Georgia Department of Community Health

# Georgia Families 360°

## Monitoring and Oversight Committee

Date: August 21, 2019

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

# Mission:

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

# Purpose:

Shaping the future of A Healthy Georgia by improving access and ensuring quality to strengthen the communities we serve.

# Agenda

2:00PM: Welcome and Introductions: Lori Abramson, DCH

2:10-2:25 PM DCH Updates- Lynnette Rhoades, Executive Director, Medicaid

2:25 -2:45 PM: Amerigroup 2019 HSAG External Quality Review of Compliance With Standards. Corrective Action Overview: Heather Dyke, AGP

2:45-3:15P PM: Georgia Families 360º Performance Measures: Debra Robinson, AGP

3:15-3:25 PM: Autism Authorization Update, AGP

3:25-3:30 PM: Adjournment

# Amerigroup Community Care
# 2019 HSAG External Quality Review of Compliance With Standards
# Georgia Families 360
# Corrective Action Overview

During 1st quarter 2019 Health Services Advisory Group (HSAG) conducted the 2019 External Quality Review of Compliance With Standards on behalf of the state of Georgia Medicaid Agency, the Department of Community Health. Shortly following the conclusion of the External Quality Review, HSAG issued a request for Amerigroup to prepare and submit Corrective Action Plans to address specific findings as identified by HSAG.

Amerigroup submitted the requested plans to HSAG on July 30, 2019. The action plans are currently being reviewed by HSAG. Following is a summary of the status of the Reviews and the Corrective Action Plans submitted.

**Georgia Families 360°**

Overall Score: 94.79%

Total # of elements review: 192

Total # of elements scored as "Met": 182

Total # of elements scored as "Not Met": 10

***Overall Score for the Program demonstrates improvement from previous reviews.***

# Georgia Families 360°

## Total # of elements requiring Corrective Action: 10

***These elements are managed by functional areas that support GF360***

| Standard # | Standard Name | # of Elements* | # of Applicable Elements** | # Met | # Not Met | # Not Applicable | Total Compliance Score*** | CAP Request Y/N | Element | Status & Completion Date |
|---|---|---|---|---|---|---|---|---|---|---|
| I | Availability of Services | 15 | 15 | 15 | 0 | 0 | 100% | NO | | |
| II | Assurances of Adequate Capacity and Services | 2 | 2 | 2 | 0 | 0 | 100% | NO | | |
| III | Coordination and Continuity of Care | 19 | 19 | 19 | 0 | 0 | 100% | NO | | |
| IV | Coverage and Authorization of Services | 12 | 12 | 11 | 1 | 0 | 91.67% | YES | 4 | Completed 07/07/2019 |
| V | Provider Selection | 10 | 10 | 10 | 0 | 0 | 100% | NO | | |
| VI | Subcontractual Relationships and Delegation | 4 | 4 | 3 | 1 | 0 | 75.00% | YES | 2 | In progress 11/15/2019 |
| VII | Member Rights and Protections | 7 | 7 | 7 | 0 | 0 | 100% | NO | | |
| VIII | Confidentiality of Health Information | 4 | 4 | 4 | 0 | 0 | 100% | NO | | |
| **IX** | **Enrollment and Disenrollment** | **12** | **12** | **12** | **0** | **0** | **100%** | | | |

# Georgia Families 360°

## Total # of elements requiring Corrective Action: 10

***These elements are managed by functional areas that support GF360***

| Standard # | Standard Name | # of Elements* | # of Applicable Elements** | # Met | # Not Met | # Not Applicable | Total Compliance Score*** | CAP Request Y/N | Element | Status & Completion Date |
|---|---|---|---|---|---|---|---|---|---|---|
| X | Grievance and Appeal Systems | 42 | 42 | 39 | 3 | 0 | 92.86% | YES | 15, 18, 23 | In progress 09/05/2019 |
| XI | Practice Guidelines | 3 | 3 | 3 | 0 | 0 | 100% | NO | | |
| XII | Quality Assessment and Performance Improvement (QAPI) | 12 | 12 | 11 | 1 | 0 | 91.67% | YES | 3 | In progress 09/05/2019 |
| XIII | Health Information Systems | 8 | 8 | 6 | 2 | 0 | 75.00% | YES | 4, 6 | For #4, process exists; #6, completed 07/19/2019 |
| XIV | Program Integrity | 13 | 13 | 12 | 1 | 0 | 92.31% | YES | 13 | In progress 11/15/2019 |
| XV | Member Information | 29 | 29 | 28 | 1 | 0 | 96.55% | YES | 6 | In progress 10/31/2019 |
| | Total Compliance Score | 192 | 192 | 182 | 10 | 0 | 94.79% | NO | | |

* Total # of Elements: The total number of elements in each standard.

