



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH



Georgia Families

Choices for a Healthy Life



Quality Strategic Plan UPDATE

July 2008

Table of Contents

Table of Contents 2

GOAL 1 4
Promotion of an organization wide commitment to quality of care and service

GOAL 2 7
Improve and enhance the quality of patient care through ongoing, objective, and systematic measurement, analysis, and improvement of performance

GOAL 3 17
Promotion of a system of health care delivery that provides coordinated and improved access to comprehensive healthcare, and enhanced provider and client satisfaction

GOAL 4 19
Promotion of acceptable standards of healthcare within managed care programs by monitoring internal/external processes for improvement opportunities

Introduction and Overview

It is the goal of DCH to assure that the care provided within the managed care structure is of acceptable quality, assures accessibility, provides continuity, and maximizes efficiency. Specific activities to achieve these goals include:

- Promotion of an organization wide commitment to quality of care and service
- Improvement and enhancement of the quality of patient care provided through ongoing, objective, and systematic measurement, analysis, and implementation of performance improvement programs
- Promotion of a system of health care delivery that provides coordinated and improved access to comprehensive health care, and enhanced provider and client satisfaction
- Promotion of acceptable standards of health care within managed care programs by monitoring internal/external processes for improvement opportunities

Georgia has reached the midpoint of its CY 2008 Quality Strategic Plan. Thus, this is an appropriate time to inform stakeholders of our plans and activities (*where we want to go and what we want our future to look like*). This Quality Strategic Plan Update provides direction as well as Georgia's progress towards achieving our goals. In addition, we use color coded meters as quick snapshots of our status towards completing the Strategic Actions. Each meter demonstrates if the State is on schedule (●), at risk of being behind schedule (◐), or critically delayed (●).

Georgia Families Membership Update:

The following chart displays the distribution of the membership among the CMOs as of July 1, 2008:

Region	CMO	Membership
Atlanta	AMERIGROUP	101,485
	Peach State	162,384
	WellCare	182,701
	Atlanta Region Total	446,570
Central	Peach State	49,401
	WellCare	73,994
	Central Region Total	123,395
North	AMERIGROUP	46,226
	WellCare	86,012
	North Region Total	132,238
East	AMERIGROUP	25,975
	WellCare	34,631
	East Region Total	60,606
Southeast	AMERIGROUP	31,125
	WellCare	57,974
	Southeast Region Total	89,099
Southwest	Peach State	74,379
	WellCare	30,986
	Southwest Region Total	105,365
Georgia Families Total		957,273



GOAL 1

Promotion of an organization wide commitment to quality of care and service

Institute of Medicine (IOM) Aim(s) for Improvement: Safe, Equitable

Objective 1.1 Process Objective

Information on race, ethnicity, and primary language is accurately recorded when member enrolls with Medicaid or PeachCare for Kids™

#	Strategic Action	Target Completion Date	Meter	Status
1.1.1	Collaborate with internal DCH units and divisions to ensure compliance with Federal standards	08/31/2008		Continue meetings with DCH Eligibility to establish crosswalk between fields collected by eligibility vendors to Federally defined fields for race, ethnicity, and primary language. In addition, DCH in partnership with the CMOs submitted a proposal to Center for Healthcare Strategies (CHCS) for a Healthcare Disparities grant.
1.1.2	Develop Plan to communicate, monitor and analyze CMO Compliance with federal guidelines	08/31/2008 10/31/2008		The CMOs are being kept up to date on progress of defining fields.








GOAL 1

Promotion of an organization wide commitment to quality of care and service

Institute of Medicine (IOM) Aim(s) for Improvement: Safe, Equitable

Objective 1.2 Process Objective

Establish an External Quality Review Organization (EQRO) to provide independent evaluation of Georgia Families program

#	Strategic Action	Target Completion Date	Meter	Status
1.2.1	Procure EQRO	07/1/2008 07/18/2008		Final contract approval received
1.2.2	Orient EQRO to GF goals and objectives; implement evaluation of CMOs	08/21/2008		Collaborating with EQRO vendor to prepare for EQRO kick-off meeting
1.2.3	EQRO complete evaluation presentation of Draft Report to DCH	11/30/2008 1/15/2009		
1.2.4	EQRO presentation of final report to DCH	2/15/2009		
1.2.5	Presentation of EQRO findings and analysis to DCH Board	12/11/2008 03/12/2009		
1.2.6	Submission of Federally required EQRO Report to Centers for Medicare and Medicaid Services (CMS)	03/31/2009		
1.2.7	EQRO Conference for DCH, CMOs, stakeholders, etc.	04/15/2009		




GOAL 1

Promotion of an organization wide commitment to quality of care and service

Institute of Medicine (IOM) Aim(s) for Improvement: Safe, Equitable

Objective 1.3 Process Objective

Ensure CMO compliance with adoption and dissemination of three Clinical Practice Guidelines.

#	Strategic Action	Target Completion Date	Meter	Status
1.3.1	Improve process to ensure that guidelines are based on valid and reliable clinical evidence and adopted in consultation with participating providers.	09/01/2008		DCH is actively revising Clinical Practice Guidelines policies to better define expectations of CMOs.
1.3.2	Ensure guidelines are disseminated to CMO providers	10/01/2008		
1.3.3	Monitor and trend CMO measurement of providers' adherence to guidelines	11/01/2008		






GOAL 2




Improve and enhance the quality of patient care through ongoing, objective, and systematic measurement, analysis, and improvement of performance

Institute of Medicine (IOM) Aim(s) for Improvement: Effective, Efficient, and Safe

Objective 2.1 Outcome Objective

Ensure the provision of quality care and ongoing improvement in health baseline and health outcomes through performance based measurement and performance driven objectives

