 and 2018 rates to prior years.

⁴ Due to changes in the technical specifications for this measure for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

— Indicates the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates the 2016–2018 Rate Comparison could not be calculated because data are not available for both years.

NA indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

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 the CMO was fully compliant with all IS standards and determined Amerigroup 360° submitted valid and reportable rates for all measures in the scope of the NCQA HEDIS Compliance Audit.

Performance Improvement Projects

Antidepressant Adherence During Continuation Phase of Treatment PIP

Upon initial validation of Module 1, HSAG noted that the CMO did not identify a narrowed focus for the PIP. The CMO did not provide comparative data by subgroup and did not specify a narrowed focus

in the SMART Aim statement. Additionally, Amerigroup 360° did not clearly describe some of the drivers and interventions included in the key driver diagram. The CMO received technical assistance and revised the module, based on HSAG's feedback. After the third resubmission, all feedback was addressed, and all validation criteria were achieved.

Upon initial validation of Module 2, opportunities for improvement were identified with the CMO's SMART Aim measure development. Amerigroup 360° documented age criteria for the SMART Aim measure in Module 2 that differed from the age criteria documented in Module 1. Additionally, the CMO did not fully document how the components of the HEDIS *Antidepressant Medication Management (AMM)* measure specifications would be adapted for a prospective rolling 12-month data collection methodology. Amerigroup 360° also needed to correct the measurement period dates documented on the x-axis for the SMART Aim run chart. The CMO received technical assistance and revised and resubmitted the module. After the third resubmission, the CMO addressed all feedback, and all validation criteria were achieved.

Adoption Assistance (AA) Member Contact Information and Care Coordination Services PIP

Upon initial validation of Module 1, HSAG identified that the overall plan-wide rate was documented inconsistently. Additionally, Amerigroup 360° did not report comparative data or narrowed focus data, and the CMO did not identify a narrowed focus in the SMART Aim statement. In the key driver diagram, some of the documented drivers and interventions were unclear and contained undefined acronyms. After receiving feedback and technical assistance from HSAG, the CMO revised and resubmitted the module. After the third resubmission, all feedback was addressed, and all validation criteria were achieved.


Upon initial validation of Module 2, opportunities for improvement were identified with the CMO's SMART Aim measure development. Amerigroup 360° documented a baseline rate based on a 12-month measurement period; therefore, HSAG recommended that the CMO define the components of the SMART Aim measure that would be adapted to a rolling 12-month measurement methodology to allow for valid comparisons with the baseline. Additionally, the documented data collection plan did not clearly describe the process that would be used to calculate the SMART Aim measure. Amerigroup 360° also needed to correct the measurement period dates documented on the x-axis for the SMART Aim run chart. The CMO addressed all of HSAG's feedback after receiving technical assistance and revising and resubmitting the module. After the third resubmission, all validation criteria were achieved.


Consumer Survey Quality of Care

Table 4-29 shows Amerigroup 360°'s 2017 and 2018 GF 360° Medicaid CAHPS top-box rates. In 2018, a total of 2,640 child members were administered a survey, of which 640 completed a survey. After ineligible members were excluded, the response rate was 24.3 percent. In 2018, the average NCQA response rate for the child Medicaid population was 21.2 percent, less than Amerigroup 360°'s response rate.

Table 4-29—Amerigroup 360° CAHPS Results

	2017 Top-Box Rates	2018 Top-Box Rates
Global Ratings		
<i>Rating of Health Plan</i>	79.75%	81.09%
<i>Rating of All Health Care</i>	86.25%	87.65%
<i>Rating of Personal Doctor</i>	91.55%	93.69%
<i>Rating of Specialist Seen Most Often</i>	86.47%	85.20%
Composite Measures		
<i>Getting Needed Care</i>	88.75%	86.77%
<i>Getting Care Quickly</i>	95.10%	95.64%
<i>How Well Doctors Communicate</i>	97.22%	97.42%
<i>Customer Service</i>	90.58%	88.98%
<i>Shared Decision Making</i>	80.24%	84.28%

 Indicates the 2018 rate is at least 5 percentage points greater than the 2018 national average.