** Total # of Applicable Elements: The total number of elements within each standard minus any elements that received a designation of NA.

*** Total Compliance Score: Elements that were Met were given full value (1 point). The point values were then totaled, and the sum was divided by the number of applicable elements to derive a percentage score.

**Georgia Families 360°**

**Below is the description of the Findings and Actions Required.**

***These corrective actions are managed by functional areas that support GF360***

| Standard & Element | Finding | Required Action |
|---|---|---|
| Std. 4; Element 4 Coverage and Authorization of Services | The CMO's documentation included the requirement of coverage of services for members to attain, maintain, or regain functional capacity in the Virginia- and Florida-specific sections of the Clinical Criteria for Utilization Management policy. The language was not included in the Georgia section of the CMO's policy. The requirement for coverage of age-appropriate development in the Virginia section of the Clinical Criteria UM Decisions Core Process policy was not found in the Georgia-specific section. The documentation did not describe the process used by the CMO for the identification of members at risk of developing conditions, the implementation of appropriate interventions, and designation of adequate resources to support the interventions. | The CMO must update the Georgia-specific sections of the policies to incorporate all requirements including coverage of services for members to attain, maintain, or regain functional capacity; age-appropriate development; the process used to identify members at risk of developing conditions; the implementation of appropriate interventions; and designation of adequate resources to support the interventions. |
| Std. 6; Element 2 Subcontractual Relationships and Delegation | The CMO's vendor agreements did not consistently contain required contract language to ensure that the CMO retained legal responsibility to DCH to assure that the delegated activities and obligations were performed. | The CMO's subcontractor and delegation agreements must be updated to include all required language. |
| Std. 10; Element 15 Grievance and Appeal Systems | The case file review identified that the CMO did not consistently send the member the NABD within three business days. | The CMO must ensure that the NABD is sent to the member within three business days of receipt of the request for authorization. |

## Georgia Families 360°

**Below is the description of the Findings and Actions Required.**

***These corrective actions are managed by functional areas that support GF360***

| Standard & Element | Finding | Required Action |
|---|---|---|
| Std. 10; Element 18<br>Grievance and Appeal Systems | A review of the CMO's appeal case files identified that the CMO did not consistently send acknowledgement letters to members within 10 business days. In one case reviewed, the CMO's grievance acknowledgement letter did not accurately address the member's reason for requesting disenrollment, which was difficulty in locating a provider. | The CMO must consistently send acknowledgement letters within 10 calendar days of receipt of the appeal. It is recommended that the CMO establish a review process to ensure that the grievance acknowledgement letters accurately state the member's grievance |
| Std. 10; Element 23<br>Grievance and Appeal Systems | The CMO did not consistently resolve expedited appeals within 72 clock hours. | The CMO must resolve expedited appeals and provide notice to affected parties within 72 clock hours. |
| Std. 12; Element 3<br>Quality Assessment and Performance Improvement (QAPI) | The CMO's documentation did not include a description of site inspection results in its Patient Safety Program. | The CMO should update its Patient Safety Program document to include a description of site inspection results. |
| Std. 13; Element 4<br>Health Information Systems | The CMO did not describe processes used to verify the accuracy, completeness, and timeliness of claims or encounters submitted by providers; the CMO also did not describe how it screened the data for completeness, logic, and consistency. | The CMO must document and implement processes to verify the accuracy, completeness, and timeliness of claims or encounters submitted by providers. The CMO must document its process to screen data for completeness, logic, and consistency. |
| Std. 13; Element 6<br>Health Information Systems | The CMO did not describe the processes used to periodically evaluate the completeness and quality of subcontractor encounter data, and the CMO did not document these evaluation procedures or the evaluation results. | The CMO must document its process to evaluate the completeness and quality of subcontractor encounter data, and the CMO must document these evaluation procedures and the evaluation results. |

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## Below is the description of the Findings and Actions Required.