#	Strategic Action	Target Completion Date	Meter	Status
2.1.1	Review CMO annual evaluation of quality program: <ul style="list-style-type: none"> • Identify and prioritize opportunities for improvement within each CMO • Review with each CMO and establish goals for next year • Review and monitor progress toward goals 	08/30/2008 10/30/2008 Ongoing	 	Each CMO has submitted annual Quality Program Evaluations. DCH is currently analyzing these reports.
2.1.2	Obtain CMO performance data across range of performance measures: <ul style="list-style-type: none"> • Finalize state defined specifications for measures with Thomson Reuters and MMIS • Obtain reports from Thomson Reuters for first year (October 2006 – September 2007) • Drill data by following categories: <ul style="list-style-type: none"> ○ Race ○ Ethnicity ○ Gender ○ Age ○ Region ○ Urban/rural ○ Primary language 	08/15/2008 11/30/2008 12/30/2008	  	DCH in collaboration with Thomson Reuters has defined specifications for 23 of the 46 performance measures. Transmission of valid encounter data from the CMOs is in progress with an expected completion date of November 2008

#	Strategic Action	Target Completion Date	Meter	Status
2.1.3	Review performance data with internal/external stakeholders: <ul style="list-style-type: none"> • DCH • CMOs • External stakeholders 	12/15/2008 1/31/2009 3/1/2009		Transmission of valid encounter data from the CMOs is in progress with an expected completion date of November 2008
2.1.4	Prioritize performance measures and objectives based upon input from internal and external stakeholders	12/01/2008 4/30/2009		
2.1.5	Establish workgroups consisting of internal and external stakeholders to develop strategies to improve performance in selected areas.	12/01/2008 6/30/2009		Workgroups will be established and convened by 6/30/2009


GOAL 2

Improve and enhance the quality of patient care through ongoing, objective, and systematic measurement, analysis, and improvement of performance

Institute of Medicine (IOM) Aim(s) for Improvement: Effective, Efficient, and Safe

Objective 2.2 Outcome Objective

***Children's Preventive Health:* Over the next five years the state will strive to meet or exceed the Healthcare Effectiveness Data and Information Set (HEDIS) 2006 90th percentile in managed care eligible children with well-child visits during their first 15 months of life**

#	Strategic Action	Target Completion Date	Meter	Status
2.2.1	<p>Analyze valid CMO FFY 07 encounter data for Well-Child Visit rate</p> <p><u>Georgia's Baseline (pre Managed Care):</u> 49.1 percent of children with six or more visits</p> <p><u>HEDIS 90th percentile:</u> 48.6 percent of children with six or more visits</p> <p><u>Georgia's 2013 Target:</u> ≥48.6 percent of children with six or more visits</p>	10/30/2008		<p><u>FFY 07 DATA (Georgia Families):</u> 43.4 percent of children with six or more visits</p> <p>NOTE: CMO encounter data used in this analysis is currently being assessed for volume, reasonability and validity</p>


GOAL 2

Improve and enhance the quality of patient care through ongoing, objective, and systematic measurement, analysis, and improvement of performance

Institute of Medicine (IOM) Aim(s) for Improvement: Effective, Efficient, and Safe

Objective 2.3 **Outcome Objective**

Children's Preventive Health: In collaboration with Georgia's Immunization program, over the next five years, the Division of Managed Care and Quality will demonstrate an improvement of 5 percentage points in the number of managed care eligible children less than 36 months of age compliant with the 4:3:1:3:3:1* immunization series.

#	Strategic Action	Target Completion Date	Meter	Status
2.3.1	Analyze valid CMO FFY 07 encounter data for 4:3:1:3:3:1 Immunization rate <u>Georgia's Baseline (pre Managed Care):</u> 77.0 percent <u>HEDIS:</u> 70.4 percent <u>Georgia's 2013 Target:</u> 82.0 percent	10/30/2008		<u>FFY 07 DATA (Georgia Families):</u> 80.5 percent NOTE: CMO encounter data used in this analysis is currently being assessed for volume, reasonability and validity

*(4 DTaP [Diphtheria, Tetanus, and Pertussis], 3 Polio, 1 MMR [Measles, Mumps, and Rubella], 3 Hib [Haemophilus Influenza Type B], 3 Hep B [Hepatitis B], and 1 Varicella)


GOAL 2

Improve and enhance the quality of patient care through ongoing, objective, and systematic measurement, analysis, and improvement of performance

Institute of Medicine (IOM) Aim(s) for Improvement: Effective, Efficient, and Safe

Objective 2.4 Outcome Objective

Children’s Preventive Health: In collaboration with Georgia’s Childhood Lead Poisoning Prevention Program (GCLPPP), the Division of Managed Care and Quality will demonstrate an improvement of 10 percentage points in the number of one year old and two year old managed care eligible children receiving a screening for blood lead over the next five years

#	Strategic Action	Target Completion Date	Meter	Status
2.4.1	Analyze valid CMO FFY 07 encounter data for Lead rate <u>Georgia’s Baseline (pre Managed Care):</u> 9 – 15 months: 28.3 percent 21 - 27 months- 22.5 percent <u>CMS 416:</u> Age <1: 3.0 percent Age 1-2: 37.8 percent <u>Georgia’s 2013 Target:</u> 9 – 15 months: 38.3 percent 21 - 27 months- 32.5 percent	10/30/2008		<u>FFY 07 DATA (Georgia Families):</u> Age 9 – 15 months: 24.2 percent Age 21 – 27 months: 17.4 percent NOTE: CMO encounter data used in this analysis is currently being assessed for volume, reasonability and validity


GOAL 2

Improve and enhance the quality of patient care through ongoing, objective, and systematic measurement, analysis, and improvement of performance

Institute of Medicine (IOM) Aim(s) for Improvement: Effective, Efficient, and Safe

Objective 2.5 Outcome Objective

Access to Preventive/Ambulatory Health Services: Within the next five years the Division of Managed Care and Quality will demonstrate an improvement of 10 percentage points in the ambulatory or preventive care visit. This will bring Georgia to the 90th percentile level for managed Medicaid plans for adults aged 21- 44 years old (based on HEDIS 2006).