 Indicates the 2018 rate is at least 5 percentage points less than the 2018 national average.

Amerigroup 360°’s 2018 top-box rates for the GF 360° Medicaid population were less than the 2018 NCQA child Medicaid national averages for two measures:

- *Rating of Health Plan*
- *Rating of Specialist Seen Most Often*

Of these, the rate for *Rating of Health Plan* was at least 5 percentage points less than the 2018 national average.

Amerigroup 360°’s 2018 top-box rates for the GF 360° Medicaid population were greater than the 2018 NCQA child Medicaid national averages for seven measures:

- *Rating of All Health Care*
- *Rating of Personal Doctor*
- *Getting Needed Care*
- *Getting Care Quickly*
- *How Well Doctors Communicate*
- *Customer Service*
- *Shared Decision Making*

Of these, *Getting Care Quickly* and *Shared Decision Making* rates were at least 5 percentage points greater than the 2018 national averages.

Amerigroup 360°'s rates for the GF 360° Medicaid population decreased between 2017 and 2018 for three measures:

- *Rating of Specialist Seen Most Often*
- *Getting Needed Care*
- *Customer Service*

Amerigroup 360°'s rates for the GF 360° Medicaid population increased between 2017 and 2018 for six measures:

- *Rating of Health Plan*
- *Rating of All Health Care*
- *Rating of Personal Doctor*
- *How Well Doctors Communicate*
- *Shared Decision Making*
- *Getting Care Quickly*

None of the measure rates had a substantial increase or decrease of 5 percentage points or more from the 2017 rate.

Amerigroup 360° Accomplishments

The CMO indicated that for its accomplishments it focused efforts on the social determinants of health. Amerigroup 360° developed policies and principles that reflected evidence of effectiveness to systematically and strategically assist members when they indicated a need in areas that may ultimately impact their health. The program considered multiple domains and focuses on care coordination activities to address health disparities.

Activities and Interventions Focused on Behavioral Health, Opioid Epidemic, and Substance Use Disorder

To ensure members were receiving the right treatment in the right location at the right time, GF 360° launched the Post Emergency Room Diversion Program (PERDP) in 2018. The program was designed to reduce the number of ED visits for a behavioral health crisis. Program goals included:

- A reduction in ED visits by 10 percent.
- Decrease the length of stay of members in a behavioral health crisis who present at a physical health ED.
- Increase the presentation at behavioral health facilities for behavioral health crises.

- Increase the use of emergency medical services (EMS) “treat but do not transport.”
- Increase the number of law enforcement representatives who completed crisis intervention training to assist in deescalating crisis situations.

To ensure GF 360° members were taking appropriately prescribed psychotropic medications, each member prescribed one or more psychotropic medications participated in the Psychotropic Medication Monitoring Program (PMMP). The use of psychotropic medications was an integral part of treatment for persons receiving care for behavioral health conditions. As such, the use of psychotropic medications must be monitored closely to help ensure that members were treated safely and effectively. The goal of the program was to work collaboratively with prescribers to improve the quality and efficiency of psychotropic drug prescribing patterns and to improve the health outcomes of GF 360° members. The program was designed to ensure the safety of members taking psychotropic medications, reduce or prevent the occurrence of adverse side effects, and help members gain optimal functioning and achieve positive clinical outcomes.

GF 360° launched a DM program designed to address gaps in care, improve members’ understanding of the disease process, and reduce acute episodes requiring emergent or inpatient care. Monitored diseases are asthma, diabetes, hypertension, human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), SUD, bipolar disorder, major depressive disorder, and schizophrenia.

Best and Emerging Practices for Improving Quality of Care and Services

Amerigroup 360° submitted the following best and emerging practices for contract year 2018.