***These corrective actions are managed by functional areas that support GF360***

| Standard & Element | Finding | Required Action |
|---|---|---|
| Std. 14; Element 13 Program Integrity | The CMO did not provide evidence that it has a policy and procedures to inform providers and subcontractors about the federal requirements regarding providers and entities excluded from participation in federal programs, the federal online exclusion databases, or the requirement for providers and subcontractors to immediately report any exclusion information discovered to the CMO. | The CMO must develop policies and procedures to inform providers and subcontractors about the federal requirements regarding providers and entities excluded from participation in federal programs, the federal online exclusion databases, and the requirement for providers and subcontractors to immediately report any exclusion information discovered to the CMO. |
| Std. 15; Element 6 Member Information | The CMO did not include all required definitions for managed care terminology in its member handbook, including habilitation services and devices, health insurance, home health care, hospice services, hospitalization, hospital outpatient care, medically necessary, nonparticipating provider, physician services, preauthorization, participating provider, premium, prescription drug coverage, prescription drugs, rehabilitation services and devices, and skilled nursing care. | The CMO must include all state-required definitions for managed care terminology in its member handbook. |

# Georgia Families 360º HEDIS Measures

# GF360 Performance Measures

| MSR | Performance Measure(s) | July 2019 Rate | July 2018 Rate | Var July 18-19 |
|---|---|---|---|---|
| AWC | Adolescent Well-Care Visits | 27.49 | 26.11 | 1.38 |
| AMR | Asthma Medication Ratio: Ages 05-11 | 95.86 | 92.41 | 3.45 |
| AMR | Asthma Medication Ratio: Ages 12-18 | 89.02 | 77.85 | 11.17 |
| AMR | Asthma Medication Ratio: Ages 19-50 | 70.59 | 63.64 | 6.95 |
| AMR | Asthma Medication Ratio: TOTAL | 91.10 | 84.26 | 6.84 |
| CIS | Childhood Immunization Status - Combo 10 | 31.00 | 31.02 | -0.02 |
| CAP | Children and Adolescents' Access to Primary Care Practitioners - 12-19 Years | 84.72 | 82.14 | 2.58 |
| CAP | Children and Adolescents' Access to Primary Care Practitioners - 12-24 months | 96.38 | 95.20 | 1.18 |
| CAP | Children and Adolescents' Access to Primary Care Practitioners - 25 months - 6 Years | 80.68 | 78.91 | 1.77 |
| CAP | Children and Adolescents' Access to Primary Care Practitioners - 7-11 Years | 89.97 | 89.02 | 0.95 |
| CHL | Chlamydia Screening in Women Ages 16–20 | 89.97 | 89.02 | 0.95 |
| CHL | Chlamydia Screening in Women Ages 21-24 | 55.74 | 54.88 | 0.86 |
| CHL | Chlamydia Screening in Women Ages TOTAL | 54.42 | 53.20 | 1.22 |
| CDC | Comprehensive Diabetes Care - HbA1c (HbA1c) Good Control (<8.0%) | 7.81 | 11.29 | -3.48 |
| DEV | Developmental Screening in the First Three Years of Life | 63.46 | 59.19 | 4.27 |
| IMA | Immunizations for Adolescents - Combo 1 | 81.14 | 81.90 | -0.76 |
| IMA | Immunizations for Adolescents - Combo 2 | 32.91 | 31.63 | 1.28 |
| PDENT | Percentage of Eligibles Who Receive Preventive Dental Services | 56.24 | 44.57 | 11.67 |
| PPC | Prenatal and Postpartum Care: Timeliness of Prenatal Care | 69.89 | 48.10 | 21.79 |
| CDF | Screening for Depression and Follow-Up Plan: Age 18 and Older | 1.84 | NA | NA |
| CDF | Screening for Depression and Follow-Up Plan: Ages 12-17 | 1.47 | NA | NA |
| W15 | Wellchild Visits in the First 15 Months of Life - 6 or more visits | 45.78 | 47.50 | -1.72 |
| W34 | Wellchild Visits in the Third, Fourth, Fifth and Sixth Years of Life | 45.64 | 43.89 | 1.75 |

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# GF 360 Performance Measures

| Performance Measure(s) | Aug 2018 - O/E Ratio | Aug 2019 - O/E Ratio | Aug 2018 - Admissions per 100,000 member months | Aug 2019 - Admissions per 100,000 member months | Aug 2018 - Services/1000 Member Months | Aug 2019 - Services/1000 Member Months |
|---|---|---|---|---|---|---|
| Diabetes Short-Term Complications Admission Rate | | | 16.34 | 16.30 | | |
| Plan All-Cause Readmissions - Medicaid Total | 1.559 | 1.44 | | | | |
| Ambulatory Care: Emergency Department (ED) Visits | | | | | 19.31 | 19.59 |