#	Strategic Action	Target Completion Date	Meter	Status
2.5.1	<p>Analyze valid CMO FFY 07 encounter data for Members age 21 years and older with Access to Ambulatory or Preventive Care rate</p> <p><u>Georgia's Baseline (pre Managed Care):</u> 78.9 percent</p> <p><u>HEDIS 90th percentile:</u> Ages 20-44: 76.4 percent Ages 45-64: 81.4 percent Ages 65+: 79.5 percent</p> <p><u>Georgia's 2013 Target:</u> 88.9 percent</p>	10/30/2008		<p><u>FFY 07 DATA (Georgia Families):</u> 77.5 percent</p> <p>NOTE: CMO encounter data used in this analysis is currently being assessed for volume, reasonability and validity</p>


GOAL 2

Improve and enhance the quality of patient care through ongoing, objective, and systematic measurement, analysis, and improvement of performance

Institute of Medicine (IOM) Aim(s) for Improvement: Effective, Efficient, and Safe

Objective 2.6 Outcome Objective

Diabetes: Within the next five years, the State will demonstrate an improvement of 20 percentage points in the managed care eligible members ages 18 - 75 years with diabetes who had at least one HbA1c test. This will bring Georgia to the 75th percentile level for managed Medicaid plans (based on HEDIS 2006).

#	Strategic Action	Target Completion Date	Meter	Status
2.6.1	<p>Analyze valid CMO FFY 07 encounter data for rate of Members age 18-75 years with Diabetes who had at least one HbA1c test</p> <p><u>Georgia's Baseline (pre Managed Care):</u> 65.3 percent</p> <p><u>HEDIS 75th percentile:</u> 83.7 percent</p> <p><u>Georgia's 2013 Target:</u> 85.3 percent</p>	11/30/2008		<p><u>FFY 07 DATA (Georgia Families):</u> XXX percent</p> <p>NOTE: Analysis pending processing of CMO Pharmacy encounter data</p>


GOAL 2

Improve and enhance the quality of patient care through ongoing, objective, and systematic measurement, analysis, and improvement of performance

Institute of Medicine (IOM) Aim(s) for Improvement: Effective, Efficient, and Safe

Objective 2.7 Outcome Objective

Asthma: Within the next five years the State will demonstrate an improvement of five percentage points in the managed care eligible members with asthma that received appropriate medications. This will bring Georgia to the 90th percentile level for managed Medicaid plans (based on HEDIS 2006).

#	Strategic Action	Target Completion Date	Meter	Status
2.7.1	Analyze valid CMO FFY 07 encounter data for rate of Members with Asthma that received appropriate medications <u>Georgia's Baseline (pre Managed Care):</u> 88.5 percent <u>HEDIS 90th percentile:</u> 92.5 percent <u>Georgia's 2013 Target:</u> 93.5 percent	10/30/2008		<u>FFY 07 DATA (Georgia Families):</u> XXX percent NOTE: Analysis pending processing of CMO Pharmacy encounter data


GOAL 2

Improve and enhance the quality of patient care through ongoing, objective, and systematic measurement, analysis, and improvement of performance

Institute of Medicine (IOM) Aim(s) for Improvement: Effective, Efficient, and Safe

Objective 2.8 Outcome Objective

Maternal and Child Health: Within the next five years the state will demonstrate a 10 percent decrease in the rate of managed care low birth weight babies. This will lead to a reduction in the rate of low birth weight babies from 9.3/1000 to 8.4/1000 live births and ultimately improve Georgia’s infant mortality rates

#	Strategic Action	Target Completion Date	Meter	Status
2.8.1	<p>Analyze valid CMO FFY 07 encounter data for rate of Low Birth Weight babies</p> <p><u>Georgia’s Baseline (state wide rate - pre Managed Care):</u> 9.3 /per 1000</p> <p><u>Healthy People 2010 baseline:</u> 7.6 /per 1000</p> <p><u>Georgia’s 2013 Target:</u> 8.4 /per 1000</p>	10/30/2008		<p><u>FFY 07 DATA (Georgia Families):</u> 8.3/ per 1000</p> <p>NOTE: CMO encounter data used in this analysis is currently being assessed for volume, reasonability and validity</p>





GOAL 2

Improve and enhance the quality of patient care through ongoing, objective, and systematic measurement, analysis, and improvement of performance

Institute of Medicine (IOM) Aim(s) for Improvement: Effective, Efficient, and Safe

Objective 2.9 Process Objective

Coordinate with Georgia transparency web site to facilitate increased and informed decision making leading to improved health choices.

#	Strategic Action	Target Completion Date	Meter	Status
2.9.1	Collaborate with DCH HITT (Health Information and Transparency Technology) team and CMOs to design information that will be available on website	07/01/2008		International Business Machines (IBM) procured as vendor for Georgia’s HITT website. Medicaid Managed Care plans collaborating commercial plans on proposed measures to be included in HITT website. Managed care plans agreed to four satisfaction measures from CAHPS that will be used for phase I of the site.
2.9.2	Work with HITT team and CMOs to develop mechanisms and processes for transmittal of information to web site.	09/01/2008		Collaborations continue with HITT team and IBM
2.9.3	Work with consumer groups, communications department, to educate members on availability and use of website.	09/15/2008		Upon completion of site development, DCH will execute a communication plan for Georgia citizens including Medicaid Managed Care members.
2.9.4	Implement site	10/01/2008		



GOAL 3

Promotion of a system of health care delivery that provides coordinated and improved access to comprehensive healthcare, and enhanced provider and client satisfaction

Institute of Medicine (IOM) Aim(s) for Improvement: Patient Centered and Timely

Objective 3.1 Outcome Objective

Assure ongoing CMO quality management program.