Amerigroup 360° contracted with two care management entities (CMEs), Lookout Mountain and Viewpoint Health. The goal of this collaboration was to promote the use of member-centric, community-based services, to minimize the need for high-level inpatient treatment. The CMEs performed intensive, customized care coordination using a high-fidelity wraparound model for children and adolescents. Members referred for CME services had experienced multiple inpatient stays and had complex behavioral health needs. CME services for GF 360° members resulted in the following:

- 65 percent decrease in ED visits
- 43 percent decrease in inpatient admissions
- 82 percent decrease in outpatient services
- 63 percent decrease in PCP visits
- 60 percent decrease in specialty visits

The data suggest that specialized care coordination, individualized for high-risk members, results in improved health outcomes as evidenced by fewer visits to the PCP and specialty providers.

The Multi-Agency Alliance for Children (MAAC) and the Permanency focused, Action-oriented, Collaboration, Team-based (PACT) program partnered with the CMO to improve youth success and

sustainability in a community environment. The ultimate goal is to ensure that each youth has a voice in his or her plan, has strong and consistent advocacy, is closer to accomplishing goals, and is stable and safe in a community setting. The results of the program were as follows:

- 72 percent of participants maintained school stability.
- 86 percent of participants maintained some level of mental health stability.
- 11 percent reduction in ED, inpatient, outpatient, PCP, and specialty services.

Pay-for-Performance

Providers were encouraged to participate in QI initiatives such as the Provider Quality Incentive Program (PQIP), PCMH, Patient Centered Specialty Practice (PCSP), and PCMS. Participation in these programs resulted in:

- 152,472 (45 percent) of the member population receiving services under the PQIP and shared savings incentive programs managed by 78 groups (1,038 providers).
 - 100 percent of PQIP groups qualified for an incentive payment.
 - 100 percent of PQIP and shared savings (SS) groups were compliant with underutilization monitoring.

Provider and Member Collaboration to Promote Prevention

GF 360°'s collaboration with the juvenile court system, the Juvenile Court Healthcare Integration Program (J-CHIP), was designed to meet potential members at the juvenile court, the designated decision point of entry into the foster care program, thus creating a layer of accountability for all stakeholders to ensure timely completion of initial assessments. Select Amerigroup 360° medical, trauma, and dental providers treated members on a walk-in or on-call scheduling basis for an initial assessment immediately after the court hearing. To increase EPSDT compliance, the care coordination team coordinated with the Division of Family and Children Services (DFCS)/Department of Juvenile Justice (DJJ) on provider referrals, helped with scheduling PCP appointments when necessary, and reminded DFCS/DJJ/caregivers of the due date for upcoming preventive exams. Additionally, GF 360° worked with DFCS to identify members who were past due on EPSDT exams by correlating members on the DFCS overdue health log with Amerigroup claim gaps. Amerigroup contracted with two CMEs, Lookout Mountain and Viewpoint Health, to perform intensive, customized care coordination. The goal of this collaboration was to promote the use of member-centric, community-based services that minimized the need for high-level inpatient treatment.

CMO Activities Aimed at Achieving Goals and Objectives in the Georgia Quality Strategy

Goal 1: Improved Health for Medicaid and PeachCare for Kids® (CHIP) Members

- The Fulton County Juvenile Court Clinic (FCJCC) was initiated in 2017. This program provides for a full service clinic in the Fulton County Juvenile Court and is open every other week while court is in session. The on-sight clinic allows for timely completion of initial assessments of youth newly entering the child welfare system and provides preventive care for youth already involved with the child welfare system.
- When judges in Douglas, Newton, and Bartow counties decide a child should enter the child welfare system, the DFCS case manager can take the member to any identified contracted Amerigroup 360^o provider. Select providers treat members on a walk-in or on-call scheduling basis immediately after the court hearing. These special accommodations assist in getting members seen in a timely manner. Appointments scheduled for the initial assessment become part of the court’s records. During a subsequent hearing, the judge assesses compliance with timely completion of the initial assessment.
- The Mobile Assessment Unit (MAU) is a continuing effort to enhance access to services and to increase the 10-day compliance rates for initial medical and dental assessments and the 15-day compliance rate for trauma assessments. Amerigroup 360^o partnered with Help a Child Smile for dental services and Eastchester Medical for medical services. The mobile units are located at the DeKalb County DFCS office biweekly. A mental health provider is on-site as needed to conduct trauma assessments.