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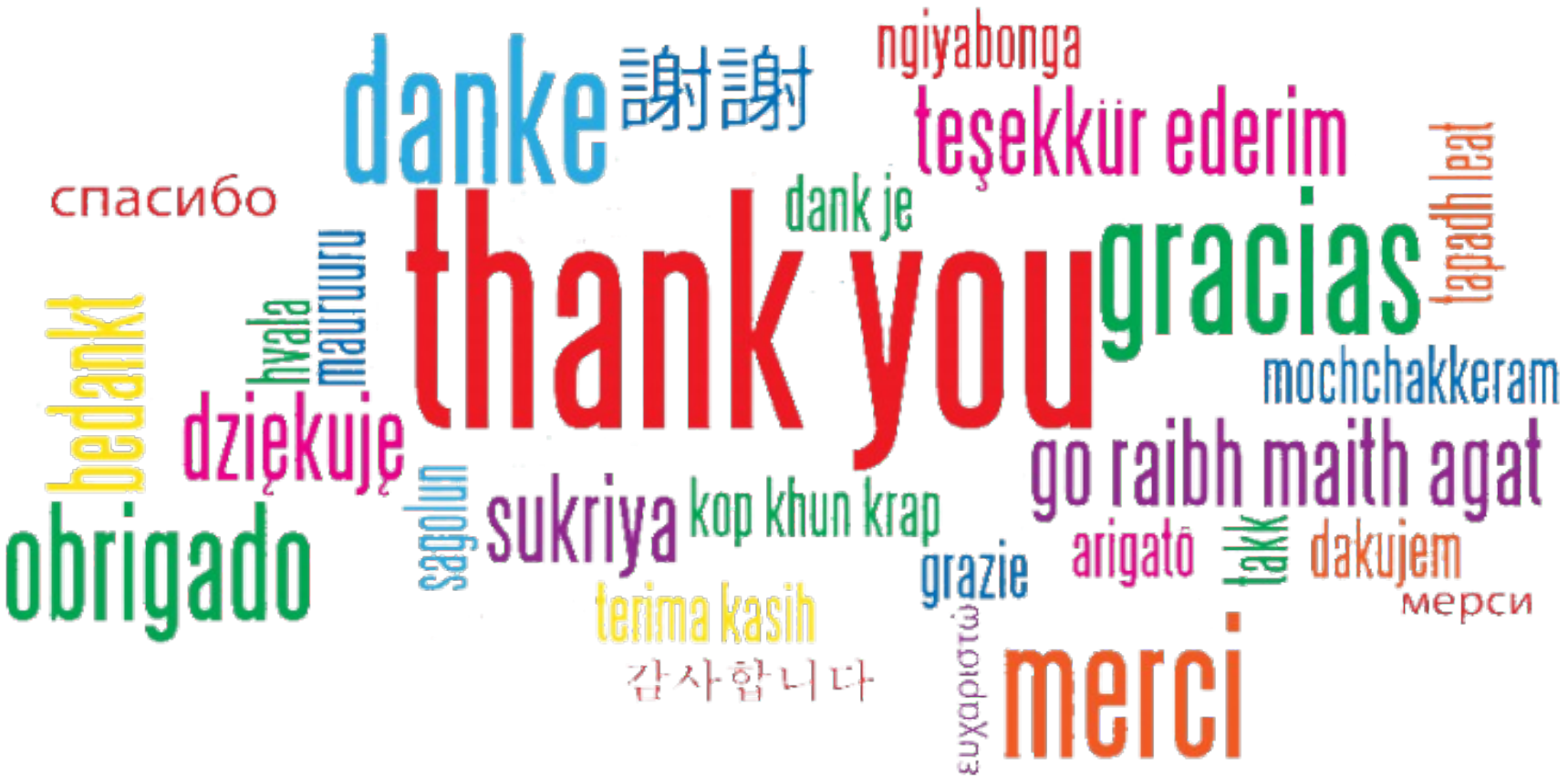
# GF360 ABA Authorization Data 2019

- 87 Authorization requests for 16 GF360 members
- 4 denials
- Denial trend: lack of diagnosis verification, per the DCH policy

# Next Meeting: Thursday November 14, 2:00-3:30 PM
# 2 Peachtree Street, 36th Floor, Managed Care Boardroom

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Georgia Families 360° Better Care, Better Futures.

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