#	Strategic Action	Target Completion Date	Meter	Status
3.1.1	Review conformity of CMO quality program to CMS requirements- 42 CFR 438.240	11/30/2008		The procured EQRO vendor will be required to complete this task. The dates for completion of EQRO evaluation and reports have been modified thereby requiring modification of these dates.
3.1.2	Assure CMO compliance with requirement to achieve NCQA, URAC, JCAHO or AAAHC accreditation: <ul style="list-style-type: none"> • Validate completion of accreditation, or; • If not accredited, review status to assure on schedule to achieve accreditation by June 2009 	08/31/2008		All three CMOs elected to obtain NCQA New Health Plan accreditation: <ul style="list-style-type: none"> • Amerigroup NCQA New Health Plan Accreditation effective of 10/08/2007 • Wellcare NCQA New Health Plan review completed May 2008 (pending NCQA decision) • Peach State NCQA New Health Plan Accreditation survey scheduled for 09/17/2008







GOAL 3

Promotion of a system of health care delivery that provides coordinated and improved access to comprehensive healthcare, and enhanced provider and client satisfaction

Institute of Medicine (IOM) Aim(s) for Improvement: Patient Centered and Timely

Objective 3.2 Process Objective

Develop plan for preferential auto-assignment to CMOs that have demonstrated improved quality of care

#	Strategic Action	Target Completion Date	Meter	Status
3.2.1	Identify set of potential measures that can be used in quality auto-assignment algorithm	07/31/2008		DCH has identified potential measures that can be used for Georgia Families quality auto-assignment algorithm Currently review details of other State Medicaid quality auto-assignment algorithms
3.2.2	Compile baseline data from initial year of managed care implementation.	10/31/2008		Continue processing CMO encounter data
3.2.3	Develop workgroup to establish measures, review and validate measures, and agree on measure set for quality algorithm. Group to include representatives from DCH, CMOs, provider organizations, member advocacy groups	10/31/2008		
3.2.4	Establish methodology and weighting of measures for auto-assignment algorithm	11/30/2008		
3.2.5	Implement measurement period	1/1/2009 – 12/31/2009		
3.2.6	Implement change to auto-assignment algorithm	7/1/2010		

GOAL 4


Promotion of acceptable standards of healthcare within managed care programs by monitoring internal/external processes for improvement opportunities

Institute of Medicine (IOM) Aim(s) for Improvement: Patient Centered, Safe and Efficient



Objective 4.1 Process Objective




Assure CMO compliance with contractual standards (Access to Care):

1. CMOs Maintain a Network of Appropriate Providers
2. CMOs ensure Timely Access to network providers
3. CMOs provide female members with direct in-network access to women’s health specialist for covered care necessary to provide routine and preventive health care services.
4. CMO will authorize services for the member to be furnished adequately and timely by an out-of-network provider, if their network is unable to provide medically necessary covered services to a particular member.
5. CMOs are required to provide for a second opinion in any situation when there is a question concerning a diagnosis or the options for surgery or other treatment of a health condition when requested by any member of the health care team, a member, parent(s) and/or guardian(s), or a social worker exercising a custodial responsibility.
6. CMOs are required to credential network providers in accordance with the standards of the National Committee for Quality Assurance (NCQA), Joint Commission on Accreditation Healthcare Organization (JCAHO), or American Accreditation Healthcare Commission/URAC.

#	Strategic Action	Target Completion Date	Meter	Status
4.1.1	Assess CMO compliance with contractually required Geo access standards to identify areas for improvement and best practices:	ongoing		<p>This oversight activity is done each quarter and is work in progress. The following reports are submitted to DCH and used to complete network analysis and validations. GeoAccess Report; PCP Assignment Report; Provider Listing; Provider Termination Report; CMO Network Development Recruitment Report; Provider Count Report; CMO Provider Maps; and Provider Access to Care Survey Tools.</p> <p>Provider Services staff works closely with the CMOs to ensure that members have access to care for all scopes of services. The below deficiency responses are reviewed to verify how members will access care</p>

#	Strategic Action	Target Completion Date	Meter	Status
				<p>in areas where provider contracts do not exist.</p> <ol style="list-style-type: none"> 1. Providers <u>do not</u> exist within contract access standard and NET services will be coordinated as necessary. 2. Providers <u>do exist</u> within contract access standard, but <u>refusing to contract</u>, single case agreements will be negotiated with willing providers and NET services will be coordinated as necessary. CMOs will need to submit a list of provider names, specialty, and county locations of providers that will be contracted for single case agreements. 3. Providers <u>do exist, in process of Recruitment or Contracting, Credentialing, or Loading</u>. In the meanwhile single case agreements will be negotiated with willing providers and NET services will be coordinated as necessary. CMOs will need to submit a list of provider names, specialty, and county locations of providers that will be contracted for single case agreements. 4. All Pediatric Provider network deficient areas will need to be submitted to DCH as follows: <ul style="list-style-type: none"> • Submit counts of other primary care