Goal 2: Smarter Utilization of Each Medicaid Dollar

- The care coordination team used a set of member-centered, goal-oriented, culturally relevant, logical steps to ensure members received medically necessary services in a supportive, effective, efficient, timely, and cost-effective manner. These quality-based health outcomes included enhanced/maintained functional status, improved/maintained clinical status, heightened quality of life, member satisfaction, adherence to the care plan, improved member safety, member autonomy, and cost savings.

Summary of Strengths, Weaknesses, and Overall Conclusions

Performance Measure Validation

Please see Appendix E for the criteria used to determine the CMO’s greatest strengths, weaknesses, and opportunities for quality improvement (QI) efforts related to performance measure results.

Amerigroup 360^o’s performance for reporting year 2018 demonstrated the following measure rates as the greatest strengths related to children’s health (14 measure rates), followed by care for behavioral health conditions (seven measure rates), adults’ health (three measure rates), and care for chronic conditions (one measure rate). (The recommendations may not be listed according to the NCQA domain, and each bullet may include more than one measure or measurement set.)

The following measure rates are the greatest strengths related to children’s health:

- *Children and Adolescents’ Access to Primary Care Practitioners—12–24 Months*

- *Annual Dental Visit—2–3 Years, 4–6 Years, 7–10 Years, 11–14 Years, 15–18 Years, and Total*
- *Childhood Immunization Status—Combination 3*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
- *Adolescent Well-Care Visits*
- *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits*
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*

The following measure rates are the greatest strengths related to care for behavioral health conditions:

- *Follow-Up Care for Children Prescribed ADHD Medication*
- *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up*
- *Metabolic Monitoring for Children and Adolescents on Antipsychotics—12–17 Years*
- *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—6–11 Years, 12–17 Years, and Total*

Chlamydia Screening in Women is the greatest strength related to adults' health, and *Asthma Medication Ratio—5–11 Years* is the greatest strength related to care for chronic conditions.

Amerigroup 360°'s performance for reporting year 2018 demonstrated the greatest weaknesses related to care for behavioral health conditions (four measure rates), followed by children's health and adults' health (each with two measure rates).

The following measure rates are weakness related to care for behavioral health conditions:

- *Antidepressant Medication Management*
- *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—12–17 Years and Total*

The following measure rates are weaknesses related to children's health: *Children and Adolescents' Access to Primary Care Practitioners—7–11 Years* and *12–19 Years*.

The following measure rates are weaknesses related to adults' health: *Adult BMI Assessment* and *Prenatal and Postpartum Care—Timeliness of Prenatal Care*.

A strength for Amerigroup 360° was that its performance measure data were compliant with HEDIS and DCH specifications and the data, as reported, were valid. Amerigroup 360°'s performance measures were reportable.

Performance Improvement Projects

In calendar year 2018, Amerigroup 360° initiated two new rapid-cycle PIPs, the clinical *Antidepressant Adherence During Continuation Phase of Treatment* PIP, and the nonclinical *Adoption Assistance (AA) Member Contact Information and Care Coordination Services* PIP. The clinical PIP topic has the

potential to improve the quality of care provided to members diagnosed with depression. The nonclinical PIP topic has the potential to address the long-standing challenge of obtaining accurate member contact information and improve the CMO's ability to contact members for care coordination services. The success of Amerigroup 360's PIPs will be determined in calendar year 2019, when the projects progress to testing interventions and evaluating improvement of outcomes.

CAHPS

For the GF 360° Medicaid population, weaknesses were identified in Amerigroup 360's *Rating of Health Plan* measure rate, which was at least 5 percentage points less than NCQA's 2018 CAHPS child Medicaid national average. Additionally, the *Rating of Specialist Seen Most Often* measure rate was also lower than NCQA's 2018 CAHPS child Medicaid national average and decreased from 2017 to 2018. Amerigroup 360° should conduct a root cause analysis of indicators identified as areas of low performance and devise potential improvement strategies.

The rates for Amerigroup 360's GF 360° composite measures *Getting Care Quickly* and *Shared Decision Making* were at least 5 percentage points greater than the 2018 national averages. Amerigroup 360° has an opportunity to review and determine which best practices (e.g., network, providers maintaining same-day appointment schedules) have resulted in members perceiving that they receive care quickly.

Key Recommendations for Amerigroup 360°

Performance Measure Validation

Amerigroup 360's performance for reporting year 2018 demonstrated that most of the measures that are the best targets for QI efforts are related to care for behavioral health conditions (three measure rates) and children's health (two measure rates). (The recommendations may not be listed according to the NCQA domain, and each bullet may include more than one measure or measurement set.)

The following measure rates are the best targets for QI efforts related to care for behavioral health conditions:

- *Metabolic Monitoring for Children and Adolescents on Antipsychotics—1–5 Years and 6–11 Years*
- *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—6–11 Years*

The following measure rates are the best targets for QI efforts related to children's health:

- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Non-Recommended Cervical Cancer Screening in Adolescent Females*

Please see Appendix E for the criteria used to determine the CMO's greatest strengths, weaknesses, and opportunities for QI efforts related to performance measure results.

Performance Improvement Projects

While Amerigroup 360° eventually achieved HSAG's validation criteria for Modules 1 and 2 for both PIPs, the CMO had opportunities for improvement in efficiently incorporating HSAG's feedback and progressing through the Initiation phase of the projects. The CMO had to revise and resubmit each module for both PIPs before all criteria were achieved in November 2018. HSAG recommends that the CMO focus subsequent modules of the PIPs and support achieving the established goals for improving PIP outcomes in 2019. The CMO must take responsibility for ensuring adequate staffing, institutional knowledge, and resources are allocated for each project.

CAHPS

The CAHPS rates for Amerigroup 360°'s GF 360° composite measures *Getting Care Quickly* and *Shared Decision Making* were at least 5 percentage points greater than the 2018 national averages. HSAG recommends that Amerigroup 360° review and determine which best practices (e.g., network, providers maintaining same-day appointment schedules) have resulted in members perceiving that they receive care quickly.

For the GF 360° Medicaid population, Amerigroup 360°, HSAG recommends that the CMO focus on improving the *Rating of Health Plan* measure rate since the rate for this measure was at least 5 percentage points less than NCQA's 2018 CAHPS child Medicaid national average. Additionally, HSAG recommends that the CMO's efforts focus on improving the *Rating of Specialist Seen Most Often* measure rate since it was also lower than NCQA's 2018 CAHPS child Medicaid national average and decreased from 2017 to 2018. Amerigroup 360° should conduct a root cause analysis of indicators identified as areas of low performance and devise potential improvement strategies.

CAHPS Survey

The surveys administered by each CMO's vendor included a set of standardized items (53 items for the CAHPS 5.0H Adult Medicaid Health Plan Survey and 48 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 are five composite measures, four global rating measures and three effectiveness of care measures (adult populations only) evaluated through the CAHPS 5.0 Surveys:

CAHPS composite measures:

1. *Getting Needed Care*
2. *Getting Care Quickly*
3. *How Well Doctors Communicate*
4. *Customer Service*
5. *Shared Decision Making*

CAHPS global rating measures:

1. *Rating of Health Plan*
2. *Rating of All Health Care*
3. *Rating of Personal Doctor*
4. *Rating of Specialist Seen Most Often*

Effectiveness of care measures:

1. *Advising Smokers and Tobacco Users to Quit*
2. *Discussing Cessation Medications*
3. *Discussing Cessation Strategies*

For each CMO, with the exception of CareSource, the 2018 adult and child CAHPS scores were compared to 2018 NCQA national adult and child Medicaid averages, respectively.^{A-1} 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 2018 NCQA national Medicaid averages.^{A-2} These comparisons were performed on the five 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 Medicaid. DSS Research administered the 2018 CAHPS surveys for Amerigroup and Amerigroup 360°. Morpace administered the 2018 CAHPS surveys for Peach State, and SPH Analytics administered the 2018 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, 2018; and child members included as eligible for the survey were 17 years of age or younger as of December 31, 2018.