#	Strategic Action	Target Completion Date	Meter	Status
				<p>providers available to see pediatric population of members.</p> <p>5. All PCP Provider network deficient areas will need to be submitted to DCH as follows: Submit counts of other primary care providers i.e. NP, PA, and FQHCs/RHC Clinics PCP providers.</p>
4.1.2	<p>CMOs ensure Timely Access to network providers</p> <ul style="list-style-type: none"> • Assure CMO wait times for provider appointments do not exceed contractually required standards • 	ongoing		<p>This oversight activity is done each quarter and is work in progress. DCH monitors the CMOs for compliance through the Timely Access submission report. DCH monitors this report quarterly to ensure that the CMOs have adequate network capacity for waiting times and appointments to PCPs routine visits / 21 days, PCP adult sick visit / 72 hours, PCP pediatric sick visit / 24 hours, Specialist 30 /days, Non-emergency Hospital / 30 days, Mental Health / 14 days, Urgent Care / 24 hours and Emergency /24-7 within these contractual guidelines</p>
4.1.3	<p>CMOs provide female members with direct in-network access to women’s health specialist for covered care necessary to provide routine and preventive health care services</p> <ul style="list-style-type: none"> • Asses the following annually and as necessary to ensure compliance and to identify areas of improvement and best practices: <ul style="list-style-type: none"> • GEO-Access reports • PCP Assignment report 	ongoing		<p>This oversight activity is done each quarter and is work in progress. DCH monitors the CMOs for compliance through the Quarterly GEO Access report which consists of Network Maps with percentages, Regional and County submission report of their actual member and provider count for counties, Network provider listing by specialty report, CMS Federal Provider Count report and Deficiency CAP Report to ensure network access coverage for OGBYN providers. The staff also uses the Appointment Wait Time Reports to ensure that OBGYN wait times are within 30 days in-accordance with GF contract.</p>

#	Strategic Action	Target Completion Date	Meter	Status
4.1.4	<p>CMO will authorize services for the member to be furnished adequately and timely by an out-of-network provider, if their network is unable to provide medically necessary covered services to a particular member.</p> <ul style="list-style-type: none"> • Asses the following annually and as necessary to ensure compliance and to identify areas of improvement and best practices: <ul style="list-style-type: none"> • Disenrollment requests due to lack of access to providers • CMO policies and procedures • Complaints regarding access to providers 	ongoing		This oversight activity is done each quarter and is work in progress. DCH monitors the CMOs for compliance through Quarterly Audits of CMOs Policy and Polices for updates/revisions, DCH Complaint Report, and the Provider Termination Report.
4.1.5	<p>CMOs are required to provide for a second opinion in any situation when there is a question concerning a diagnosis or the options for surgery or other treatment of a health condition when requested by any member of the health care team, a member, parent(s) and/or guardian(s), or a social worker exercising a custodial responsibility.</p> <ul style="list-style-type: none"> • Asses the following annually and as necessary to ensure compliance and to identify areas of improvement and best practices: <ul style="list-style-type: none"> • Complaints regarding coverage of second opinions • CMO policies and procedures 	12/01/2008		
4.1.6	CMOs are required to credential network providers in accordance with the standards of the National	ongoing		DCH monitors the Network Provider Listing to compare with Quarterly Network Audits that are done on

#	Strategic Action	Target Completion Date	Meter	Status
	<p>Committee for Quality Assurance (NCQA), Joint Commission on Accreditation Healthcare Organization (JCAHO), or American Accreditation Healthcare Commission/URAC.</p> <ul style="list-style-type: none"> • Asses the following annually and as necessary to ensure compliance and to identify areas of improvement and best practices: <ul style="list-style-type: none"> • CMO Credential Meeting Minutes • Adverse Disciplinary Actions recorded on providers • Expiration Dates for provider licenses, certifications, insurance coverage report • CMO Provider Listing audit to ensure credentials not expired (e.g., Malpractice Insurance, Drug Enforcement Administration, Board Certification, etc.) 			<p>random providers thru MHN network, State Fraud Listing, State Exclusion website. This is all compared to the CMOs web and printed directories to ensure network compliance.</p>

GOAL 4



Promotion of acceptable standards of healthcare within managed care programs by monitoring internal/external processes for improvement opportunities

Institute of Medicine (IOM) Aim(s) for Improvement: Patient Centered, Safe and Efficient

Objective 4.2 Process Objective

Assure CMO compliance with contractual standards (Coordination of Care):

1. CMOs must have a process in place that ensures members have direct access to a specialist as appropriate for the member's condition and identified needs.
2. CMOs will provide coordination and continuity of care for ALL managed care children with special needs.

#	Strategic Action	Target Completion Date	Meter	Status
4.2.1	<p>CMOs must have a process in place that ensures members have direct access to a specialist as appropriate for the member's condition and identified needs.</p> <ul style="list-style-type: none"> • Asses the following annually and as necessary to ensure compliance and to identify areas of improvement and best practices: <ul style="list-style-type: none"> • CMO Direct Access to a Specialist policies and procedures 	ongoing		<p>Work in progress- DCH monitors the CMOs for compliance through the Reviewing policy and Complaint Reports.</p> <p>DCH staff members work closely with the CMOs on all received provider complaints to ensure adequate and timely responses and to track and trend for CMO provider service areas of improvement.</p>
4.2.2	<p>CMOs will provide coordination and continuity of care for ALL managed care children with special needs.</p> <ul style="list-style-type: none"> • Collaborate to identify children with special needs utilizing the Child and Adolescent Health Measurement Initiative (CAHMI) screening tool • Review Lessons Learned and Plans utilized by Other State Medicaid Agencies when implementing Care Coordination for Medicaid Managed Care members • Partner with Other State 	<p>07/01/2008 12/15/2008</p>		<p>Continue collaboration with DCH and enrollment broker to identify children with special healthcare needs</p>

#	Strategic Action	Target Completion Date	Meter	Status
	Agencies <ul style="list-style-type: none"> • Develop Plan (Specify Expectations for CMOs) • Assist CMOs in Identifying the Target Population • Develop methodology to measure performance 			

GOAL 4



Promotion of acceptable standards of healthcare within managed care programs by monitoring internal/external processes for improvement opportunities

Institute of Medicine (IOM) Aim(s) for Improvement: Patient Centered, Safe and Efficient

Objective 4.3 Process Objective

Assure CMO compliance with contractual standards (Covered Services):

1. CMOs are required to provide medically necessary services and benefits pursuant to the Georgia State Medicaid State Plan and the Georgia Medicaid Policies and Procedures Manual. In addition, the CMO must ensure that coverage is provided for EPSDT eligible members when the provision of that service is necessary to correct or ameliorate a health condition identified during a Health Check (EPSDT) screen.
2. Prior Authorization and/or Pre-Certification for all non-emergent, out-of-network services may be required by the CMOs. The CMO may not arbitrarily deny or reduce the amount, duration or scope of a required service solely because of the diagnosis, type of illness or condition.

#	Strategic Action	Target Completion Date	Meter	Status
4.3.1	<ul style="list-style-type: none"> • Asses the following periodically to identify areas of improvement and best practices: <ul style="list-style-type: none"> • CMO EPSDT policies and procedures • CMS 416 Report • CMO EPSDT Report 	10/30/2008		<p>The CMOs report quarterly on EPSDT services (submitted via 416 format). DCH uses the data to monitor performance of the CMOs.</p> <p>Currently, DCH collaborating with Thomson Reuters to validate EPSDT data submitted by CMOs via encounters. In addition, DCH plans to conduct another EPSDT onsite review of Policies, materials, decisions, etc. within the next couple of months and update the Quality Strategic Plan with the overall compliance percentage.</p>
4.3.2	<p>Prior Authorization and/or Pre-Certification for all non-emergent, out-of-network services may be required by the CMOs. The CMO may not arbitrarily deny or reduce the amount, duration or scope of a required service solely because of the diagnosis, type of illness or condition.</p> <ul style="list-style-type: none"> • Asses the following monthly to identify areas of improvement and best practices: 	11/30/2008		<p>DCH continues to do monthly analysis of CMO Prior Authorization reports. In addition, DCH plans to conduct follow-up onsite Prior Authorization audits and update the Quality Strategic Plan with the overall compliance percentage.</p> <p>Current data indicates improvement in overall timeliness of prior authorization timeliness relative to initial year.</p>

#	Strategic Action	Target Completion Date	Meter	Status
	<ul style="list-style-type: none"> • CMO Prior Authorization/Pre-Certification policies and procedures 			

GOAL 4

Promotion of acceptable standards of healthcare within managed care programs by monitoring internal/external processes for improvement opportunities

Institute of Medicine (IOM) Aim(s) for Improvement: Patient Centered, Safe and Efficient

Objective 4.4 Process Objective

Assure CMO compliance with contractual standards (Grievance System):

1. In compliance with federal statutes, the CMOs must maintain records of grievances, whether received verbally or in writing, that include a short, dated summary of the problems, name of grievant, date of the grievance, date of the decision, and the disposition. CMOs are required to acknowledge receipt of each filed grievance and appeal in writing within 10 business days of receipt
2. DCH requires that individuals who make decisions on grievances that involve clinical issues are health care professionals who have the appropriate clinical expertise, as determined by DCH, in treating the member's condition or disease and who were not involved in any previous level of review or decision-making. Written notice of the disposition sent as expeditiously as the member's health condition requires but shall not exceed 90 calendar days of the filing date
3. Each CMO must ensure that the individuals who make decisions on appeals are individuals who were not involved in any previous level of review or decision-making; and who are health care professionals who have the appropriate clinical expertise in treating the member's condition or disease if deciding an appeal of a denial that is based on lack of medical necessity; or an appeal that involves clinical issues. Resolution of the appeal and written notice of the appeal resolution must be mailed as expeditiously as the member's appeal was received
4. The State will maintain an independent Administrative Law Hearing process as defined in the Georgia Administrative Procedure Act (O.C.G.A Title 50, Chapter 13) and as required by federal law, 42 CFR 200 et al. A member or authorized representative may request in writing a State Administrative Law Hearing within 30 calendar days of the date the Notice of Adverse Action is mailed by the Plan. The CMOs shall comply with decisions reached as a result of the Administrative Law Hearing process.
5. Continuation of member's benefits must be granted by the CMO if the member or the representative files the appeal timely and the member requests extension of the benefits
6. Peach Care for Kids™, Georgia's SCHIP program, requires the member to initially request an appeal through the CMOs Grievance System. If resolution is not satisfactory to the member, the member must then file a request for appeal through Peach Care for Kids™. The member may elect to present additional information in support of their appeal directly to a DCH appeal panel. The panel will consider information from the CMO, the independent physician review organization, and the member prior to issuing a determination

#	Strategic Action	Target Completion Date	Meter	Status
4.4.1	On a periodic basis DCH will audit CMO grievances to assure compliance with federal and contractual requirements.	12/31/2008		2008 assessment will be scheduled to occur later this year.

GOAL 4

Promotion of acceptable standards of healthcare within managed care programs by monitoring internal/external processes for improvement opportunities



Institute of Medicine (IOM) Aim(s) for Improvement: Patient Centered, Safe and Efficient



Objective 4.5 Process Objective

Assure CMO compliance with contractual standards (Subcontractor Relations):

1. CMOs are required to obtain DCH approval prior to hiring or entering into an agreement with any subcontractor.
2. The State will request a list of subcontractors quarterly to include dates the contracts were executed.
3. DCH requires signed attestation statements from each CMO attesting that the activities of each of their approved subcontractors are being monitored.
4. Each CMO must conduct annual (and as needed) audits of their sub-contractors to ensure all delegated functions are being performed as required.

#	Strategic Action	Target Completion Date	Meter	Status
4.5.1	<p>CMOs are required to obtain DCH approval prior to hiring or entering into an agreement with any subcontractor. Asses the following periodically to identify areas of improvement and best practices:</p> <p>CMO policies and procedures Develop plan for improvement Execute plan Evaluate plan Provide results/findings to stakeholders and public Document/Improve process to ensure compliance with plan</p>	10/15/2008	●	<p>CMOs currently provide DCH with notification requesting approval prior to hiring or entering into an agreement with any subcontractor.</p> <ul style="list-style-type: none"> • DCH currently monitors the CMOs Subcontractor agreements and status as follows: • CMOs complete an Attestation Statement that is signed by a senior officer and indicates that the Subcontracted Vendors have been submitted to DCH for approval as well as the Subcontractor pricing. • DCH receives quarterly a Attestation Report from the CMOs that lists their current Subcontracted vendors • DCH provided the CMOs with the detailed report specifications for the <u>Subcontractor Information Report</u> • A detailed P&P has been written that addresses how the CMOs subcontracted vendors are monitored.

#	Strategic Action	Target Completion Date	Meter	Status
				<p>DCH will develop a plan for improvement of the CMO subcontractor monitoring process that includes execution, evaluation and a mechanism for assessing the results and findings for dissemination to the appropriate stakeholders as well as the public.</p> <p>The process will be reviewed that includes documentation of improvements that ensures and validates CMO compliance.</p>
4.5.2	<p>The State will request a list of subcontractors quarterly to include dates the contracts were executed.</p> <ul style="list-style-type: none"> • Asses the following periodically to identify areas of improvement and best practices: <ul style="list-style-type: none"> • CMO policies and procedures • Develop plan for improvement • Execute plan • Evaluate plan • Provide results/findings to stakeholders and public <p>Document/Improve process to ensure compliance with plan</p>	10/15/2008		<p>The CMO contract with requires that a <u>Subcontractor Information Report</u> is submitted quarterly. The report specification document dictates that the following information must be included, i.e. CMO name, Subcontractor Name, Contracted Services Provided, Address Information, Telephone Numbers, Date of Contract, , Length of Contract, Date of CMO Audits, Audit (upon DCH request), the date that the CMO accepted the Subcontractor’s Disaster Recovery Plan, and upon request a file copy of the Executed Contract.</p> <p>DCH will develop a plan for improvement of the CMO subcontractor monitoring process that includes execution, evaluation and a mechanism for assessing the results and findings for dissemination to the appropriate stakeholders as well as the public.</p> <p>The process will be reviewed that includes documentation of improvements that ensures and validates CMO compliance.</p>
4.5.3	<p>DCH requires signed attestation statements from each CMO attesting that the activities of each of their approved subcontractors are being monitored.</p>	10/15/2008		<p>The CMOs currently submit an Attestation Statement to DCH that has been signed by a senior officer at a minimum quarterly or sooner.</p> <p>DCH will develop a plan for</p>

#	Strategic Action	Target Completion Date	Meter	Status
	<p>Asses the following periodically to identify areas of improvement and best practices:</p> <ul style="list-style-type: none"> • CMO policies and procedures • Develop plan for improvement • Execute plan • Evaluate plan • Provide results/findings to stakeholders and public • Document/Improve process to ensure compliance with plan 			<p>improvement of the CMO subcontractor monitoring process that includes execution, evaluation and a mechanism for assessing the results and findings for dissemination to the appropriate stakeholders as well as the public.</p> <p>The process will be reviewed that includes documentation of improvements that ensures and validates CMO compliance.</p>
4.5.4	<p>Each CMO must conduct annual (and as needed) audits of their sub-contractors to ensure all delegated functions are being performed as required.</p> <p>Assess the following periodically to identify areas of improvement and best practices</p> <p>CMO policies and procedures</p> <p>Develop plan for improvement</p> <p>Execute plan/Evaluate plan</p> <p>Provide results/findings to stakeholders and public</p> <p>Document/Improve process to ensure compliance with plan</p>	10/15/2008		<p>DCH requires that each CMO conduct an audit (at least annually) that ensures that all delegated functions are being performed as required.</p> <p>DCH will develop a plan for improvement of the CMO subcontractor monitoring process that includes a review process of the CMOs audits of their Subcontracted vendors as well as execution, evaluation and a mechanism for assessing the results and findings for dissemination to the appropriate stakeholders as well as the public. The process will be reviewed that includes documentation of improvements that ensures and validates CMO compliance.</p>
4.5.5	<p>DCH will review CMO compliance with oversight of subcontractors and all delegated functions by review of all subcontractor related monitoring activities, CMO/subcontractor meeting minutes, and subcontractor monitoring results including CMO analysis, interpretation, and corrective actions.</p> <ul style="list-style-type: none"> • Asses the following periodically to identify areas 	10/15/2008		<p>DCH currently monitors the CMOs compliance with their oversight of their identified subcontracted vendors. This review will be refined to include:</p> <ul style="list-style-type: none"> • CMO/Subcontractor review schedule and actual dates • Meeting minutes • List of participants • Subcontractor monitoring results • Including CMO analysis, interpretation, and

#	Strategic Action	Target Completion Date	Meter	Status
	<p>of improvement and best practices:</p> <ul style="list-style-type: none"> • CMO policies and procedures • Develop plan for improvement • Execute plan • Evaluate plan • Provide results/findings to stakeholders and public <p>Document/Improve process to ensure compliance with plan</p>			<ul style="list-style-type: none"> • Corrective actions taken <p>DCH will develop a plan for improvement of the CMO subcontractor monitoring process that includes execution, evaluation and a mechanism for assessing the results and findings for dissemination to the appropriate stakeholders as well as the public.</p> <p>The process will be reviewed that includes documentation of improvements that ensures and validates CMO compliance.</p>

GOAL 4


Promotion of acceptable standards of healthcare within managed care programs by monitoring internal/external processes for improvement opportunities

Institute of Medicine (IOM) Aim(s) for Improvement: Patient Centered, Safe and Efficient

Objective 4.6 **Process Objective**

Assure CMO compliance with contractual standards (Structure and Operation):

#	Strategic Action	Target Completion Date	Meter	Status
4.6.1	<p>The CMO must make all of its books, documents, papers, provider records, medical records, financial records, data, surveys and computer databases available for examination and audit by authorized state or federal personnel. Any records requested must be produced immediately for onsite review or sent to the requesting authority by mail within 14 calendar days following a request.</p> <ul style="list-style-type: none"> • Asses the following periodically to identify areas of improvement and best practices: <ul style="list-style-type: none"> • CMO policies and procedures • Develop plan for improvement • Execute plan • Evaluate plan • Provide results/findings to stakeholders and public • Document/Improve process to ensure compliance with plan 	10/15/2008	●	<p>The DCH contract mandates that the CMOs provide all of its books, documents, papers, provider records, medical records, financial records, data, surveys and computer databases available for examination and audit by authorized state or federal personnel upon request within 14 calendar days by mail or immediately for an onsite review.</p> <p>DCH will file all documents received and reviewed for authorized state personnel access.</p> <p>DCH will develop a plan for improvement of the CMO subcontractor monitoring process that includes execution, evaluation and a mechanism for assessing the results and findings for dissemination to the appropriate stakeholders as well as the public.</p> <p>The process will be reviewed that includes documentation of improvements that ensures and validates CMO compliance.</p>
4.6.2	<p>DCH must have unlimited rights to use, disclose, and duplicate all information and data in any way relating to this contract in accordance with applicable state and federal laws and regulations.</p>	10/15/2008	●	<p>The DCH contract with the CMOs stipulates in the section regarding <u>Access to Records</u>; that DCH (Pursuant to the requirements of 42 CFR 434.6(a) (5) and 42 CFR 434.38,) has the right to have the CMO 'make all of its books,</p>

	<ul style="list-style-type: none"> • Asses the following periodically to identify areas of improvement and best practices: <ul style="list-style-type: none"> • CMO policies and procedures • Develop plan for improvement • Execute plan • Evaluate plan • Provide results/findings to stakeholders and public • Document/Improve process to ensure compliance with plan 			<p>documents, papers, Provider records, Medical Records, financial records, data, surveys and computer databases available for examination and audit by DCH, the State Attorney General, the State Health Care Fraud Control Unit, the State Department of Audits, or authorized State or federal personnel.</p> <p>Any records requested hereunder shall be produced immediately for on-site review or sent to the requesting authority by mail within fourteen (14) Calendar Days following a request. All records shall be provided at the sole cost and expense of the Contractor. DCH shall have unlimited rights to use, disclose, and duplicate all information and data in any way relating to this Contract in accordance with applicable State and federal laws and regulations.'</p> <p>DCH will develop a plan for improvement of the:</p> <ul style="list-style-type: none"> • CMO subcontractor monitoring process that including the • CMO policies and procedures, • Complaints regarding coverage of stakeholders and public, • Execution, • Evaluation and • A mechanism for assessing the results and findings for dissemination to the appropriate stakeholders as well as the public. <p>The process will be reviewed that includes documentation of improvements that ensures and validates CMO compliance.</p>
4.6.3	<p>DCH will conduct periodic audits of operational processes.</p> <ul style="list-style-type: none"> • Asses the following periodically to identify areas of improvement and best practices: <ul style="list-style-type: none"> • CMO policies and procedures 	10/15/2008		<p>The DCH contract with the CMOs stipulates that "All contracts must ensure that the Contractor evaluates the prospective Subcontractor's ability to perform the activities to be delegated; monitors the Subcontractor's performance on an ongoing basis and subjects it to formal</p>

	<ul style="list-style-type: none"> • Develop plan for improvement • Execute plan • Evaluate plan • Provide results/findings to stakeholders and public • Document/Improve process to ensure compliance with plan 		<p>review according to a periodic schedule established by DCH and consistent with industry standards or State laws and regulations; and identifies deficiencies or areas for improvement and that corrective action is taken.”</p> <p>DCH will develop a plan for improvement of the CMO subcontractor monitoring process that includes execution, evaluation and a mechanism for assessing the results and findings for dissemination to the appropriate stakeholders as well as the public.</p> <p>The process will be reviewed that includes documentation of improvements that ensures and validates CMO compliance.</p>
--	---	--	--

GOAL 4



Promotion of acceptable standards of healthcare within managed care programs by monitoring internal/external processes for improvement opportunities

Institute of Medicine (IOM) Aim(s) for Improvement: Patient Centered, Safe and Efficient

Objective 4.7 Process Objective

Assure CMO compliance with contractual standards (Utilization Management):

The CMO must provide assistance to members and providers to ensure the appropriate utilization of resources, using the following program components: prior authorization and pre-certification, prospective review, concurrent review, retrospective review, ambulatory review, second opinion, discharge planning and case management.

#	Strategic Action	Target Completion Date	Meter	Status
4.7.1	<ul style="list-style-type: none"> Develop regular report that documents case management, disease management and discharge planning activities of the CMOs Perform audit of CMO disease management, case management, and discharge planning processes. 	11/30/2008		Initial draft of report specifications and audit tool has been completed. Need to complete final DCH review, review with CMOs, with plan to implement in Fall 2008.
4.7.2	Perform quarterly review of CMO utilization data, evaluate trends for potential over or under utilization and to identify potential areas for improvement.	11/30/2008		Review of current trends indicates a higher trend for utilization of NICU beds for one CMO. The CMO indicates that they believe this is related to adverse selection of complicated pregnancies. DCH is currently attempting to validate this.