The survey questions were categorized into various measures of satisfaction. These measures included four global ratings, five composite measures, and three effectiveness of care measures.^{A-3} The global ratings reflected patients' overall satisfaction 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. When a minimum of 100 responses for a measure was not achieved, the result is denoted with a cross (+).

For each of the four global ratings, the percentage of respondents who chose the top satisfaction ratings (a response value of 8, 9, or 10 on a scale of 0 to 10) was calculated. This percentage is referred to as a

^{A-1} CareSource became effective statewide with Georgia Medicaid July 1, 2017; therefore, 2017 results are not available, and trending could not be performed.

^{A-2} Quality Compass® 2018 data serve as the source for the 2018 NCQA national adult and child Medicaid averages.

^{A-3} Effectiveness of Care measures related to smoking cessation were only included for the adult surveys.

top-box response rate. For each of the five composite measures, the percentage of respondents who chose a positive response was calculated. 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 percentage of top-box responses is referred to as a global proportion for the composite measures. 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 rates presented follow NCQA's methodology of calculating a rolling average using the current and prior year's results. A substantial increase or decrease is denoted by a change of 5 percentage points or more.

Appendix B. Performance Improvement Project Methodology

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. The duration of rapid-cycle PIPs conducted by the GF CMOs was 18 months.

HSAG developed five modules with an accompanying companion guide. Prior to issuing each module, HSAG held technical assistance sessions with the CMOs to educate them about application of the modules. The five modules are defined as follows:

1. **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.
2. **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.
3. **Module 3—Intervention Determination:** In Module 3, there is increased focus into the quality improvement 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.
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.
5. **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 calendar year 2018 PIPs, HSAG obtained the data needed to conduct the PIP validation from the CMOs' module submission forms. These forms provided detailed information about each of the PIPs and the activities completed in each module.

The CMOs initially submitted Modules 1 and 2 for each PIP on June 1, 2018. HSAG reviewed the initial module submissions and provided feedback on July 16, 2018. After receiving feedback and technical assistance from HSAG, the CMOs resubmitted Modules 1 and 2 until all validation criteria were met. The CMOs will follow the same process for Module 3, continuing the PIPs into calendar year 2019.

Once Module 3 is approved, the CMOs will initiate intervention testing for each PIP in Module 4. The CMOs will submit Modules 4 and 5 to HSAG after completion of the projects, according to the approved timeline.

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 quality improvement strategies and activities the CMO conducted during the life of 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 quality improvement 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*) are not scored. As the PIP progresses, and at the completion of Module 5, HSAG will use 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, the SMART Aim was achieved, the demonstrated improvement was clearly linked to the quality improvement processes conducted and intervention(s) tested, and the MCO accurately summarized the key findings.
- **Confidence** = The PIP was methodologically sound, the SMART Aim was achieved, and the MCO accurately summarized the key findings. However, some, but not all, quality improvement processes conducted and/or intervention(s) tested were clearly linked to 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 quality improvement processes conducted and/or intervention(s) tested 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.

Appendix C. Performance Measure Validation Methodology

CMS requires that states, through their contracts with managed care organizations (MCOs), measure and report on performance to assess the quality and appropriateness of care and services provided to members. Validation of performance measures is one of three mandatory external quality review (EQR) activities that the Balanced Budget Act of 1997 (BBA) described in the Code of Federal Regulations (CFR) at 42 CFR §438.358(b)(2) requires state Medicaid agencies to perform.

The purpose of performance measure validation (PMV) is to assess the accuracy of performance measures reported by CMOs and to determine the extent to which performance measures reported by the CMOs follow state specifications and reporting requirements. According to CMS' *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 1, 2012, the mandatory PMV activity may be performed by the State Medicaid agency, an agent that is not a CMO, or an external quality review organization (EQRO).

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 performance measure validation activities for a set of select measures, and DCH required that the CMOs contract with an NCQA-licensed audit organization 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 performance measure validation activities and the NCQA HEDIS Compliance Audits that were conducted for Amerigroup, Peach State, WellCare, and Amerigroup 360°.

Objectives

The objectives of the validation of performance measures activities conducted by HSAG and the CMOs' NCQA-licensed audit organizations 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 three contracted GF CMOs during the measurement year:^{C-1} Amerigroup, 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 contract year 2016.

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:

^{C-1} The DCH required its CMOs to contract with an NCQA-licensed audit organization to undergo an NCQA HEDIS Compliance Audit. To validate the rates calculated for the non-HEDIS measures, DCH contracted HSAG to perform an independent performance measure validation for each CMO. Results for these validations are presented in each CMO-specific PMV report.

1. A request for the source code for each performance measure.
2. A completed HEDIS 2018 Record of Administration, Data Management, and Processes (Roadmap).
3. A completed Information Systems Capabilities Assessment Tool (ISCAT).
4. Any additional supporting documentation necessary to complete the audit.
5. A timetable for completion.
6. Instructions for submission.

HSAG also forwarded a letter that included requested documentation needed to complete the medical record review validation (MRRV) process. HSAG responded to any audit-related questions received directly from the CMOs during the pre-on-site phase.

Approximately two weeks prior to the on-site visit, HSAG provided the CMOs with an agenda describing all on-site visit activities and indicating the type of staff needed for each session. HSAG also conducted a pre-on-site conference call with the CMOs to discuss on-site 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:

- **NCQA's HEDIS 2018 Roadmap:** The CMOs completed and submitted the required and relevant portions of its Roadmap for HSAG's review of the required HEDIS measures. HSAG used responses from the Roadmap to complete the pre-on-site assessment of information systems.
- **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-on-site 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.

On-Site Activities

HSAG conducted an on-site visit 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 on-site visit 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 and Roadmap 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 Roadmap 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 on-site 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 on-site 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 on-site visit, and revisited the documentation requirements for any post-on-site activities.

Post-On-Site Activities

After the on-site visit, 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 on-site visits. 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 C-1—Validation Results and Definitions for Performance Measures

Report (R)	Measure data were compliant with DCH specifications and the data, as reported, were valid.
Not Reported (NR)	Measure data were materially biased.

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 Reported” (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.”

Appendix D. NCQA Quality Compass 50th Percentile Values

NCQA Quality Compass 50th Percentile Values

For reference, Table D-1 lists the NCQA Quality Compass national Medicaid HMO 50th percentile values for HEDIS 2015, 2016, and 2017 measures evaluated for the CMOs.

Table D-1—NCQA Quality Compass 50th Percentile Values

Performance Measures	NCQA Quality Compass 50th Percentile for HEDIS 2015	NCQA Quality Compass 50th Percentile for HEDIS 2016	NCQA Quality Compass 50th Percentile for HEDIS 2017
Children’s Preventive Care			
<i>Adolescent Well-Care Visits</i>			
<i>Adolescent Well-Care Visits</i>	49.15%	48.41%	50.12%
<i>Childhood Immunization Status</i>			
<i>Combination 3</i>	71.53%	71.06%	71.58%
<i>Well-Child Visits in the First 15 Months of Life</i>			
<i>Six or More Well-Child Visits</i>	59.76%	59.57%	62.06%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	72.02%	71.42%	72.45%
Women’s Health			
<i>Breast Cancer Screening</i>			
<i>Breast Cancer Screening</i>	58.34%	58.08%	—
<i>Cervical Cancer Screening</i>			
<i>Cervical Cancer Screening</i>	61.05%	55.94%	58.48%
<i>Prenatal and Postpartum Care</i>			
<i>Timeliness of Prenatal Care</i>	85.19%	82.25%	83.56%
<i>Postpartum Care</i>	62.77%	60.98%	64.38%
Access to Care			
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>			
<i>Total</i>	83.84%	82.15%	82.21%
<i>Children and Adolescents’ Access to Primary Care Practitioners</i>			
<i>12–24 Months</i>	—	95.74%	95.70%
<i>25 Months–6 Years</i>	—	87.69%	87.87%
<i>7–11 Years</i>	—	91.00%	90.77%
<i>12–19 Years</i>	—	89.37%	89.52%
Care for Chronic Conditions			
<i>Comprehensive Diabetes Care¹</i>			

Performance Measures	NCQA Quality Compass 50th Percentile for HEDIS 2015	NCQA Quality Compass 50th Percentile for HEDIS 2016	NCQA Quality Compass 50th Percentile for HEDIS 2017
<i>Hemoglobin A1c (HbA1c) Testing</i>	86.20%	85.95%	87.10%
<i>HbA1c Control (<8.0%)</i>	47.91%	46.76%	48.87%
<i>Eye Exam (Retinal) Performed</i>	54.74%	53.28%	55.11%
<i>Medical Attention for Nephropathy</i>	81.75%	90.51%	90.27%
<i>Blood Pressure Control (<140/90 mm Hg)</i>	62.23%	59.73%	60.60%
Controlling High Blood Pressure			
<i>Controlling High Blood Pressure</i>	57.53%	54.78%	56.93%
Medication Management for People With Asthma			
<i>Medication Compliance 75%—Total</i>	29.60%	31.28%	33.33%
Medical Assistance With Smoking and Tobacco Use Cessation			
<i>Advising Smokers and Tobacco Users to Quit</i>	76.74%	76.59%	77.05%
<i>Discussing Cessation Medications</i>	46.70%	48.31%	49.71%
<i>Discussing Cessation Strategies</i>	42.50%	43.82%	43.90%
Behavioral Health			
Antidepressant Medication Management²			
<i>Effective Acute Phase Treatment</i>	50.51%	53.38%	51.89%
<i>Effective Continuation Phase Treatment</i>	34.02%	38.06%	36.19%
Follow-Up Care for Children Prescribed ADHD Medication²			
<i>Initiation Phase</i>	40.79%	42.19%	44.80%
<i>Continuation and Maintenance Phase</i>	50.61%	52.47%	55.90%
Follow-Up After Hospitalization for Mental Illness			
<i>30-Day Follow-Up</i>	66.64%	63.94%	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics²			
<i>Total</i>		60.43%	61.77%

¹ Due to changes in the technical specifications for this measure for HEDIS 2016, exercise caution when comparing 2016 (or later) NCQA Quality Compass 50th percentiles to prior years.

² Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when comparing 2017 NCQA Quality Compass 50th percentiles to prior years.

— Although NCQA Quality Compass national Medicaid 50th percentiles may be available for these measures, these measures were not required for measure reporting for HEDIS 2016; therefore, national Medicaid 50th percentiles are not displayed. This symbol may also indicate that NCQA recommended a break in trending; therefore, national Medicaid 50th percentiles are not displayed.

█ Indicates that the measure was required for measure reporting in HEDIS 2016; however, NCQA Quality Compass national Medicaid 50th percentiles were not available.

Appendix E. Performance Measure Criteria Table

Strengths and Weaknesses Criteria Table

To assess the CMOs’ performance measure results, reporting year 2018 rates were compared to prior years’ results (see Table E-1) to determine notable declines and improvements in rates, as well as to NCQA’s Quality Compass national Medicaid HMO percentiles for HEDIS 2017. Table E-1 displays the measure criteria HSAG used to identify the greatest strengths, the greatest weaknesses, and the best targets for quality improvement (QI) efforts.

Table E-1—Performance Measure Priority Level Determination Scale

Star Rating	Prior Year Rate Comparison	Priority Level
★★★★★	↑	Greatest Strength
★★★★★	↔	Greatest Strength
★★★★	↑	Greatest Strength
★★★	↓	Best Target for QI Efforts
★★	↑	Best Target for QI Efforts
★★	↔	Best Target for QI Efforts
★★	↓	Greatest Weakness
★	↔	Greatest Weakness
★	↓	Greatest Weakness

↑ indicates a 5 point or more improvement in performance between reporting year 2018 and reporting year 2016.

↓ indicates a 5 point or more decline in performance between reporting year 2018 and reporting year 2016.

↔ indicates a difference of less than 5 points in performance between reporting year 2018 and reporting year 2016. This symbol may also indicate that comparison to the prior year’s rate was not available.

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile