



State of Georgia
Department of Community Health

External Quality Review of Compliance With Standards

for

**Amerigroup Community Care
for Georgia Families 360°**

December 2016

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Background

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 three 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 1.3 million beneficiaries are enrolled in the GF program.¹⁻¹

As part of the redesign of the Georgia Medicaid program, DCH developed a new managed care program called Georgia Families (GF) 360[°], which was launched on March 3, 2014. The DCH transitioned children in State custody, children receiving adoption assistance (AA), and certain children in the juvenile justice system from the FFS delivery system into the GF 360[°] managed care program. The DCH contracted with Amerigroup Community Care (Amerigroup) to provide services on a state-wide basis, to improve care coordination and continuity of care, and to provide better health outcomes for these members. Within this report, the three populations served by this program are collectively referred to as the GF 360[°] program.

According to federal requirements located within the Code of Federal Regulations (CFR), 42 CFR §438.358, the state, an agent that is not a Medicaid MCO, or its external quality review organization (EQRO) must conduct a review to determine a Medicaid MCO’s compliance with standards established by the state related to member rights and protections, access to services, structure and operations, measurement and improvement, and grievance system standards. These standards must be at least as stringent as the federal Medicaid managed care standards described in 42 CFR §438—Managed Care.

To comply with the federal requirements, DCH contracted with Health Services Advisory Group, Inc. (HSAG), as its EQRO to conduct compliance reviews of the Georgia Families CMOs. The DCH uses HSAG to review one-third of the full set of standards each year over a three-year cycle.

Description of the External Quality Review of Compliance with Standards

The DCH requires its CMOs to undergo annual compliance reviews that cover a third of the federal standards each year. This ensures that within a three-year period, a full comprehensive assessment is

¹⁻¹ Georgia Department of Community Health. “Georgia Families Monthly Adjustment Summary Report, Report Period: 12/2015.”

conducted to meet federal requirements. The review presented in this report covered the period of July 1, 2015–June 30, 2016. Although this is the third year of a three-year cycle of external quality reviews for the three Georgia Families CMOs, this is the second year that HSAG evaluated and completed a separate external quality review report for Amerigroup’s contract for the GF 360° program.

HSAG performed a desk review of Amerigroup 360°’s documents and an on-site review that included reviewing additional documents, conducting interviews with key Amerigroup 360° staff members, and conducting file reviews. HSAG evaluated the degree to which Amerigroup 360° complied with federal Medicaid managed care regulations and the associated DCH contract requirements in three performance categories. All three review areas included requirements associated with federal Medicaid managed care structure and operation standards found at 42 CFR §438.236–§438.240, and §438.242. A fourth performance category focused specifically on noncompliant standards from the prior review periods. The standards HSAG evaluated included requirements that addressed the following areas:

- Clinical Practice Guidelines
- Quality Assessment and Performance Improvement (QAPI)
- Health Information Systems
- Re-review of *Not Met* elements from the prior years’ review

Following this overview (Section 1), the report includes:

- Section 2—A summary of HSAG’s findings regarding Amerigroup 360°’s performance results, strengths, and areas requiring corrective action.
- Section 3—A description of the process and timeline Amerigroup 360° will follow for submitting to DCH its corrective action plan (CAP) addressing each requirement for which HSAG scored Amerigroup 360°’s performance as noncompliant.
- Appendix A—The completed review tool HSAG used to:
 - Evaluate Amerigroup 360°’s compliance with each of the requirements contained within the standards.
 - Document its findings, the scores it assigned to Amerigroup 360°’s performance, and (when applicable) corrective actions required to bring its performance into compliance with the requirements.
- Appendix B—The completed review tool HSAG used to evaluate Amerigroup 360°’s performance in each of the areas identified as noncompliant from the prior year’s review.
- Appendix C—The dates of the on-site review and a list of HSAG reviewers, DCH observers, and all Amerigroup 360° staff members who participated in the interviews that HSAG conducted.
- Appendix D—A description of the methodology HSAG used to conduct the review and to draft its findings report.
- Appendix E—A template for Amerigroup 360° to use in documenting its CAP for submission to DCH within 30 days of receiving the final report.

2. Performance Strengths and Areas Requiring Corrective Action

Summary of Overall Strengths and Areas Requiring Corrective Action

HSAG determined findings for the compliance review from its:

- Desk review of the documents Amerigroup 360° submitted to HSAG prior to the on-site review.
- On-site review of additional documentation provided by Amerigroup 360°.
- Interviews of key Amerigroup 360° administrative and program staff members.
- File reviews during the on-site review.

HSAG assigned a score of *Met* or *Not Met* for each of the individual elements it reviewed based on a scoring methodology, which is detailed in Appendix D—Review Methodology. If a requirement was not applicable to Amerigroup 360° during the period covered by the review, HSAG used a *Not Applicable* designation. HSAG then calculated a total percentage-of-compliance score for each of the standards and an overall percentage-of-compliance score across the standards as well as the follow-up review.

Table 2-1 presents a summary of Amerigroup 360°’s performance results.

Table 2-1—Standards and Compliance Scores

Standard #	Standard Name	# of Elements*	# of Applicable Elements**	# Met	# Not Met	# Not Applicable	Total Compliance Score***
I	Clinical Practice Guidelines	11	11	11	0	0	100.0%
II	Quality Assessment and Performance Improvement (QAPI)	32	30	16	14	2	53.3%
III	Health Information Systems	8	8	8	0	0	100.0%
NA	Follow-up Reviews From Previous Noncompliant Review Findings	12	12	11	1	0	91.7%
	Total Compliance Score	63	61	46	15	2	75.4%
* 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 <i>NA</i> .							
*** Total Compliance Score: Elements that were <i>Met</i> 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.							

The remainder of this section provides a high-level summary of Amerigroup 360°’s performance noted in each of the areas reviewed. In addition, the summary describes any areas that were not fully compliant with the requirements for Amerigroup 360°.

Standard I—Clinical Practice Guidelines

Performance Strengths

Amerigroup 360° used demographic and epidemiological profiles of its population in its consideration of clinical practice guideline (CPG) adoption. Amerigroup 360° also completed utilization data analysis, which was reviewed and discussed in committee meetings during CPG discussions. Amerigroup 360° adopted CPGs from evidence-based, professional association recommendations for care and treatment.

The Amerigroup 360° network providers participated in committee meetings and actively discussed the CPGs that were under consideration. Amerigroup 360° built a strong connection between the CPGs and its disease management programs, case management, care coordination, and the integration of the guidelines into care plans. Amerigroup 360° had processes for informing providers about the CPGs through outreach material and for making the guidelines available on its website.

Amerigroup 360° established processes to include components of the CPGs in member outreach material, case management programs, and educational materials such as the Ameritip brochures. Amerigroup 360° used guideline-driven member materials in its care management program. The care management program also includes Case Management and Disease Management programs. Amerigroup 360° provided training for clinical staff involved in disease management and care management regarding guideline recommendations.

Amerigroup 360° implemented provider monitoring activities to ensure provider compliance with CPGs. Providers that were identified as not delivering care and services according to the CPGs received education, and in some cases, were required to complete CAPs.

Areas Requiring Corrective Action

HSAG did not identify any opportunities for improvement that required Amerigroup 360° to implement corrective actions for Standard I—Clinical Practice Guidelines.

Standard II—Quality Assessment and Performance Improvement (QAPI)

Performance Strengths

Amerigroup 360° used diverse processes to solicit provider, member, and community member feedback and input into the quality improvement processes of the program. Amerigroup 360° sought member input and involvement in the program through member surveys and participation in committees. Amerigroup 360° accepted and discussed recommendations from committee members, such as a judge who participated in a committee. The discussions led to effective quality improvement work, such as the identification of providers in the community that were flagged for the justice system as providers that

would accept children as walk-in appointments as they exited a court hearing. Other committee meeting minutes provided examples of active discussions with providers and community members regarding the prescribing and monitoring of psychotropic medications to children.

Amerigroup 360° had some challenges meeting the EPSDT requirements for children in the Kenny A. Consent Decree counties of DeKalb and Fulton. Amerigroup 360° implemented programs and initiatives such as the Mobile Assessment Unit to literally meet members “where they are.” The Mobile Assessment Team actively sought out members to assist in increasing the number of initial physical, dental, and trauma/behavioral assessments that were completed within 10 days of the member being taken into State custody. Amerigroup 360° also monitored and evaluated individual member outcomes. Amerigroup 360° developed strong monitoring processes that assessed the performance of providers and delegated entities both in aggregate and by individual member using the member’s individualized care plan. Amerigroup 360° used this process to determine whether the member’s care plan goals were achieved, needed care and services were delivered, whether there were any gaps in care, and how effectively the gaps were addressed.

In the Pathways to Permanency program, Amerigroup 360° focused efforts on working toward permanent placement of children in cases where parental rights had been severed. Amerigroup 360° measured outcomes in timely care delivery as well as in measures, such as school attendance.

Amerigroup 360° developed (and was in various stages of implementing) action plans focused on increasing access to care and receipt of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. Amerigroup 360° created action plans for the Mobile Assessment Unit. The CMO also created EPSDT status reports for care coordinators. The status reports reflected the effectiveness of the care coordinator’s ability to connect members to services based on a corresponding receipt of services, community school program participation, and use of the fast track program. Amerigroup 360° used results of the activities to identify additional opportunities for improvement.

The CMO’s staff documented in meeting minutes and described during compliance audit interview sessions that the chief executive officer (CEO) and the chief medical officer were actively involved in QAPI Program activities. The documentation also provided evidence that the CMO actively involved executive and senior-level staff in quality improvement work.

Amerigroup 360° continued to expand current quality improvement knowledge and training throughout its organization, such as in its new effort to train staff in Lean Six Sigma and the use of the Institute for Healthcare Improvement’s (IHI’s) Science of Quality Improvement principles in quality improvement work.

The CMO had a process for ensuring the delivery of quality care with the primary goal of improving the health status of members who were identified as complex and were in case management. The CMO used the Kaiser Model for medical homes for individuals identified with a chronic condition. The CMO also focused efforts to close gaps in care through disease management and population health activities, such as connecting members to primary care providers, outreach to members, and educational interventions.

Amerigroup 360° developed strong processes to measure provider network accessibility. Amerigroup 360° used provider surveys to determine appointment availability and the availability of after-hours care.

Amerigroup 360° implemented ongoing monitoring and measuring of the ability for members to access primary care, behavioral healthcare, and high volume specialists (e.g., obstetrics [OB]/gynecology) and provider types where ongoing or regular care was needed (e.g., hematology and oncology).

Amerigroup 360° also had processes to monitor complaints and grievances in relation to access to care concerns. Amerigroup 360° used monitoring results to identify opportunities for improvement and individual and aggregate results to inform and request corrective actions from providers.

Amerigroup 360° developed provider report cards which were mailed to all practices with panels greater than 250 Amerigroup 360° members. Provider Relations, Quality Management Health Promotion consultants, and practice consultants used the report cards to facilitate discussions of performance and opportunities for improvement with providers. In addition, Amerigroup 360° produced a final measurement year report card that displayed year-over-year performance and variance. The final measurement year report enabled the practice to view trended data demonstrating improvement or decline over time.

Amerigroup 360° described its work in the attention deficit hyperactivity disorder (ADHD) performance improvement project (PIP) and the sustained outcomes it achieved in relation to medication management, compliance, and follow-up appointment completion. Amerigroup 360° identified ADHD PIP interventions as a best practice. Amerigroup 360° expanded the success of the PIP and used the interventions it identified as a best practice in the Amerigroup Georgia Families program. Amerigroup 360° also described the best practice achieved through another PIP focused on provider recredentialing. Amerigroup 360° shared the successful intervention of directly reaching out to nonresponsive providers to complete recredentialing processes as a best practice with other Amerigroup CMOs nationally.

The *Amerigroup 360° 2016 Performance Measures Report* (Report), which reflects CY 2015 data, addressed strengths and opportunities identified to improve health outcomes as a result of its work on DCH-established performance measures. The Report identified interventions or activities that did not achieve the anticipated result and discussed “course corrections” in order to continue improvement. Amerigroup 360° used the performance measure results to identify opportunities for improvement.

Areas Requiring Corrective Action

Amerigroup 360° must develop a comprehensive QAPI Program Description. The QAPI Program Description must be developed according to the DCH guidelines and must be approved by DCH as meeting the DCH guidelines. The documentation submitted by Amerigroup 360° did not include the QAPI Program Description that is required by DCH. The documentation submitted by the CMO indicated that the CMO had developed and implemented some of the elements required by DCH in the QAPI Program Description. The CMO must develop and submit, as evidence of compliance with the QAPI standards, a QAPI Program Description that is comprehensive and meets the DCH guidelines.

Amerigroup 360° must develop a process to better document and show in its QAPI Program Description all of the quality improvement processes it has developed and implemented. Amerigroup 360° must include the comprehensive quality improvement processes used in its QAPI Program Description. This may include a review of information and data available to the CMO through claims/encounters,

grievances and appeals, quality of care cases, care management including disease management, case management and care coordination, and member and provider input to identify quality improvement opportunities and gaps in care or service delivery. The QAPI Evaluation must provide a complete summary of how the quality improvement goals, objectives, and related initiatives were identified; which data were used in the selection process; which interventions were considered (and implemented); how the initiatives were resourced, including specific, assigned individuals and their qualifications; and how the results or outcomes were measured. The QAPI Evaluation must provide the comprehensive story of the effectiveness of Amerigroup 360°'s QAPI work.

The QM Patient Safety Plan must be structured and approved by DCH. The QM Patient Safety Plan must clearly distinguish between grievances and the grievance system.

Amerigroup 360° included cross-functional representation in its quality committees. However, the CMO may want to consider strengthening its quality improvement processes through cross-functional work groups or ad hoc teams that are focused on specific quality improvement topics.

Amerigroup 360° must document its use of the latest available research in the area of quality assurance/improvement in its QAPI Program.

Documentation submitted did not fully describe how Amerigroup 360° monitored or evaluated its own processes for quality management and performance improvement. Monitoring and evaluation activities were focused primarily on external requirements.

Amerigroup 360° included member(s) in some committee rosters; however, documentation showed limited member engagement while participating in these meetings. Amerigroup 360° must identify additional opportunities to engage members, parents, guardians, family members, and community organizations in activities focused on quality improvement.

Amerigroup 360° provided report cards as evidence of its process for external provider profiling. Amerigroup 360° must develop provider profiling activities that include information such as tracked and trended data regarding utilization management, complaints and grievances, prescribing patterns, and member satisfaction. As an example, Amerigroup 360° must include implementation or use of provider profiling information in the QAPI or QM Program Description to guide decisions in network development.

Amerigroup 360° did not define any populations as members with special healthcare needs. In its program descriptions, Amerigroup 360° must describe populations it considers special needs, such as complex members with multiple chronic conditions or members with a chronic condition and a behavioral health condition. An alternative would be to designate all children in foster care or involved with juvenile justice as a special needs population.

Standard III—Health Information Systems

Performance Strengths

Amerigroup 360° described a health information system (HIS) that was integrated and supported business intelligence needs. The Amerigroup 360° Management Information System (MIS) included five integrated components, which collectively allowed for the collection, integration, tracking, analysis, and reporting of data:

- The core operating system that hosted provider, member, claims, and authorizations data.
- The care management system, CareCompass, that included member utilization data such as claims history, authorizations, immunizations, lab, and care and disease management data.
- The data warehouse that supported processes and functions, which was populated from source systems such as the core operating system.
- Supplemental applications that:
 - Supported the overall functionality (e.g., call center efficiency; provider payment; member identification cards; Early and Periodic Screening, Diagnostic, and Treatment [EPSDT] program; and Healthcare Effectiveness Data and Information Set [HEDIS]) reporting.²⁻¹
 - Produced business intelligence reports such as dashboards and analytical reporting.
- Member and provider websites that were used to communicate, share, and deliver vital information.

Areas Requiring Corrective Action

HSAG did not identify any opportunities for improvement that required Amerigroup 360° to implement corrective actions for Standard III—Health Information Systems.

Follow-Up Reviews From Previous Noncompliant Review Findings

Performance Strengths

Amerigroup 360° was required to provide training for law enforcement officials, judges, district and county attorneys representing the Division of Family and Children Services (DFCS) and the Department of Juvenile Justice (DJJ), and attorneys ad litem regarding the requirements of the contract and needs of Amerigroup 360° members. Amerigroup 360° provided examples of outreach regarding training opportunities including face-to-face training, as well as an online course for law enforcement and justice-involved agencies and programs.

²⁻¹ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

The CMO updated its policies for member information, grievances and appeals, and case management to be in compliance with requirements.

Areas Requiring Corrective Action

The results of the Amerigroup 360° provider access to care survey identified that some providers did not meet the timelines for returning members' urgent calls within 20 minutes and routine calls within one hour at least 90 percent of the time. Amerigroup 360° must meet the timelines for returning urgent and routine calls.

Amerigroup 360° did not consistently meet the geographic network standards. Amerigroup 360° must meet the geographic standards for both urban and rural areas for primary care physicians (PCPs), specialists, dental subspecialty providers, mental health providers, and pharmacies, and for general dental providers in rural areas.

Amerigroup 360° did not receive corporate approval to revise the CareCompass system to include care plan information as required by DCH. As a workaround, Amerigroup 360° modified its internal process and workflows to capture the documentation within the core case management system. Amerigroup 360° did not provide documentation indicating that DCH approved the revised CAP. Amerigroup 360° must seek DCH approval on its revised CAP to modify its internal process and workflows to capture the documentation within the core case management system.

Amerigroup 360° continued to be challenged with member grievance and appeal letters that need to be written in an easily understood manner. Some letters referred to utilization management guidelines, such as McKesson or InterQual criteria or to CMO policies; however, a description of what that guideline or policy meant to the member in relation to the grievance or appeal was not provided. Another concern involved denial letters not providing guidance to members on how they could obtain medically necessary services or what the next steps were for obtaining care.

HSAG reviewed CMO case files for compliance with denial, grievance, and appeal requirements. A review of case files identified that the CMO was not in compliance with some EPSDT requirements. For example, the CMO denied a request for ongoing therapy services for lack of medical necessity because the child was not making progress toward a goal. The Centers for Medicare & Medicaid Services (CMS) guidance indicates that medically necessary coverage under EPSDT, for example, considers therapies to be medically necessary if the child needs to learn a new skill, maintain a skill, or regain a skill or function. Lack of progress toward achieving a goal is not a reason to deny an EPSDT service. The CMO must not deny EPSDT services because the child is receiving services through another system, such as an early intervention program or through the school system. The CMO must review a request for EPSDT service and determine the medical necessity of the service regardless of whether the child also receives services through another system.

The EPSDT benefit is a comprehensive child health program of prevention, treatment, correction, and improvement (amelioration) of physical and behavioral/mental health conditions for Medicaid members under 21 years of age. The purpose of the benefit is to ensure the availability and accessibility of healthcare resources, as well as to assist Medicaid members in effectively utilizing these resources.

EPSDT services provide comprehensive healthcare through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health conditions.

The Medicaid Act defines “EPSDT services” to include screening services, vision services, dental services, hearing services, and

...such other necessary health care, diagnostic services, treatment, and other measures described in Federal Law Subsection 42 USC 1396d (a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State Plan.²⁻²

EPSDT covered services include services that correct or ameliorate physical and mental defects, conditions, and illnesses discovered by the screening process when those services fall within one of the optional or mandatory categories of “Medical Assistance,” as defined in the Medicaid Act. Services covered under EPSDT include all 29 categories of services in the federal law, even when they are not listed as covered services in the State plan, statutes, rules, or policies, as long as the services are medically necessary and cost effective.

²⁻² Compilation of the Social Security Laws. Definitions. Sec. 1905 [42 U.S.C. 1396d]. Social Security Administration. Available at: https://www.ssa.gov/OP_Home/ssact/title19/1905.htm#act-1905-a. Accessed on: Aug 30, 2016.

3. Corrective Action Plan Process

Amerigroup 360° is required to submit to DCH its CAP addressing all requirements receiving an HSAG finding of *Not Met*. Amerigroup 360° must submit its CAP to DCH within 30 calendar days of receipt of HSAG's final External Quality Review of Compliance with Standards report. Amerigroup 360° must identify, for each requirement that requires corrective action, the interventions it plans to implement to achieve compliance with the requirement, including how the CMO will measure the effectiveness of the intervention, the individuals responsible, and the timelines proposed for completing the planned activities.

The DCH, in consultation with HSAG, will review, and when deemed sufficient, approve Amerigroup 360°'s CAP to ensure the CAP sufficiently addresses the interventions needed to bring performance into compliance with the requirements.

Appendix A. Review of the Standards

Following this page is the completed review tool that HSAG used to evaluate Amerigroup 360°'s performance and to document its findings; the scores it assigned associated with the findings; and, when applicable, corrective actions required to bring Amerigroup 360°'s performance into full compliance.



Appendix A. State of Georgia
Department of Community Health (DCH)
External Quality Review of Compliance With Standards
Documentation Request and Evaluation Form
for Amerigroup Community Care for Georgia Families 360°

Note about the Citations: Unless otherwise specified, the federal Medicaid managed care references for the following requirements are those contained in 42 CFR §438, which describes requirements applicable to Medicaid Managed Care Organizations (MCOs).

Standard I—Clinical Practice Guidelines		
Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
1. The CMO has a minimum of three practice guidelines. <i>42CFR438.236(b)</i> <i>Contract:</i> <i>4.12.7.1</i>	Amerigroup has a minimum of three clinical practice guidelines. On June 5, 2015, DCH approved the CPG Matrix for use by Amerigroup. The ADHD, Diabetes and Asthma CPG's were aligned among the three CMOs and submitted to DCH and approved on June 24, 2016. <u>Evidence/Documentation:</u> <ul style="list-style-type: none"> Std. I #1 – CPGs Matrix Std. I #1 – GA ADHD CPGs (entire document) Std. I #1 – GA Asthma CPGs (entire document) Std. I #1 – GA Diabetes CPGs (entire document) 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/
Findings: Amerigroup 360° implemented more than the minimum three CPGs.		
Required Actions: None.		
2. The guidelines: <i>42CFR438.236(b)</i> <i>Contract:</i> <i>4.12.7.1</i>		
a. Are based on the health needs and opportunities for improvement identified as part of the quality assessment and performance improvement (QAPI) program. <i>Contract:</i> <i>4.12.7.1</i>	Amerigroup's clinical practice guidelines are based on the health needs and opportunities for improvement identified as part of the quality assessment and performance improvement (QAPI) program. <u>Evidence/Documentation:</u> <ul style="list-style-type: none"> Std. I #2a – QM Program Description 2016 (pgs. 8, 14) Std. I #2a – QAPI Evaluation (pg. 30) 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A



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Standard I—Clinical Practice Guidelines		
Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
<p>Findings: The QAPI Program Description stated that CPGs are based on the demographic and epidemiological profiles of the population served. The QAPI Program Description documented the relationship between the CPGs and how they were used in Amerigroup 360°’s disease management and case management programs. The QAPI Program Description also included information on how the CPGs are integrated into care plans, outreach materials for providers and members, and educational materials. During the compliance review interview session, Amerigroup 360° staff members also described how they used data to identify an opportunity for improvement in urinary tract infections (UTIs) using the UTI CPG. A case manager worked with providers to discuss the CPGs and to implement interventions which resulted in provider compliance with a CPG and a reduction in UTIs.</p>		
<p>Required Actions: None.</p>		
<p>b. Are based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field.</p> <p style="text-align: right;"><i>Contract:</i> 4.12.7.1</p>	<p>Amerigroup’s clinical practice guidelines are based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field.</p> <p><u>Evidence/Documentation:</u></p> <ul style="list-style-type: none"> • Std. I #2b - CPG_Review, Adoption, Distribution & Perf Measure Policy (pg. 1) • Std. I #2b - CPGs matrix (entire document) • Std. I #2b - ADHD CPGs • Std. I #2b - Asthma CPGs • Std. I #2b - Diabetes CPGs • Std. I #2b - MAC Committee CPGs E-Vote Form • Std. I #2b - Clinical Practice Guidelines MAC E-Vote Email 	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>
<p>Findings: The Clinical Practice Guidelines - Review, Adoption, Distribution and Performance Monitoring Policy (CPG Policy) provided a description of the process used to select CPGs. CPGs were adopted from medical or behavioral health associations and were based on a consensus of reliable clinical evidence or on a consensus of health care professionals in the particular field. The CPGs were approved by DCH.</p>		
<p>Required Actions: None.</p>		
<p>c. Consider the needs of the CMO’s members.</p> <p style="text-align: right;"><i>Contract:</i> 4.12.7.1</p>	<p>Amerigroup’s clinical practice guidelines consider the needs of our members.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>



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Department of Community Health (DCH)
External Quality Review of Compliance With Standards
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Standard I—Clinical Practice Guidelines		
Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
	<u>Evidence/Documentation:</u> <ul style="list-style-type: none"> Std. I #2c - CPG_Review, Adoption, Distribution & Perf Measure Policy (pgs. 1 & 4) Std. I #2c - GF 360° CPG Compliance Monitoring Annual Report_June 2016 Std. I #2c - QAPI Evaluation (pgs. 30) 	
<p>Findings: The QAPI Program Description stated that CPGs were selected based on the demographic and epidemiological profile of the population served. The QAPI Program Description also allowed for professional judgement in individual member cases when appropriate. The QAPI Evaluation discussed the application of utilization data analysis to identify opportunities for care and service delivery improvement and how that information was considered in committee meetings during the CPG review process.</p>		
<p>Required Actions: None.</p>		
d. Are adopted in consultation with network providers. <i>Contract: 4.12.7.1</i>	Amerigroup’s clinical practice guidelines are adopted in consultation with network providers. <u>Evidence/Documentation:</u> <ul style="list-style-type: none"> Std. I #2d - QM Program Description 2016 (pg. 8) Std. I #2d - MAC Minutes Final 06 11 2015 (pgs. 5-6) Std. I #2d - MAC Committee CPGs E-Vote Form Std. I #2d - Clinical Practice Guidelines MAC E-Vote Email 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: Amerigroup 360° submitted documentation that demonstrated a process through the Medical Advisory Committee (MAC) that used in-person and email discussions and voting on new and updated CPGs. The MAC membership consisted of practicing providers across multiple specialties. During compliance review interviews with CMO staff, Amerigroup 360° discussed the process for selecting network providers to participate in MAC. The CMO included network providers from all regions of the State with a focus on those that served a large panel of Amerigroup 360° members.</p>		
<p>Required Actions: None.</p>		
e. Are reviewed and updated periodically, as appropriate. <i>Contract: 4.12.7.1</i>	Amerigroup’s clinical practice guidelines are reviewed and updated periodically, as appropriate.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A



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Standard I—Clinical Practice Guidelines		
Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
	<u>Evidence/Documentation:</u> <ul style="list-style-type: none"> Std. I #2e - CPG_Review, Adoption, Distribution & Perf Measure Policy (pgs. 2 and 3) Std. I #2e - CPGs matrix Std. I #2e - ADHD CPGs Std. I #2e - Asthma CPGs Std. I #2e - Diabetes CPGs 	
<p>Findings The Clinical Practice Guidelines Policy, the QAPI Evaluation, and the QAPI Program Description stated that the CPGs were reviewed and updated at least every two years. The documentation also stated that, if there were substantive changes in the standards of care or the guidelines, the CPGs would be reviewed more frequently. Documentation from the MAC meeting minutes provided evidence of the CPG review and approval.</p>		
<p>Required Actions: None.</p>		
3. The practice guidelines include a methodology for measuring and assessing compliance. <i>Contract:</i> 4.12.7.2	Amerigroup’s clinical practice guidelines include a methodology for measuring and assessing compliance. <u>Evidence/Documentation:</u> <ul style="list-style-type: none"> Std. I #3 - ADHD CPGs (pgs.3-4) Std. I #3 - Asthma CPGs (pg.4) Std. I #3 - Diabetes CPGs (pgs.3-4) 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: A review of the ADHD, Asthma, and Diabetes CPGs showed a section in each of the guidelines titled “Measurement of Compliance.” The section described data elements that would be included in a medical record review to monitor compliance with the CPGs. The CMO worked in collaboration with DCH in the selection of guidelines that were measured.</p>		
<p>Required Actions: None.</p>		
4. The CMO submitted clinical practice guidelines to DCH for review and approval as part of the QAPI program. <i>Contract:</i> 4.12.7.2	Amerigroup submits clinical practice guidelines to DCH for review and approval as part of the QAPI program. <u>Evidence/Documentation:</u> <ul style="list-style-type: none"> Std. I #4 - QM Program Description Std. I #4 - CPG Approval Email from DCH 06.5.15 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A



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Standard I—Clinical Practice Guidelines		
Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
	<ul style="list-style-type: none"> Std. I #4 - ADHD CPG Submission Std. I #4 - Asthma CPG Submission Std. I #4 - Diabetes CPG Submission 	
<p>Findings: Amerigroup 360° provided documentation that verified DCH approval of the ADHD, Asthma, and Diabetes CPGs. Based on DCH approval, the guidelines were sent to the MAC to vote on adoption, effective July 1, 2016.</p>		
<p>Required Actions: None.</p>		
<p>5. The CMO disseminates the guidelines to all affected providers, and upon request, to members.</p> <p style="text-align: right;"><i>42CFR438.236(c)</i> <i>Contract:</i> <i>4.12.7.3</i></p>	<p>Amerigroup disseminates clinical practice guidelines to all affected providers, and upon request, to members.</p> <p><u>Evidence/Documentation:</u></p> <ul style="list-style-type: none"> Std. I #5 – CPG_Review, Adoption, Distribution & Perf Measure Policy (pg. 5) Std. I #5 – 3rd Quarter 2015 Provider Newsletter (pgs. 2-4) Std. I #5 – Guidelines for Servicing Member and Provider Calls (pg.5) Std. I #5 – Amerigroup Provider Manual (PDF pgs. 70, 120) Std. I #5 – GA 2015 CAID PCK and AA Member Handbook (pgs.28)* <p>*The member handbook has been submitted to the DCH for review and approval.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: The Clinical Practice Guidelines Policy, the Guidelines for Servicing Member and Provider Calls, and the provider manual indicated that the CPGs were available to members and potential members through a link on the Amerigroup 360° website. Amerigroup 360° notified providers in the third quarter provider newsletter about the adoption of certain CPGs and where to find the guidelines on the Amerigroup 360° website. Amerigroup 360° staff members were also provided with guidelines and direction on how to refer members or providers to the website should they request information on the CPGs. During compliance review interviews, CMO staff members stated that they selected providers that were identified as under-performing in a clinical area and the network staff issued the CPGs to the providers, as well as conducted training and education on implementation of the guidelines within the practice setting.</p>		



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Required Actions: None.		
6. The CMO ensures that decisions for utilization management, member education, coverage of services, and other areas to which the guidelines apply are consistent with the guidelines. <i>42CFR438.236(d)</i> <i>Contract:</i> <i>4.12.7.4</i>	Amerigroup ensures that decisions for utilization management, member education, coverage of services and other areas to which the guidelines apply are consistent with the guidelines. <u>Evidence/Documentation:</u> <ul style="list-style-type: none"> Std. I #6 - CPG_Review, Adoption, Distribution & Perf Measure Policy (pgs. 1, 4-5) Std. I #6 - GF 360° CPG Compliance Monitoring Annual Report_June 2016 Std. I #6 - ADHD Ameritip Std. I #6 - Asthma Ameritip Std. I #6 - Diabetes Ameritip Std. I #6 - Pharmacy Formulary (coverage of services) Std. I #6 - ADHD Psychotropic Medication Screening Tool Screenshot 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
Findings: Amerigroup 360°’s documentation indicated that the member educational materials, Ameritips, were consistent with the related CPGs. The Clinical Practice Guidelines Policy described Amerigroup 360°’s application of the CPGs in disease management, utilization management, care coordination, and care planning activities. The policy also discussed training requirements for clinical staff involved in disease management and care management to ensure compliance with guideline recommendations. The Amerigroup 360° pharmacy formulary also appeared to be aligned with CPG recommendations.		
Required Actions: None.		
7. In order to ensure consistent application of the guidelines, the CMO encourages providers to utilize the guidelines and measures compliance with the guidelines until 90 percent or more of the providers are consistently in compliance. <i>Contract:</i>	In order to ensure consistent application of the guidelines, Amerigroup encourages providers to utilize the guidelines and measures compliance with the guidelines until 90 percent or more of the providers are consistently in compliance.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A



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Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
4.12.7.5	<u>Evidence/ Documentation:</u> <ul style="list-style-type: none"> Std. I #7 – ADHD CPG Audit Tools Std. I #7 – Asthma CPG Audit Tools Std. I #7 – Asthma CPG Audit Tools Std. I #7 - GF 360° CPG Compliance Monitoring Annual Report June 2016 Std. I #7 - ADHD CAP Response Parikh, Yashaswini H. Review Form Std. I #7 - ADHD CAP Response Parikh, Yashaswini H- Attachment A Corrective Action Letter 5.27.14-360 Std. I #7 - ADHD CAP Response Parikh, Yashaswini H- Attachment B Corrective Plan 5.27.15 -360 Std. I #7 - ADHD CAP Response Parikh, Yashaswini H- Returned CAP 360 Std. I #7 - Methodology Statement on the CMO CPG Reviews	
<p>Findings: Amerigroup 360° submitted documentation that provided evidence of its monitoring of providers for compliance with the CPGs, which included monitoring tools and summary results. Amerigroup 360° provided evidence of its process to randomly select provider records for compliance review. A summary report also demonstrated that Amerigroup 360° continued to measure provider adherence to the CPGs.</p> <p>Required Actions: None.</p>		



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Results for Standard I—Practice Guidelines							
Total	Met	=	11	X	1.00	=	11
	Not Met	=	0	X	.00	=	0
	Not Applicable	=	0	X	N/A	=	N/A
Total Applicable		=	11	Total Score		=	11
Total Score ÷ Total Applicable						=	100%



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Standard II—Quality Assessment and Performance Improvement (QAPI)		
Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
<p>1. The CMO provides for the delivery of quality care with the primary goal of improving the health status of members and, where the member’s condition is not amenable to improvement, maintain the member’s current health status by implementing measures to prevent any further decline in condition or deterioration of health status. This includes the identification of members at risk of developing conditions, the implementation of appropriate interventions, and designation of adequate resources to support the intervention(s).</p> <p style="text-align: right;"><i>Contract: 4.12.1.1</i></p>	<p>Amerigroup provides for the delivery of quality care with the primary goal of improving the health status of members and, where the member’s condition is not amenable to improvement, maintain the member’s current health status by implementing measures to prevent any further decline in condition or deterioration of health status. This includes the identification of members at risk of developing conditions, the implementation of appropriate interventions, and designation of adequate resources to support the intervention(s).</p> <p><u>Evidence/Documentation:</u></p> <ul style="list-style-type: none"> Std. II #1- QM Program Description_2016 (pg. 5 and 36-40 (Appendix B)) Std. II #1 - Case Management Program Overview Std. II #1 - 2016 GBD Case Management Program Description (pgs. 5-9) 	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>
<p>Findings Amerigroup 360° implemented care management processes that were focused on improving the health status of members. When a member’s health condition was not amenable to improvement, care management processes focused on the goals of the member and the provision of services to achieve the goals. The QAPI Program Description discussed the level of involvement of senior executives, the medical director, and the behavioral health medical director; staff from the areas of quality management, disease management, utilization management, and case management; and the involvement of participating practitioners in the delivery of quality care focused on the member’s goals. Amerigroup 360° members all received care management services. The Case Management Program Description, which is included under care management, described a mission of member-centered care management and focused on the member’s goals. Amerigroup 360° also identified members eligible for case management that were considered high risk, had certain diseases or conditions, or had a high-risk pregnancy. Members also qualified for case management by provider referral. During the compliance review interviews, the CMO described its processes for ensuring the delivery of</p>		



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<p>quality care with the primary goal of improving the health status of members who were identified as complex and were in case management. CMO staff also discussed the implementation of the Kaiser Model for medical homes for individuals identified with a chronic condition. Discussion also focused on efforts to close gaps in care through disease management and population health activities, such as connecting members to primary care providers, member outreach, and educational interventions.</p>		
<p>Required Actions: None.</p>		
<p>2. The CMO seeks input from and works with members, providers, and community resources and agencies to actively improve the quality of care provided to members.</p> <p style="text-align: right;"><i>Contract: 4.12.1.2</i></p>	<p>Amerigroup seeks input from and works with members, providers, and community resources and agencies to actively improve the quality of care provided to members.</p> <p><u>Evidence/Documentation:</u></p> <ul style="list-style-type: none"> • Std. II #2 – GF 360 QAPI Evaluation (pgs. 71-72) • Std. II #2 - GF 360° Steering Committee Meeting Minutes 9-11-15 • Std. II #2 - Together Georgia Meeting Minutes 1-27-15 • Std. II #2 - Monitoring and Oversight Committee Presentation 4-20-16 (pgs. 38-44) • Std. II #2 - Behavioral Health Subcommittee Meeting Minutes 03-10-16 • Std. II #2 - Cadence Call Notes 12-11-15 • Std. II #2 - MAC Mins 08-10-15 Final 	<p> <input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> N/A </p>
<p>Findings: Amerigroup 360° used results of the member Consumer Assessment of Healthcare Providers and Systems (CAHPS®)^{A-1} survey to identify opportunities to improve member satisfaction with the quality of care provided. CAHPS results were discussed in the QAPI Evaluation. The GF 360° Steering Committee minutes reflected discussion regarding provider input for prescribing and monitoring of psychotropic medications. A participating judge also provided input regarding identification and notification of “red flags” for the courts that are focused on the</p>		

^{A-1} CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



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<p>care needs of children with justice involvement. The Behavioral Health Subcommittee meeting minutes reflected a request for input from the various providers serving on the committee regarding the PIPs. During the compliance review interviews, Amerigroup 360° provided other examples of meetings and committees, such as MAC and the Together Georgia Committee, which included members and providers, where input was actively sought related to improving the quality of care provided to members. Amerigroup 360° provided limited information which showed evidence that Amerigroup 360° actively sought member feedback other than through a survey or limited participation in committees or through the member’s case manager. In addition, Amerigroup 360° provided limited information regarding how the CMO sought input and feedback from community resources and agencies, other than coordination of care activities. Amerigroup 360° provided information and discussions with staff indicated that the CMO sought input and feedback from community resources and agencies related to coordination of care activities.</p>		
<p>Required Actions: Amerigroup 360° must seek opportunities to include the voice of both the member and the member’s caregiver in efforts to actively improve the quality of care provided to members. Amerigroup 360° must develop opportunities for community resources and agencies to provide input and feedback into the quality improvement process.</p>		
<p>3. The CMO has a multidisciplinary Quality Oversight Committee to oversee all quality functions and activities. This committee meets at least quarterly, but more often if warranted.</p> <p style="text-align: right;"><i>Contract: 4.12.1.3</i></p>	<p>Amerigroup has a multidisciplinary Quality Oversight Committee to oversee all quality functions and activities. This committee meets at least quarterly, but more often if warranted and is outlined in our QM program description.</p> <p><u>Evidence/Documentation</u></p> <ul style="list-style-type: none"> • Std. II #3 - QM Program Description_2016 (PDF pgs. 22 and 24, hard copy - pg. 1 Appendix A and pgs. 3-4 Appendix A) • Std. II #3 - June 9 2016 QIC Reference Materials (PDF pgs. 1 and 3) • Std. II #3 - QMC Minutes 11-18-15 (pg. 1) 	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>
<p>Findings: Amerigroup 360°’s Quality Improvement Committee (QIC) met a minimum of 10 times per year. The QIC, described in the QM Program Description, was a multidisciplinary team of senior CMO quality management leaders; senior CMO medical management leaders; and senior medical directors and corporate leaders of quality, pharmacy, behavioral health, case management, disease management, utilization management, and network management. The QIC oversaw quality, utilization, health promotion, credentialing, case management, pharmacy, and disease management activities.</p>		



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Required Actions: None.		
4. The CMO supports and complies with the Georgia Families Quality Strategic Plan by: <p style="text-align: right; margin-right: 100px;"><i>42CFR438.240(b)(1) through (4)</i></p> <p style="text-align: right; margin-right: 100px;"><i>Contract: 4.12.2.1</i></p>		
a. Monitoring and evaluating its service delivery system and provider network, as well as its own processes for quality management and performance improvement. <p style="text-align: right; margin-right: 100px;"><i>Contract: 4.12.2.2</i></p>	Amerigroup monitors and evaluates its service delivery system and provider network, as well as its own processes for quality management and performance improvement. <p><u>Evidence/Documentation:</u></p> <ul style="list-style-type: none"> Std. II #4a - Mobile Assessment Unit (MAU) program description Std. II #4a - Juvenile Court Healthcare Integration Program (J-CHIP) program description Std. II #4a - Pathways to Permanency program description Std. II #4a - Care Management Entity (CME) Procedure Std. II #4a - GF 360° Audit Procedure Std. II #4a - Healthcare Outcomes Procedure Std. II #4a - SF 10/12 Completion and Monitoring Procedure Std. II #4a - Cadence Call Notes 12-11-15 Std. II #4a - QAPI Evaluation (pgs. 11 and 56) 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> N/A
Findings: Amerigroup 360° implemented care coordination audit processes for complex and non-complex cases. If issues were identified during the audit, the Quality Team provided education and training to the managers and individual care coordinators to improve audit scores. Amerigroup		



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<p>360° tracked the monitoring of quality improvement processes in its Cadence notes. Amerigroup 360° also had delegation agreements with care management entities (CMEs) as a specialized delivery model. The effectiveness of the CME was monitored and measured against outcomes and performance metrics. Amerigroup 360° had some challenges meeting the EPSDT requirements for children in the Kenny A. Consent Decree counties of DeKalb and Fulton. To improve access to and utilization of EPSDT services in these counties, the CMO also used a Mobile Assessment Unit (MAU) to literally meet members where they were in an effort to meet the 10-day initial medical, dental, and trauma assessment requirement when a child was taken into State custody. Amerigroup 360° evaluated outcomes based on the compliance rates for initial medical, dental, and trauma assessments. Documentation was not provided to indicate the effectiveness of the MAU intervention. Amerigroup 360° used a similar process when a judge ordered a child member into State custody, whereby the member can be taken to providers who have agreed to see that member on a walk-in basis for the initial assessments. Amerigroup 360° also monitored and evaluated individual member outcomes, such as the impact of the care plan on meeting the member’s needs, whether the member’s goals were achieved, and the degree to which potential or actual gaps in care were accurately identified and effectively addressed. Amerigroup 360° monitored the use of the SF-10 Health Survey for Children and addressed any identified gaps in completion of the survey. In the Pathways to Permanency program, Amerigroup 360° focused efforts on permanent placement of children in cases where parental rights have been severed. The CMO measured outcomes in timely care delivery as well as in measures such as school attendance. Amerigroup 360° provided documentation of the methods used to monitor and measure provider network accessibility. The CMO conducted surveys to determine appointment availability and the availability of after-hours care. In addition, Amerigroup 360° conducted ongoing monitoring and measured members’ ability to access primary care, including high-volume specialists (e.g., obstetrics/gynecology) and provider types where ongoing or regular care is needed (e.g., hematology and oncology). Amerigroup 360° also used the CAHPS survey for the Adoption Assistance Program to measure member satisfaction with access to primary care and specialists for this program. Amerigroup 360° monitored grievances in relation to access to care concerns. Amerigroup 360° conducted similar access to care surveys with behavioral health providers regarding appointment availability. The CMO focused monitoring and evaluation activities primarily on external requirements. It is recommended that Amerigroup 360° implement and document internal monitoring and evaluation methods, in addition to interrater reliability work focused on the case management of complex and non-complex cases.</p>		
<p>Required Actions: Amerigroup 360° must continue to monitor and evaluate its service delivery system and provider network to ensure that DCH requirements for access to care are met.</p>		
<p>b. Implementing action plans and activities to correct deficiencies and/or increase the quality of care provided to enrolled members.</p> <p style="text-align: right;"><i>Contract:</i> 4.12.2.2</p>	<p>Amerigroup implements action plans and activities to correct deficiencies and/or increase the quality of care provided to enrolled members.</p> <p><u>Evidence/Documentation:</u></p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>



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	<ul style="list-style-type: none"> Std. II #4b - Complex CC Audits and Standards Training Std. II #4b -EPSDT Compliance Action Plan Std. II #4b - GF 360 QAPI_HSAG (pgs. 57-62) 	
<p>Findings: Amerigroup 360° developed (and was in various stages of implementing) action plans focused on increasing access to care and receipt of EPSDT services. Action plans were created for EPSDT status reports for care coordinators and care coordination report cards that reflected the effectiveness of the case load for receipt of services, use of community school programs, and a fast track program. Amerigroup 360° used results of the activities to identify opportunities for improvement and to implement actions plans to improve access, satisfaction, or outcomes. The CMO used individual and aggregate results of monitoring activities to inform and request corrective actions from providers. Amerigroup 360° provided limited information that described the use of data (utilization, care management, disease management, etc.) in implementing action plans and activities to correct deficiencies and/or increase the quality of care provided to enrolled members. Amerigroup 360° should consider strengthening its process to include utilization management, disease management, and other data sources when implementing action plans and activities to correct deficiencies and/or to increase the quality of care provided to enrolled members.</p>		
<p>Required Actions: None.</p>		
<p>c. Initiating performance improvement projects to address trends identified through monitoring activities, reviews of complaints and allegations of abuse, provider credentialing and profiling, and utilization management reviews.</p> <p style="text-align: right;"><i>Contract: 4.12.2.2</i></p>	<p>Amerigroup initiates performance improvement projects to address trends identified through monitoring activities, reviews of complaints and allegations of abuse, provider credentialing and profiling, and utilization management reviews.</p> <p><u>Evidence/Documentation:</u></p> <ul style="list-style-type: none"> Std. II #4c - Adolescent Well Child (AWC) 2015 PIP Module 5 (pgs. 3,7,9) Std. II #4c - ADHD 2015 PIP Module 5 (pgs. 4,7,10) Std. II #4c - 7-day FUH 2015 PIP Module 5 (pgs. 3,8) 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A



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<p>Findings: Amerigroup 360° implemented PIPs based on performance measure results and outcomes data that identified an opportunity for improvement. The CMO initiated PIPs for follow-up after discharge within seven days, ADHD medication initiation compliance, and adolescent well-care visits. The PIPs were population-specific and addressed low performance measure rates identified through monitoring activities and utilization management reviews. Although self-selected PIP topics are not required, Amerigroup 360° should consider reviewing data and trends of complaints and allegations of abuse, utilization, provider credentialing, or provider profiling to identify improvement opportunities for performance improvement and to strengthen its process. During compliance review interviews, Amerigroup 360° stated that it had not identified trends in quality of care concerns that would be considered for a quality improvement initiative.</p>		
<p>Required Actions: None.</p>		
<p>d. Describing in the CMO’s QAPI program description how the CMO complies with Federal, State, and Georgia Families requirements.</p> <p style="text-align: right;"><i>Contract:</i> 4.12.2.2</p>	<p>Amerigroup supports and complies with the Georgia Families Quality Strategic Plan by describing in our QAPI program description how we comply with Federal, State, and Georgia Families requirements.</p> <p><u>Evidence/Documentation</u></p> <ul style="list-style-type: none"> • Std. II, #4d - QM Program Description_2016 (pgs. 5-6, 8, 15-16, 18- 20, 24 (Appendix A pg. 3), 33-34 (Appendix A pgs. 13-14) 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: Amerigroup 360°’s QAPI Program Description defined how it complied with federal, State, and Georgia Families requirements.</p>		
<p>Required Actions: None.</p>		
<p>e. Coordinating with State registries.</p> <p style="text-align: right;"><i>Contract:</i> 4.12.2.2</p>	<p>Amerigroup supports and complies with the Georgia Families Quality Strategic Plan by coordinating with State registries.</p> <p><u>Evidence/Documentation</u></p> <ul style="list-style-type: none"> • Std. II #4e - GRITS Job Aid • Std. II #4e - GRITS Log In • Std. II #4e - GRITS Immunization Queries email 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A



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Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
	<ul style="list-style-type: none"> Std. II #4e - GRITS EPSDT Data Exchange.xlsx 	
<p>Findings: Amerigroup 360° provided an example of its coordination process with the State’s immunization registry, Georgia Registry of Immunization Transactions and Services (GRITS). Amerigroup 360° coordinated with GRITS to collect additional immunization data for its members as part of the immunization audit. During compliance review interviews, the CMO indicated that it considered opportunities for bidirectional exchange of information with the immunization registry. The CMO would strengthen its processes by considering additional opportunities, based on the capabilities of the system, to coordinate with and use information from the GRITS system (e.g., to identify providers that are not reporting administered immunizations to the registry, to identify members who are in need of immunizations, and to enhance the information in its systems to reflect a more complete immunization status of its members).</p>		
<p>Required Actions: None.</p>		
<p>f. Including CMO executive and management staff participation in the quality management and performance improvement processes.</p> <p style="text-align: right;"><i>Contract: 4.12.2.2</i></p>	<p>Amerigroup includes executive and management staff participation in the quality management and performance improvement processes.</p> <p><u>Evidence/Documentation:</u></p> <ul style="list-style-type: none"> Std. II #4f - Adolescent Well Child (AWC) 2015 PIP Team (entire document) Std. II #4f - ADHD 2015 PIP Team (entire document) Std. II #4f - 7-day FUH 2015 PIP Team (entire document) 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: Amerigroup 360° provided documentation that indicated executive and management staff involvement in the QAPI process. The QAPI Evaluation as well as committee meeting minutes provided evidence of executive and management staff participation in topic selections based on identified trends, status updates, and review of the results and recommendations from the PIPs. During the compliance review interviews, the CEO described active participation by executive and senior-level staff in quality improvement activities. To strengthen its process, Amerigroup 360° should consider reinforcing its cross-functional work groups focused on quality improvement work.</p>		
<p>Required Actions: None.</p>		
<p>g. Including information from participating providers and information from members, their families, and their guardians</p>	<p>Amerigroup includes information from participating providers and information from members, their families, and their guardians in the development and</p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> N/A



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Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
<p>in the development and implementation of quality management and performance improvement activities.</p> <p style="text-align: right;"><i>Contract:</i> 4.12.2.2</p>	<p>implementation of quality management and performance improvement activities.</p> <p><u>Evidence/Documentation:</u></p> <ul style="list-style-type: none"> Std. II #4g – GF 360° QAPI Evaluation (pgs. 71-72) Std. II #4g - GF 360° Steering Committee Meeting Minutes 9-11-15 Std. II #4g - Together Georgia Meeting Minutes 1-27-15 Std. II #4g - Behavioral Health Subcommittee Meeting Minutes 03-10-16 	
<p>Findings: The Georgia Families 360° Steering Committee membership included members, judges, and providers. Meeting minutes reflected active involvement and discussion from participants. The Behavioral Health Subcommittee provided an opportunity for providers to discuss issues and offer suggestions. Minutes from the meeting documented actions taken as a result of the input of committee members. The QAPI Program Description and the QAPI Evaluation referenced several committees with community provider participation, including the Quality Management Committee, Quality Improvement Committee, Health Plan Medical Advisory Committee, and the Credentialing Committee. Amerigroup 360° used member feedback from the CAHPS survey in quality improvement initiatives. However, Amerigroup 360° did not include any other methods to gather information from its members, their families, and their guardians to develop and implement quality management and performance improvement activities.</p>		
<p>Required Actions: Amerigroup 360° must seek opportunities to include the member, parents, family members, and the member’s guardian in efforts to actively improve the quality of care provided to members.</p>		
<p>h. Using the CMO’s best practices for performance and quality improvement.</p> <p style="text-align: right;"><i>Contract:</i> 4.12.2.2</p>	<p>Amerigroup supports and complies with the Georgia Families Quality Strategic Plan by using best practices for performance and quality improvement.</p> <p><u>Evidence/Documentation</u></p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>



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Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
	<ul style="list-style-type: none"> Std. II #4h - 2015 Provider Satisfaction PIP (pg. 43) Std. II #4h - ADHD PIP Module (pg. 8 (became a best practice for GF 360° and therefore efforts were used under GF)) Std. II #4h - GAPEC-1283-16 Medicaid Fair Presentation FINAL (pg. 17) 	
<p>Findings: Amerigroup 360° described its work related to the ADHD PIP and the sustained outcomes it achieved in relation to medication management and follow-up appointment completion as a best practice. The CEO of Amerigroup 360° and Amerigroup expanded the success of the PIP to other Amerigroup CMOs. Amerigroup 360° also described a best practice achieved through another PIP focused on provider recredentialing that included reaching out directly to nonresponding providers during the recredentialing process to provide assistance in completing the process. The CMO will share the successful intervention or best practice of directly reaching out to nonresponding providers to complete recredentialing processes with other Amerigroup CMOs.</p>		
<p>Required Actions: None.</p>		
<p>5. The CMO complies with Georgia Families quality management requirements to improve member health outcomes by using DCH-established performance measures to document results.</p> <p style="text-align: right;"><i>42CFR438.240(b)(2)</i> <i>Contract:</i> <i>4.12.3.1</i></p>	<p>Amerigroup complies with Georgia Families quality management requirements to improve member health outcomes by using DCH-established performance measures to document results.</p> <p><u>Evidence/Documentation:</u></p> <ul style="list-style-type: none"> Std. II #5 - QM Performance Measures Report MY 2015 (entire document) Std. II #5 - Amerigroup GF 360 PMV Report MY 2015 (entire document) Std. II #5 - GF 360 Annual Performance Measure Report CY2015 (entire document) 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: The Amerigroup 360° 2016 Performance Measures Report (Report) addressed strengths and opportunities identified to improve health outcomes as a result of its work on DCH-established performance measures. The Report identified interventions or activities that did not achieve</p>		



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the anticipated result and discussed “course correction” to obtain or continue improvement. Amerigroup 360° used the performance measure results to identify opportunities for improvement.																							
Required Actions: None.																							
6. The CMO achieved DCH-established performance targets. <i style="margin-left: 150px;">State-specified element</i>	Amerigroup achieved eleven (11) DCH established performance targets and improved on twenty (20) DCH-established performance targets. <u>Evidence/Documentation:</u> <ul style="list-style-type: none"> Std. II #6 - QM Performance Measures Report Ga MY 2015 (entire document) Std. II #6 - Amerigroup GF 360 PMV Report MY 2015 (entire document) Std. II #6 - GF 360 Annual Performance Measure Targets CY2015 (entire document) 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> N/A																					
Findings: Amerigroup 360° did not meet all of the DCH-established performance goals for CY 2014 and CY 2015. The following results were noted:																							
Amerigroup 360° Access to Care Results																							
<table border="1" style="width: 100%; border-collapse: collapse; background-color: #0056b3; color: white;"> <thead> <tr> <th style="width: 55%;">Measure</th> <th style="width: 20%;">CY 2015 Rate¹</th> <th style="width: 25%;">2015 Performance Target²</th> </tr> </thead> <tbody> <tr style="background-color: #e1f5fe;"> <td colspan="3"><i>Children and Adolescents' Access to Primary Care Practitioners</i></td> </tr> <tr> <td><i>12–24 Months</i></td> <td style="text-align: center;">98.75%</td> <td style="text-align: center;">NC</td> </tr> <tr> <td><i>25 Months–6 Years</i></td> <td style="text-align: center;">91.06%</td> <td style="text-align: center;">NC</td> </tr> <tr> <td><i>7–11 Years</i></td> <td style="text-align: center;">97.46%</td> <td style="text-align: center;">NC</td> </tr> <tr> <td><i>12–19 Years</i></td> <td style="text-align: center;">96.92%</td> <td style="text-align: center;">93.50%</td> </tr> <tr style="background-color: #e1f5fe;"> <td colspan="3"><i>Adults' Access to Preventive/Ambulatory Health Services</i></td> </tr> </tbody> </table>			Measure	CY 2015 Rate ¹	2015 Performance Target ²	<i>Children and Adolescents' Access to Primary Care Practitioners</i>			<i>12–24 Months</i>	98.75%	NC	<i>25 Months–6 Years</i>	91.06%	NC	<i>7–11 Years</i>	97.46%	NC	<i>12–19 Years</i>	96.92%	93.50%	<i>Adults' Access to Preventive/Ambulatory Health Services</i>		
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<i>20–44 Years</i>	52.82%	88.52%	
<i>Annual Dental Visit</i>			
<i>2–3 Years</i>	46.87%	54.20%	
<i>4–6 Years</i>	80.41%	NC	
<i>7–10 Years</i>	75.91%	NC	
<i>11–14 Years</i>	69.54%	NC	
<i>15–18 Years</i>	63.67%	NC	
<i>19–20 Years</i>	38.91%	NC	
<i>Total</i>	67.48%	66.80% ³	
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>			
<i>Initiation of AOD Treatment—Total</i>	51.75%	43.48%	
<i>Engagement of AOD Treatment—Total</i>	20.47%	14.97%	
<i>Care Transition—Transition Record Transmitted to Health Care Professional</i>			
<i>Care Transition—Transition Record Transmitted to Health Care Professional</i>	0.00%	NC	
<i>Adult BMI Assessment</i>			
<i>Adult BMI Assessment</i>	NA	NC	
<p>¹ CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.</p> <p>² CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.</p> <p>³ CY 2015 performance target is derived from previous CY 2014 rates, which included members age 2–21 years rather than 2–20 years.</p> <p>NA (i.e., Small Denominator) indicates that the CMO followed the specifications, but the denominator was too small (<30) to report a valid rate.</p> <p>NC (i.e., Not Compared) indicates that DCH did not establish a performance target for this indicator.</p>			



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Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
Amerigroup 360° Children’s Health Results		
Measure	CY 2015 Rate¹	2015 Performance Target²
Well-Child/Well-Care Visits		
<i>Well-Child Visits in the First 15 Months of Life</i>		
<i>Six or More Well-Child Visits</i>	56.70%	67.98%
<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>	73.84%	72.80%
Adolescent Well-Care Visits		
<i>Adolescent Well-Care Visits</i>	53.47%	53.47%
Prevention and Screening		
<i>Childhood Immunization Status</i>		
<i>Combination 3</i>	71.06%	80.30%
<i>Combination 6</i>	37.73%	59.37%
<i>Combination 10</i>	26.39%	38.94%
<i>Lead Screening in Children</i>		
<i>Lead Screening in Children</i>	78.94%	75.34%
<i>Appropriate Testing for Children with Pharyngitis</i>		
<i>Appropriate Testing for Children with Pharyngitis</i>	81.98%	77.96%
<i>Immunizations for Adolescents</i>		
<i>Combination 1 (Meningococcal, Tdap/Td)</i>	84.03%	71.43%



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<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>		
<i>BMI Percentile—Total</i>	68.29%	45.86%
<i>Counseling for Nutrition—Total</i>	68.52%	60.58%
<i>Counseling for Physical Activity—Total</i>	64.12%	46.30%
<i>Developmental Screening in the First Three Years of Life</i>		
<i>Total</i>	50.00%	46.36%
<i>Percentage Of Eligibles Who Received Preventive Dental Services</i>		
<i>Percentage Of Eligibles Who Received Preventive Dental Services</i>	59.08%	58.00%
<i>Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk</i>		
<i>Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk</i>	26.93%	NC
<i>Upper Respiratory Infection</i>		
<i>Appropriate Treatment for Children with Upper Respiratory Infection</i>		
<i>Appropriate Treatment for Children with Upper Respiratory Infection</i>	84.11%	86.11%
<p>¹ CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.</p> <p>² CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.</p> <p>NC (i.e., Not Compared) indicates that DCH did not establish a performance target for this indicator.</p>		



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Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
<i>Behavioral Health Risk Assessment for Pregnant Women</i>	16.25%	NC
Early Elective Delivery³		
<i>Early Elective Delivery</i>	NA	2.00%
Antenatal Steroids		
<i>Antenatal Steroids</i>	NA	NC
Frequency of Ongoing Prenatal Care		
Frequency of Ongoing Prenatal Care		
<i>≥81 Percent of Expected Visits</i>	37.84%	71.34%

¹ CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.

² CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.

³ A lower rate indicates better performance for this measure.

NA (i.e., Small Denominator) indicates that the CMO followed the specifications, but the denominator was too small (<30) to report a valid rate.

NC (i.e., Not Compared) indicates that DCH did not establish a performance target for this indicator.

Amerigroup 360° Chronic Conditions Results

Measure	CY 2015 Rate ¹	2015 Performance Target ²
Diabetes		
Comprehensive Diabetes Care		
<i>Hemoglobin A1c (HbA1c) Testing</i>	NA	87.59%
<i>HbA1c Poor Control (>9.0%)³</i>	NA	44.69%
<i>HbA1c Control (<8.0%)</i>	NA	46.43%



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<i>HbA1c Control (<7.0%)</i>	NA	36.27%	
<i>Eye Exam (Retinal) Performed</i>	NA	54.14%	
<i>Medical Attention for Nephropathy</i>	NA	80.05%	
<i>Blood Pressure Control (<140/90 mm Hg)</i>	NA	61.31%	
<i>Diabetes Short-Term Complications Admission Rate (Per 100,000 Member Months)³</i>			
<i>Diabetes Short-Term Complications Admission Rate</i>	16.81	--	
Respiratory Conditions			
<i>Asthma in Younger Adults Admission Rate (Per 100,000 Member Months)³</i>			
<i>Asthma in Younger Adults Admission Rate</i>	0.00	--	
Cardiovascular Conditions			
<i>Heart Failure Admission Rate (Per 100,000 Member Months)³</i>			
<i>Heart Failure Admission Rate</i>	0.00	--	
<i>Controlling High Blood Pressure</i>			
<i>Controlling High Blood Pressure</i>	NA	56.46%	
<p>¹ CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.</p> <p>² CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.</p> <p>³ A lower rate indicates better performance for this measure.</p> <p>-- indicates the reporting unit for this measure was reported as per 100,000 member months for CY 2014 and CY 2015, and previous years were reported as per 100,000 members. Since the 2015 performance target was developed based on the previous year's reporting metrics, the 2015 performance target is not presented and caution should be used if comparing the CY 2015 rate to the 2015 performance target for this measure.</p> <p>NA (i.e., Small Denominator) indicates that the CMO followed the specifications, but the denominator was too small (<30) to report a valid rate.</p>			



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Amerigroup 360° Behavioral Health Results

Measure	CY 2015 Rate ¹	2015 Performance Target ²
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>		
<i>Initiation Phase</i>	51.71%	53.03%
<i>Continuation and Maintenance Phase</i>	54.72%	63.10%
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>7-Day Follow-Up</i>	52.15%	63.21%
<i>30-Day Follow-Up</i>	75.68%	80.34%
<i>Antidepressant Medication Management</i>		
<i>Effective Acute Phase Treatment</i>	73.02%	54.31%
<i>Effective Continuation Phase Treatment</i>	61.90%	38.23%
<i>Screening for Clinical Depression and Follow-Up Plan</i>		
<i>Screening for Clinical Depression and Follow-Up Plan</i>	2.56%	NC
<i>Adherence to Antipsychotic Medications for Individuals with Schizophrenia</i>		
<i>Adherence to Antipsychotic Medications for Individuals with Schizophrenia</i>	NA	61.37%
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents</i>		
<i>Total</i>	4.93%	NC

¹ CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.

² CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.



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NA (i.e., Small Denominator) indicates that the CMO followed the specifications, but the denominator was too small (<30) to report a valid rate.

NC (i.e., Not Compared) indicates that DCH did not establish a performance target for this indicator.

Amerigroup 360° Medication Management Results

Measure	CY 2015 Rate ¹	2015 Performance Target ²
<i>Medication Management for People With Asthma</i>		
<i>Medication Compliance 50%—Ages 5–11 Years</i>	NA	NC
<i>Medication Compliance 50%—Ages 12–18 Years</i>	NA	NC
<i>Medication Compliance 50%—Ages 19–50 Years</i>	NA	NC
<i>Medication Compliance 50%—Ages 51–64 Years</i>	NA	NC
<i>Medication Compliance 50%—Total</i>	NA	NC
<i>Medication Compliance 75%—Ages 5–11 Years</i>	NA	32.32%
<i>Medication Compliance 75%—Ages 12–18 Years</i>	NA	NC
<i>Medication Compliance 75%—Ages 19–50 Years</i>	NA	NC
<i>Medication Compliance 75%—Ages 51–64 Years</i>	NA	NC



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<p style="text-align: center;"><i>Medication Compliance 75%—Total</i></p> <p>¹ CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.</p> <p>² CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.</p> <p>NA (i.e., Small Denominator) indicates that the CMO followed the specifications, but the denominator was too small (<30) to report a valid rate.</p> <p>NC (i.e., Not Compared) indicates that DCH did not establish a performance target for this indicator.</p> <p style="text-align: center;">Amerigroup 360° Utilization Results</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #0056b3; color: white;"> <th style="width: 60%; text-align: center;">Measure</th> <th style="width: 20%; text-align: center;">CY 2015 Rate¹</th> <th style="width: 20%; text-align: center;">2015 Performance Target²</th> </tr> </thead> <tbody> <tr style="background-color: #d9e1f2;"> <td colspan="3"><i>Ambulatory Care (Per 1,000 Member Months)—Total</i></td> </tr> <tr> <td style="text-align: center;"><i>ED Visits—Total³</i></td> <td style="text-align: center;">35.58</td> <td style="text-align: center;">52.31</td> </tr> <tr> <td style="text-align: center;"><i>Outpatient Visits—Total</i></td> <td style="text-align: center;">289.86</td> <td style="text-align: center;">NC</td> </tr> <tr style="background-color: #d9e1f2;"> <td colspan="3"><i>Inpatient Utilization—General Hospital/Acute Care—Total</i></td> </tr> <tr> <td style="text-align: center;"><i>Total Inpatient—Average Length of Stay—Total</i></td> <td style="text-align: center;">4.90</td> <td style="text-align: center;">NC</td> </tr> <tr> <td style="text-align: center;"><i>Total Inpatient—Average Length of Stay—<1 Year</i></td> <td style="text-align: center;">5.74</td> <td style="text-align: center;">NC</td> </tr> <tr> <td style="text-align: center;"><i>Medicine—Average Length of Stay—Total</i></td> <td style="text-align: center;">3.76</td> <td style="text-align: center;">NC</td> </tr> <tr> <td style="text-align: center;"><i>Medicine—Average Length of Stay—<1 Year</i></td> <td style="text-align: center;">4.01</td> <td style="text-align: center;">NC</td> </tr> <tr> <td style="text-align: center;"><i>Surgery—Average Length of Stay—Total</i></td> <td style="text-align: center;">8.14</td> <td style="text-align: center;">NC</td> </tr> <tr> <td style="text-align: center;"><i>Surgery—Average Length of Stay—<1 Year</i></td> <td style="text-align: center;">10.00[†]</td> <td style="text-align: center;">NC</td> </tr> <tr> <td style="text-align: center;"><i>Maternity—Average Length of Stay—Total</i></td> <td style="text-align: center;">2.89</td> <td style="text-align: center;">NC</td> </tr> <tr style="background-color: #d9e1f2;"> <td colspan="3"><i>Mental Health Utilization—Total</i></td> </tr> </tbody> </table>	Measure	CY 2015 Rate ¹	2015 Performance Target ²	<i>Ambulatory Care (Per 1,000 Member Months)—Total</i>			<i>ED Visits—Total³</i>	35.58	52.31	<i>Outpatient Visits—Total</i>	289.86	NC	<i>Inpatient Utilization—General Hospital/Acute Care—Total</i>			<i>Total Inpatient—Average Length of Stay—Total</i>	4.90	NC	<i>Total Inpatient—Average Length of Stay—<1 Year</i>	5.74	NC	<i>Medicine—Average Length of Stay—Total</i>	3.76	NC	<i>Medicine—Average Length of Stay—<1 Year</i>	4.01	NC	<i>Surgery—Average Length of Stay—Total</i>	8.14	NC	<i>Surgery—Average Length of Stay—<1 Year</i>	10.00 [†]	NC	<i>Maternity—Average Length of Stay—Total</i>	2.89	NC	<i>Mental Health Utilization—Total</i>			NA	NC
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<i>Any Service—Total—Total</i>	56.61%	NC	
<i>Inpatient—Total—Total</i>	4.52%	NC	
<i>Intensive Outpatient or Partial Hospitalization—Total—Total</i>	0.98%	NC	
<i>Outpatient or ED—Total—Total</i>	56.24%	NC	
<i>Plan All-Cause Readmission Rate³</i>			
<i>Age 18–44</i>	24.00%	NC	
<i>Age 45–54</i>	NA	NC	
<i>Age 55–64</i>	NA	NC	
<i>Age 18–64—Total</i>	24.00%	NC	
<i>Age 65–74</i>	—	NC	
<i>Age 75–84</i>	—	NC	
<i>Age 85 and Older</i>	—	NC	
<i>Age 65 and Older—Total</i>	—	NC	
<p>¹ CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.</p> <p>² CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.</p> <p>³ A lower rate indicates better performance for this measure.</p> <p>NA (i.e., Small Denominator) indicates that the CMO followed the specifications, but the denominator was too small (<30) to report a valid rate.</p> <p>† The rate for Inpatient Utilization—General Hospital/Acute Care—Total—Surgery—Average Length of Stay—<1 Year for Amerigroup 360° was based on at least one discharge, but fewer than 30 discharges; however, this rate is presented in the results table. Therefore, exercise caution when evaluating this rate.</p> <p>NC (i.e., Not Compared) indicates that DCH did not establish a performance target for this indicator.</p>			



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Amerigroup 360° Health Plan Descriptive Information Results

Measure	CY 2015 Rate ¹	2015 Performance Target ²
<i>Weeks of Pregnancy at Time of Enrollment</i>		
<i><0 Weeks</i>	64.04%	NC
<i>1–12 Weeks</i>	10.11%	NC
<i>13–27 Weeks</i>	10.11%	NC
<i>28+ Weeks</i>	14.61%	NC
<i>Unknown</i>	1.12%	NC
<i>Race/Ethnicity Diversity of Membership</i>		
<i>Total—White</i>	47.67%	NC
<i>Total—Black or African American</i>	47.82%	NC

¹ CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.

² CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.

NC (i.e., Not Compared) indicates that DCH did not establish a performance target for this indicator.

Required Actions: The CMO must meet all DCH-established performance targets before this element will be given a *Met* status.

<p>7. The CMO has an ongoing QAPI program for the services it furnishes to its members.</p> <p align="right"> <i>42CFR438.240(a)</i> <i>Contract:</i> <i>4.12.5.1</i> </p>	<p>Amerigroup has an ongoing QAPI program for the services it furnishes to its members.</p> <p><u>Evidence/Documentation</u></p> <ul style="list-style-type: none"> Std. II #7 - QM Program Description_2016 	<p> <input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> N/A </p>
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Findings: Amerigroup 360° had an ongoing QAPI Program for the services it furnished to its members. The QAPI Program Description did not follow the DCH-required guidelines. The QAPI Program was described in the QAPI Program Description. The QAPI Evaluations and the annual



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<p>review of the QAPI Program did not provide an in-depth analysis or an evaluation that would indicate that the CMO used its QAPI Program in evaluating the services it furnished to members. The QAPI Program Description also did not logically connect the program goals and the program objectives. Amerigroup 360° used the documents primarily to meet regulatory requirements. During the compliance review interview sessions, the CMO indicated that it had filled a strategic planning and a technical writer position that will assist Amerigroup 360° to enhance program descriptions, program evaluations, and its strategy for quality improvement. Amerigroup 360°’s various program evaluations could be strengthened by including detailed discussions on methodologies, data sources, member and provider input, analysis of interventions, and a more thorough evaluation of the results of quality improvement activities.</p> <p>Required Actions: Amerigroup 360° must develop a comprehensive QAPI Program Description. The QAPI Program Description must be developed according to the DCH guidelines. The CMO must be approved by DCH as meeting the DCH guidelines.</p>		
<p>8. The CMO’s QAPI program is based on the latest available research in the area of quality assurance.</p> <p style="text-align: right;"><i>Contract:</i> 4.12.5.2</p>	<p>Amerigroup’s QAPI program is based on the latest available research in the area of quality assurance.</p> <p><u>Evidence/Documentation</u></p> <ul style="list-style-type: none"> Std. II #8 - QM Program Description_2016 (pg. 11) 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: Although Amerigroup 360°’s QM Program Description stated that the QAPI Program is based on the latest available research in the area of quality improvement, Amerigroup 360° did not provide evidence of its use of the latest available research in the area of quality assurance/improvement in its QAPI Program. During the compliance review interviews, the CMO discussed its work to train staff in Lean Six Sigma process. The CMO also described use of IHI’s Science of Quality Improvement principles in quality improvement work.</p> <p>Required Actions: Amerigroup 360° must document its use of the latest available research in the area of quality assurance/improvement in its QAPI Program.</p>		
<p>9. The CMO’s QAPI program includes mechanisms to detect both underutilization and overutilization.</p> <p style="text-align: right;"><i>42CFR438.240(b)(3)</i> <i>Contract:</i> 4.12.5.2</p>	<p>Amerigroup’s QAPI program includes mechanisms to detect both underutilization and overutilization.</p> <p><u>Evidence/Documentation</u></p> <ul style="list-style-type: none"> Std. II #9 - QM Program Description_2016 (pgs. 11, 14, 22, 36, 39) 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> N/A



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	<ul style="list-style-type: none"> Std. II #9 - GA UM Program Description (pg. 5) 	
<p>Findings: The CMO’s QM Program Description did not specifically address mechanisms to detect both underutilization and overutilization. The Utilization Management (UM) Program Description included an objective to analyze claims and utilization management data to identify overutilization and/or underutilization. However, the UM Program Description did not specify the mechanisms that would be used to detect underutilization or overutilization. During the compliance review interviews, staff described the use of HEDIS denominators to identify populations of members who were not receiving recommended services.</p>		
<p>Required Actions: Amerigroup 360° must describe in its QAPI Program Description the mechanisms that will be used to detect underutilization.</p>		
<p>10. The CMO’s QAPI program includes mechanisms to assess the quality and appropriateness of care furnished to all members, including those with special health care needs.</p> <p style="text-align: right;"><i>42CFR438.240(b)(4)</i> <i>Contract:</i> <i>4.12.5.2</i></p>	<p>Amerigroup’s QAPI program includes mechanisms to assess the quality and appropriateness of care furnished to all members, including those with special health care needs.</p> <p><u>Evidence/Documentation</u></p> <ul style="list-style-type: none"> Std. II #10 - QM Program Description_2016 (pgs. 6,10,12) 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: Amerigroup 360° stated in its QAPI Program Description that its QAPI Program methodology involved a review of the complete range of health services provided to members as categorized by all demographic groups, including those with special healthcare needs, clinically related groups, and service settings for clinical and nonclinical measures. The QAPI Program Description also referenced, in the data collection methodology section, mechanisms in effect to assess the quality and appropriateness of care furnished to members with special healthcare needs. Documentation submitted indicated that the primary processes used to assess the quality and appropriateness of care furnished to members are through NCQA HEDIS Compliance Audits^{TM,A-2} or other performance measure audits. The QAPI Program Description did not clearly connect indicators, data collected, or the methodology as to which mechanisms were implemented to assess the quality of care furnished to all members, including those with special healthcare needs. During the compliance review interviews, discussions indicated that the CMO had not identified special healthcare needs populations. The CMO instead focused on identified individual member needs, particularly those that were complex and/or were in case management.</p>		

A-2 NCQA HEDIS Compliance AuditTM is a trademark of the National Committee for Quality Assurance (NCQA).



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Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
<p>Required Actions: Amerigroup 360° must define mechanisms to assess the quality and appropriateness of care furnished to its members with special healthcare needs.</p>		
<p>11. The CMO has a method of monitoring, analysis, evaluation and improvement of the delivery, quality, and appropriateness of health care furnished to all members (including under- and over-utilization of services), including those with special health care needs.</p> <p style="text-align: right;"><i>Contract:</i> 4.12.5.2</p>	<p>Amerigroup has a method of monitoring, analysis, evaluation and improvement of the delivery, quality, and appropriateness of health care furnished to all members (including under- and over-utilization of services), including those with special health care needs.</p> <p><u>Evidence/Documentation</u></p> <ul style="list-style-type: none"> • Std. II #11 - QM Program Description_2016 (pgs. 6,10-12,14,22,36 and 39 (Appendix B)) • Std. II #11 - GA UM Program Description (pg. 5) • Std. II #11 - HCMS Program Evaluation GA for CY 2015 (pgs. 5 and 10) 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: Amerigroup 360°’s Utilization Management (UM) Program Description included an objective to analyze claims and utilization management data to identify overutilization and/or underutilization. The UM Program Description did not specify the mechanisms to detect underutilization or overutilization. The CMO’s QAPI Program Description did not specifically address mechanisms to detect both underutilization and overutilization. Goal 4.0 in the Health Care Management Medical Management Program (HCMS) Evaluation discussed the development and implementation process for the monitoring, analysis, and evaluation of strategies that contributed to the infrastructure which provided high quality healthcare. Goal 5.0 in the same document provided more specific objectives on how monitoring and analysis will be achieved through CMO-wide approaches to providing high-quality care. The UM Program Evaluation also addressed actively engaging providers in patient management, implementing and monitoring standardized processes, and using identified trends to further develop utilization management activities. Amerigroup 360° stated it also used PIPs to improve the delivery of healthcare services furnished to members. The compliance review interview session discussions described the CMO’s quality improvement efforts to more fully describe its work through its QAPI Program, including hiring a strategic planner and a technical writer to tell the Amerigroup Quality Improvement story. Amerigroup 360° also discussed its focus on the Triple Aim, the IHI’s Science of Quality Improvement, and Lean Six Sigma.</p>		
<p>Required Actions: Amerigroup 360° must describe, in program descriptions and program evaluations, the linkage between monitoring activities; the analysis and evaluation of the activities; and how the analysis and evaluations are used to develop and implement interventions specifically</p>		



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focused on improving the delivery, quality, and appropriateness of healthcare furnished to all members, including those with special healthcare needs.		
12. The CMO’s QAPI program includes written policies and procedures for quality assessment, utilization management, and continuous quality improvement that are periodically assessed for efficacy. <i>Contract: 4.12.5.2</i>	Amerigroup’s QAPI program includes written policies and procedures for quality assessment, utilization management, and continuous quality improvement that are periodically assessed for efficacy. <u>Evidence/Documentation</u> <ul style="list-style-type: none"> Std. II #12 - QM Program Description_2016 (pgs. 6 and 8) Std. II #12 - HEDIS HEALTHY LIVING Policy (pgs. 3-4) Std. II #12 - 2016 HCMS Program Evaluation GA for CY 2015 (pgs. 4-5 and 10) 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: Amerigroup 360°’s QAPI Program Description scope provided key areas of focus that included service utilization, quality of care/service, and critical incidents. The scope stated that the QAPI Program was comprehensive, systematic, and continuous. Objectives of the QAPI Program included ensuring the provision of appropriate access to care by monitoring practitioner and provider access and availability reports, and monitoring and assessing the effectiveness of the care management programs to ensure they demonstrated appropriate clinical outcomes, and provided members and providers with positive experiences with services. Amerigroup had a corporate HEDIS Healthy Living Policy that discussed the data flow for measurement purposes. The HCMS Program Evaluation stated that the Amerigroup Georgia Managed Care Company, Inc. (AGP) Health Care Management (HCM) Utilization and Case Management Program scope encompasses the evaluation of the quality and appropriateness of healthcare services, including diagnostic and therapeutic services, and technology assessment. Objectives outlined in the HCMS Program Evaluation aligned with the program scope; discussed designing, implementing, monitoring, and evaluating through standardized processes; and performed review of medical necessity and appropriateness of patient care and services. The QAPI Program Description and the HCMS Program Evaluation included a description of quality assessment, utilization management, and continuous quality improvement. However, specific policies and procedures that indicated implementation of the scope, goals, and objectives of the program were not provided. Amerigroup 360° described goals and objectives for quality assessment, utilization management, and continuous quality improvement. However, Amerigroup 360° provided limited documentation which showed that it developed and implemented policies that clearly stated how it conducted quality assessment, utilization management, and continuous quality improvement activities.</p>		



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<p>Required Actions: Amerigroup 360° must develop a comprehensive QAPI Program Description. The QAPI Program Description must be developed according to the DCH guidelines. The QAPI Program Description must be approved by DCH as meeting the DCH guidelines. The CMO must develop policies and procedures that support the implementation of the scope, goals, and objectives of the program including quality assessment, utilization management, and continuous quality improvement.</p>		
<p>13. The CMO’s QAPI program includes designated staff members with expertise in quality assessment, utilization management, and continuous quality improvement.</p> <p style="text-align: right;"><i>Contract:</i> 4.12.5.2</p>	<p>Amerigroup’s QAPI program includes designated staff members with expertise in quality assessment, utilization management, and continuous quality improvement.</p> <p><u>Evidence/Documentation:</u> Std. II #13 -GF 360° Organization Chart</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: Amerigroup 360°’s organizational chart identified both CMO management and associates, as well as the functional areas for which organization company support was provided. The chart was titled to reflect both Georgia Amerigroup and Amerigroup 360° staffing for the Senior Leadership, Clinical Operations, and Intake Nonclinical areas.</p>		
<p>Required Actions: None.</p>		
<p>14. The CMO’s QAPI program includes reports that are evaluated, indicated recommendations that are implemented, and feedback provided to providers and members.</p> <p style="text-align: right;"><i>Contract:</i> 4.12.5.2</p>	<p>Amerigroup’s QAPI program includes reports that are evaluated, indicated recommendations that are implemented, and feedback provided to providers and members.</p> <p><u>Evidence/Documentation:</u></p> <ul style="list-style-type: none"> • Std. II #14 - QM Program Description_2016 (pgs. 5-7) 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: The Amerigroup 360° Quality Management (QM) Program Description included goals for tracking and trending of data over time, effective methods for measuring the outcomes of care and services provided to members, and how the CMO was intervening to achieve continuous measureable improvements using a continuous quality improvement (CQI) approach. Amerigroup 360° developed provider report cards which were mailed to all practices with panels greater than 250 members. Primary care practices with greater than 900 members received reports at least quarterly via email. Provider Relations, Quality Management Health Promotion consultants and practice consultants used the reports to facilitate discussions about performance and opportunities for improvement. In addition, a final measurement year report card was produced that displayed year-over-year</p>		



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<p>performance and variance. These reports enabled the practice to view trended data demonstrating improvement or decline over time. The QM Program Description did not include information on how, as a result of data analysis or evaluation, indicated recommendations were implemented.</p> <p>Required Actions: The QM or QAPI Program Description must also include information on how, as a result of data analysis or evaluation, indicated recommendations are implemented.</p>		
<p>15. The CMO’s QAPI program includes a methodology and process for conducting and maintaining provider profiling.</p> <p style="text-align: right;"><i>Contract: 4.12.5.2</i></p>	<p>Amerigroup’s QAPI program includes a methodology and process for conducting and maintaining provider profiling.</p> <p><u>Evidence/Documentation</u></p> <ul style="list-style-type: none"> • Std. II #15 - QM Program Description_2016 (pgs. 5-6 and 8) 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: The Amerigroup 360° QM Program Description included goals for tracking and trending data over time and developing effective methods for measuring the outcomes of care and services provided to members. Amerigroup 360° developed provider report cards for practices with panels greater than 250 members. However, the CMO did not include a comprehensive methodology that described how it conducted and maintained provider profiling for its network. During the compliance review interview, the discussion did not indicate that Amerigroup 360° has a process to use information such as trends from grievances, complaints, prescribing, quality of care, or utilization management for provider profiling.</p> <p>Required Actions: Amerigroup 360° must develop provider profiling activities that include information such as tracked and trended data regarding utilization management, complaints and grievances, prescribing patterns, and member satisfaction. As an example, Amerigroup 360° must include implementation or use of provider profiling information in the QAPI or QM Program Description to guide decisions in network development.</p>		
<p>16. The CMO’s QAPI program includes ad-hoc reports to the CMO’s multidisciplinary Quality Oversight Committee and DCH on results, conclusions, recommendations, and implemented system changes, including:</p> <p style="text-align: right;"><i>Contract: 4.12.5.2</i></p>		



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<p>a. Annual performance improvement projects (PIPs) that focus on clinical and non-clinical areas; and</p>	<p>Amerigroup’s QAPI program includes ad-hoc reports to our multidisciplinary Quality Oversight Committee and DCH on results, conclusions, recommendations, and implemented system changes, including, annual performance improvement projects (PIPs) that focus on clinical and non-clinical areas.</p> <p><u>Evidence/Documentation:</u></p> <ul style="list-style-type: none"> Std. II #16a - Adolescent Well Child (AWC) 2015 PIP Module 5, (entire document) Std. II #16a - ADHD 2015 PIP Module 5 (entire document) Std. II #16a - 7-day FUH 2015 PIP Module 5 (entire document) Std. II #16a - PIP Presentation for MAC and QMC (slide #2) 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: Amerigroup 360° implemented PIPs in clinical and nonclinical areas. PIP topics included ADHD, adolescent well-child visits, and mental health follow-up after discharge.</p>		
<p>Required Actions: None.</p>		
<p>b. Annual Reports on performance improvement projects and a process for evaluation of the impact and assessment of the Contractor’s QAPI program.</p>	<p>Amerigroup’s QAPI program includes ad-hoc reports to our multidisciplinary Quality Oversight Committee and DCH on results, conclusions, recommendations, and implemented system changes, including, annual Reports on performance improvement projects and a process for evaluation of the impact and assessment of the Contractor’s QAPI program.</p> <p><u>Evidence/Documentation:</u></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A



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	<ul style="list-style-type: none"> Std. II #16b - GF 360° QAPI Report 2015 (entire document) 	
<p>Findings: The Quality Improvement Committee (QIC), Quality Oversight Committee (QOC), and Medical Advisory Committee (MAC) had regular agendas that included PIP updates. Amerigroup committee presentations and discussions addressed PIP topics, results, and successes, and sought input from committee members on opportunities for improvement. Amerigroup 360° prepared an annual evaluation report on the QAPI Program, called the QAPI Evaluation, and also the QAPI Report, which included a summary of PIPs that were conducted during that report year.</p>		
<p>Required Actions: None.</p>		
17. The CMO has a process for evaluating the impact and effectiveness of the QAPI program. <i>42CFR438.240(e)(2)</i> <i>Contract: 4.12.5.2</i>	Amerigroup has a process for evaluating the impact and effectiveness of our QAPI program. <u>Evidence/Documentation:</u> Std. II #17 - GF 360° QAPI Report 2015 (pgs. 75-76)	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: Amerigroup 360° used the QAPI Evaluation Report to report on the impact and effectiveness of the QAPI Program. The QAPI Evaluation included a summary, results, and conclusions from QAPI Program activities, including performance measures, PIPs, and satisfaction surveys. The 2015 QAPI Evaluation included broad statements indicating that Amerigroup 360° analyzed areas of the QAPI Program not meeting goals and activities directed toward resolving identified barriers. The QAPI Evaluations did not provide an in-depth analysis or an evaluation that indicated the CMO used its data to understand where opportunities for quality improvement or specific outcomes from quality improvement work (e.g., disease and case management) exist as a result of implementing CPGs.</p>		
<p>Required Actions: Amerigroup 360° must write the QAPI Program Evaluation based on DCH specifications. The QAPI Program Evaluation must be approved by DCH and must also include the comprehensive process used for quality improvement activities, beginning with a review of information and data available to the CMO (e.g., claims/encounters, grievance and appeals, quality of care cases, care management, and member and provider input) in its QAPI Program Description. In addition, the CMO must include the identification of quality improvement opportunities and gaps in care or service delivery. Quality Improvement initiatives must go beyond regulatory requirements and reflect an understanding of the population served; use data to understand where opportunities exist; and include research of potential interventions and activities that may have a positive impact on the care, services, and outcomes for members. The QAPI Evaluation must provide a complete summary of how the quality improvement goals, objectives, and related initiatives were identified, which data were used in the selection process, which interventions were considered (and implemented), how the initiatives were resourced, and the results or outcomes of the quality improvement work. The QAPI Evaluation must document the story of the effectiveness of Amerigroup 360°'s QAPI work.</p>		



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Standard II—Quality Assessment and Performance Improvement (QAPI)		
Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
<p>18. The CMO conducts focused studies that examine a specific aspect of health care for a defined point in time. These studies are usually based on information extracted from medical records or CMO administrative data such as enrollment files and encounter/claims data.</p> <p style="text-align: right;"><i>Contract: 4.12.8.1</i></p>	<p>Amerigroup conducts focused studies that examine a specific aspect of health care for a defined point in time. These studies are usually based on information extracted from medical records or Amerigroup administrative data such as enrollment files and encounter/claims data.</p> <p>During this review period the state did not assign any focused studies.</p> <p>Under state direction, we have since moved to SMART Aim PIPs (projects to improve performance measures with smaller populations) and within these PIPs are multiple PDSA (Plan, Do, Study, Act) studies that “focus” on multiple rapid tests of changes for these smaller populations.</p> <p><u>Evidence/Documentation</u></p> <ul style="list-style-type: none"> Std. II #18 - 2015 Postpartum PIP Std. II #18 - 2015 Provider Satisfaction PIP Std. II #18 - RE Pre On-Site Tool no focused studies.msg 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> N/A
<p>Findings: The DCH did not require its CMOs to conduct specific focused studies during the review period. The DCH required its CMOs to conduct PIPs. Using data, Amerigroup 360° selected the provider satisfaction survey as a PIP topic. The focused study may be considered an opportunity to acquire the information and data needed to determine if interventions are needed to improve operations, outcomes, or member/provider satisfaction.</p>		
<p>Required Actions: None.</p>		
<p>19. The CMO follows a structured process for conducting the focused studies, which includes:</p> <ul style="list-style-type: none"> Selecting the study topic(s). Defining the study question(s). 	<p>Amerigroup follows a structured process for conducting the focused studies, which includes:</p> <ul style="list-style-type: none"> Selecting the study topic(s). Defining the study question(s). 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> N/A



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Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
<ul style="list-style-type: none"> Selecting the study indicator(s). Identifying a representative and generalizable study population. Documenting sound sampling techniques utilized (if applicable). Collecting reliable data. Analyzing data and interpreting study results. <p style="text-align: right;"><i>Contract: 4.12.8.1</i></p>	<ul style="list-style-type: none"> Selecting the study indicator(s). Identifying a representative and generalizable study population. Documenting sound sampling techniques utilized (if applicable). Collecting reliable data. Analyzing data and interpreting study results. <p>During this review period, the state did not assign any focused studies. In lieu of the focused studies process we have supplied the PIP Companion Guide. Under state direction, we have since moved to SMART Aim PIPs (projects to improve performance measures with smaller populations) and within these PIPs are multiple PDSA (Plan, Do, Study, Act) studies that “focus” on multiple rapid tests of changes for these smaller populations</p> <p><u>Evidence/Documentation</u></p> <ul style="list-style-type: none"> Std. II #19 - PIP-Val Modules Companion guide (pgs. 4, 6-7, 13-14 and 32) 	
<p>Findings: The DCH did not require its CMOs to conduct specific focused studies during the review period. The DCH required its CMOs to conduct PIPs. CMO quality improvement efforts focused on implementing rapid-cycle PIPs that utilized SMART Aims and PDSA cycles, resulting in more frequent measurement and evaluation of intervention results.</p>		
<p>Required Actions: None.</p>		
<p>20. The CMO has a structured patient safety plan to address concerns or complaints regarding clinical care, which includes written</p>	<p>Amerigroup has a structured patient safety plan to address concerns or complaints regarding clinical care, which includes written policies and procedures for</p>	<p> <input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> N/A </p>



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Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
<p>policies and procedures for processing member complaints regarding the care they received.</p> <p style="text-align: right;"><i>Contract:</i> 4.12.9.1</p>	<p>processing member complaints regarding the care they received.</p> <p><u>Evidence/Documentation:</u></p> <ul style="list-style-type: none"> Std. II #20 - QM Patient Safety Plan 2015 Std. II #20 - Member Grievance Resolution-GA Std. II #20 - Peer Review Policy 	
<p>Findings: Amerigroup 360° included its process to address member concerns or complaints regarding clinical and nonclinical care in its Quality Management (QM) Patient Safety Plan; however, the QM Patient Safety Plan was written in a manner that would cause confusion between grievances (expressions of dissatisfaction) and the grievance system. The Member Grievance Resolution Policy described the steps in the complaint resolution process, as well as processes for members to progress to a State fair hearing if they were not satisfied with the resolution. The CMO should ensure that the policies and plans are written to include a statement that there are no State fair hearings for grievance resolution. The Peer Review Policy described the process used by the CMO for member complaints regarding quality of care or services, as well as which cases would be reviewed by the Peer Review Committee.</p>		
<p>Required Actions: The QM Patient Safety Plan must be structured and approved by DCH. The QM Patient Safety Plan must clearly distinguish between grievances and the grievance system.</p>		
<p>21. Patient safety plan policies and procedures include:</p> <p style="text-align: right;"><i>Contract:</i> 4.12.9.1</p>		
<p>a. A system for classifying complaints according to severity.</p> <p style="text-align: right;"><i>Contract:</i> 4.12.9.1</p>	<p>Amerigroup’s patient safety plan policies and procedures include a system for classifying complaints according to severity.</p> <p>Level 0—Not a Quality of Care issue.</p> <p>Level 1—No quality issue substantiated.</p> <p>Level 2—Quality issue, but no effect on patient outcome.</p> <p>Level 3—Clear and significant quality issue that does impact the care outcome.</p> <p>Level 4—Complex and significant quality issue.</p>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> N/A</p>



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Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
	Level 5—Emergency quality issue. <u>Evidence/Documentation:</u> <ul style="list-style-type: none"> Std. II #21a - QM Patient Safety Plan 2015 Std. II #21a - Peer Review Policy (pgs. 4-7) 	
Findings: Amerigroup 360° had a Quality Management (QM) Patient Safety Plan and a Peer Review Policy that specified the quality of care levels of severity: 0—not a quality of care issue, 1—no quality issue substantiated, 2—quality issue, but no effect on the outcome, 3—clear and significant quality issue that does impact the care outcome, 4—complex and significant quality issue, and 5—emergency quality issue.		
Required Actions: None.		
b. A review by the Medical Director. <i>Contract:</i> 4.12.9.1	Amerigroup’s patient safety plan policies and procedures include a review by the Medical Director. <u>Evidence/Documentation:</u> <ul style="list-style-type: none"> Std. II #21b - QM Patient Safety Plan 2015 Std. II #21b - Peer Review Policy (pgs. 4, #5) 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
Findings: The Amerigroup 360° Peer Review Policy stated that the medical director, after a review of all available information, made an initial determination as to the presence of a significant quality of care issue. He/she used professional judgment and the policy, Criteria for Initial Quality Review, in making the determination. The medical director assigned the level of severity to the quality of care concerns.		
Required Actions: None.		
c. A mechanism for determining which incidents will be forwarded to the Peer Review and Credentials Committees. <i>Contract:</i> 4.12.9.1	Amerigroup’s patient safety plan policies and procedures include a mechanism for determining which incidents will be forwarded to the Peer Review and Credentials Committees. <u>Evidence/Documentation:</u> <ul style="list-style-type: none"> Std. II #21c - QM Patient Safety Plan 2015 Std. II #21c - Peer Review Policy 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A



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Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
<p>Findings: The Peer Review Policy and the QM Patient Safety Plan both indicated that quality of care issues that were assigned a level of 4 or 5 were referred to the MAC and the Peer Review Committee. If Amerigroup 360° took disciplinary actions, the information was included in the provider’s credentialing and the quality files. The Peer Review Committee may choose to not recredential the provider.</p> <p>Required Actions: None.</p>		
<p>d. A summary of incident(s), including the final disposition, included in the provider profile.</p> <p style="text-align: right; margin-right: 20px;"><i>Contract: 4.12.9.1</i></p>	<p>Amerigroup’s patient safety plan policies and procedures include summary of incident(s), including the final disposition, included in the provider profile.</p> <p><u>Evidence/Documentation:</u></p> <ul style="list-style-type: none"> Std. II #21d - QM Patient Safety Plan 2015 Std. II #21d - Peer Review Policy 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: The Amerigroup 360° Peer Review Policy stated that a summary of the quality of care incident, disposition, and recommended corrective action was included in the provider’s credentialing files.</p> <p>Required Actions: None.</p>		

Results for Standard II—Quality Assessment and Performance Improvement						
Total	Met	=	16	X	1.00	= 16
	Not Met	=	14	X	.00	= 0
	Not Applicable	=	2	X	N/A	= N/A
Total Applicable		=	30	Total Score	=	16
Total Score ÷ Total Applicable					=	53.3%



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Standard III—Health Information Systems		
Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
1. The CMO maintains a health information system sufficient to support the collection, integration, tracking, analysis, and reporting of data. <div style="text-align: right;"> <i>42CFR438.242(a)</i> <i>Contract:</i> <i>4.12.5.2</i> </div>	Amerigroup maintains a health information system sufficient to support the collection, integration, tracking, analysis, and reporting of data. <u>Evidence/Documentation:</u> <ul style="list-style-type: none"> Std. III #1- Information Systems Std. III #1 - 837 Encounter Processing v1.5 Std. III #1 – GBD NextGen G&A Context Diagram Current State V1.06_Georgia Medicaid Std. III #1 - CareCompass CAE Dataflow with External Systems Std. III #1 - Enrollment Process Flow 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: Amerigroup 360°’s Health Information System (HIS) included the following five integrated components, which collectively allowed for the collection, integration, tracking, analysis, and reporting of data:</p> <ul style="list-style-type: none"> The core operating system that hosted provider, member, claims, and authorizations data. The case management system, CareCompass, that included member utilization data such as claims history, authorizations, immunizations, lab, and care and disease management data. The data warehouse that supported processes and functions, which was populated from source systems such as the core operating system. Supplemental applications that: <ul style="list-style-type: none"> - Supported the overall functionality (e.g., call center efficiency, provider payment, member identification cards, EPSDT, and HEDIS). - Produced business intelligence reports such as dashboards and analytical reporting. Member and provider websites that were used to communicate, share, and deliver vital information. 		
<p>Required Actions: None.</p>		
2. The CMO’s health information system provides information on areas including: <div style="text-align: right;"> <i>42CFR438.242(a)</i> </div>		



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Standard III—Health Information Systems		
Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
a. Utilization.	<p>Amerigroup’s health information system provides information on areas including utilization.</p> <p><u>Evidence/Documentation:</u></p> <ul style="list-style-type: none"> Std. III #2a - Facets_UM_Processing_User_Guide_530 Std. III #2a - Facets_UM_Reference_User_Guide_530 Std. III #2a – CareCompass CAE Dataflow with External Systems 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: The Amerigroup 360° core operating system hosted provider, member, claims, and authorization data. The case management systems, CareCompass and Member 360°, also included member utilization data such as claims history, authorizations, immunizations, lab, and care and disease management data. Amerigroup 360° used information from these systems for analysis and evaluation in the data warehouse.</p>		
<p>Required Actions: None.</p>		
b. Grievances and appeals.	<p>Amerigroup’s health information system provides information on areas including, grievances and appeals.</p> <p><u>Evidence/Documentation:</u></p> <ul style="list-style-type: none"> Std. III #2b – GBD NextGen G&A Context Diagram Current State V1.06 Std. III #2b – NextGen Intake Tool Appeals Screenshots Std. III #2b – Pega NexGen Help Guide 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: Amerigroup 360° processed grievances and appeals using the Pega NexGen system. Documentation provided did not indicate how the grievance and appeal information was connected to the HIS, or how the grievance and appeal information was used for quality and performance improvement.</p>		
<p>Required Actions: None.</p>		



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Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
c. Disenrollment for other than loss of Medicaid eligibility.	Amerigroup’s health information system provides information on areas including, disenrollment for other than loss of Medicaid eligibility. <u>Evidence/Documentation:</u> <ul style="list-style-type: none"> Std. III #2c - Facets Term Reason Std. III #2c – GA Mbr. Term Examples 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
Findings: Amerigroup 360° maintained enrollment and disenrollment information in the core operating system, which received updated enrollment information through the 834 process, and sent termination requests received by Amerigroup 360° to the State.		
Required Actions: None.		
3. The CMO collects data on:	<i>42CFR438.242(b)(1)</i>	
a. Member characteristics.	Amerigroup collects data on member characteristics. <u>Evidence/Documentation:</u> <ul style="list-style-type: none"> Std. III #3a - 837 Encounter Processing v1.5 Std. III #3a - 837 File Load and Load Validations v3 Std. III #3a - Facets_Claims_Processing_User_Guide_530 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
Findings: Amerigroup 360° collected member data in its core operating system, including member demographic information. The CMO collected member care and service utilization data in its claims and encounter system. In addition, CareCompass and Member 360° also included member utilization data such as claims history, authorizations, immunizations, lab, and care and disease management data.		
Required Actions: None.		
b. Provider characteristics.	Amerigroup collects data on provider characteristics. <u>Evidence/Documentation:</u> <ul style="list-style-type: none"> Std. III #3b - 837 Encounter Processing v1.5 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A



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Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
	<ul style="list-style-type: none"> Std. III #3b - 837 File Load and Load Validations v3 Std. III #3b - Facets_Claims_Processing_User_Guide_530 	
<p>Findings: Amerigroup 360° collected provider data in its core operating system, including provider demographic information. The CMO collected claims and encounter service provision data in its claims and encounter system. In addition, CareCompass and Member 360° also included utilization data such as claims history, authorizations, immunizations, lab, and care and disease management data. All data in the case management system included information regarding the rendering provider.</p>		
<p>Required Actions: None.</p>		
<p>c. Services furnished to members.</p>	<p>Amerigroup collects data on services furnished to members.</p> <p><u>Evidence/Documentation:</u></p> <ul style="list-style-type: none"> Std. III #3c - 837 Encounter Processing v1.5 Std. III #3c - 837 File Load and Load Validations v3 Std. III #3c - Facets_Claims_Processing_User_Guide_530 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Findings: Amerigroup 360° collected member care and service utilization data in its claims and encounter system. CareCompass and Member 360° also included member utilization data such as claims history, authorizations, immunizations, lab and care and disease management data. Amerigroup 360° used information from these systems for analysis and evaluation in the data warehouse.</p>		
<p>Required Actions: None.</p>		
<p>4. The CMO’s health information system includes a mechanism to ensure that data received from providers are accurate and complete by:</p> <ul style="list-style-type: none"> Verifying the accuracy and timeliness of reported data. Screening the data for completeness, logic, and consistency. 	<p>Amerigroup’s health information system includes a mechanism to ensure that data received from providers are accurate and complete by:</p> <ul style="list-style-type: none"> Verifying the accuracy and timeliness of reported data. 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A



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Standard III—Health Information Systems		
Requirements and References	Evidence/Documentation as Submitted by the CMO	Score
<ul style="list-style-type: none"> Collecting service information in standardized formats to the extent feasible and appropriate. Making all collected data available to the State and upon request to CMS. <p style="text-align: right; margin-right: 20px;"> 42CFR438.242(b)(2) 42CFR438.242(b)(3) Contract: 4.17.3.1 4.17.3.6 </p>	<ul style="list-style-type: none"> Screening the data for completeness, logic, and consistency. Collecting service information in standardized formats to the extent feasible and appropriate. Making all collected data available to the State and upon request to CMS. <p style="margin-left: 20px;"><u>Evidence/Documentation:</u></p> <ul style="list-style-type: none"> Std. III #4 - Claims Receipt Loading Procedures Std. III #4 - Claims Process Std. III #4 - Provider Data Exchanges 	
<p>Findings: Amerigroup 360° required all claims and encounters to be submitted in standardized formats. Provider claims were run against a series of business edits that identified members. The HIS also ran Medicaid and Medicare edits. The claim transactions were subjected to a series of compliance validation checks to ensure the claims were properly formatted and did not contain any invalid data elements. Evidence was not found to indicate that Amerigroup 360° conducted a verification of the accuracy or completeness of data other than through standardized claims edits. During compliance review interview sessions, the CMO described its process to validate data through medical record review processes.</p>		
<p>Required Actions: None.</p>		

Results for Standard III—Health Information Systems							
Total	Met	=	8	X	1.00	=	8
	Not Met	=	0	X	.00	=	0
	Not Applicable	=	0	X	N/A	=	N/A
Total Applicable		=	8	Total Score		=	8
	Total Score ÷ Total Applicable					=	100%



Appendix B. Follow-Up Review Tool

Following this page is the completed follow-up review tool that HSAG used to evaluate Amerigroup 360°'s performance and to document its findings; the scores it assigned associated with the findings; and, when applicable, corrective actions required to bring the CMO's performance into full compliance.



Appendix B. State of Georgia
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Follow-Up on Reviews From Previous Noncompliant Review Findings
for Amerigroup Community Care for Georgia Families 360°

Standard I—Provider Selection, Credentialing, and Recredentialing			
Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
<p>Information Requirements: <i>Addendum #1: 4.9.3.5</i></p> <p>12. The Contractor shall provide training for law enforcement officials, judges, district and county attorneys representing DFCS and DJJ, and attorneys ad litem about the requirements of the contract and needs of GF 360° members. These training sessions must also be open to DCH, DFCS, DJJ, and other sister agencies.</p>			
<p>Findings: Amerigroup GF 360° staff members reported working with attorneys and judges to provide information and training during court staff meetings. The CMO provided an opportunity for law enforcement officials to complete training components via online training. There were no actual requirements for completing this training, and the CMO was unable to track who completed the training. Training staff reached out to police academies in Georgia to provide training for incoming cadets and set up information booths at conferences for judges and law enforcement. Amerigroup staff reported that the main obstacle was obtaining buy-in from law enforcement to complete this training. Amerigroup continued to build its GF 360° training plan and provided all identified entities with access to training. However, the CMO was unable to determine if this training was being completed or utilized.</p>			
<p>Required Actions: Amerigroup must continue to work with law enforcement officials to provide face-to-face training opportunities and to develop tracking tools to identify which training modules are being completed, who is completing the training, and when it is being completed.</p>			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
<p>Amerigroup is in the process of developing a Law Enforcement (LE) Action Plan which will provide the following:</p> <p>The LE Plan will offer face-to-face Youth Mental Health First Aid training around mental health issues and how to respond appropriately to affected youth. We have a certified Youth Mental Health First Aid trainer on staff who will administer this training and we are in the process of allowing another associate to become certified in this training. We are currently in the process of identifying potential law</p>	<p>We will monitor in-person training participation with sign-in sheets, which will be loaded into our internal database for tracking purposes. The sign-in sheets must include the, the date, time, training location, the name/title of person(s) conducting the training along with the training participant’s name, title, and worksite)</p> <p>Establish relationship with RLM</p> <p>Monitor registrations in system</p>	<p>David Bolt and Amber Hammontree</p>	<p>3/30/2016</p>



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Standard I—Provider Selection, Credentialing, and Recredentialing			
Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
<p>enforcement offices to begin our outreach and schedule trainings for Q1 2016.</p> <p>Based on our outreach to determine training needs, we will set up ongoing LE training sessions through 2016. Our goal is to complete two (2) LE face-to-face training sessions per quarter, in addition to our continued judicial and legal community outreach.</p> <p>We currently offer Orientation to GF 360° and Trauma Informed Care training for law enforcement officials on our website. We are working with Relias Learning Management System to offer this training on their website, which will allow us to track when a LE official registers and completes any training. Our goal is to launch the content by the end of Q1 2016.</p> <p>We will develop newsletters to inform law enforcement officials of the online training courses available.</p>	<p>The Relias Learning System will require law enforcement to register for the training and identify their role within law enforcement. This method will allow Amerigroup to monitor participation/level of usage of LE individuals via Relias reporting on quarterly basis.</p> <p>Track trends with participation following implementation of RLM system</p>		
<p>Other Evidence/Documentation:</p> <ul style="list-style-type: none"> • Std. I #12 - Relias Report YTD 2016_Final • Std. I #12 - LE Training Report7.2015-6.2016 • Std. I #12 - Relias Outreach Flyer • Std. I #12 - YMHFA Training Flyer • Std. I #12 - Juvenile Court QR Guide • Std. I #12 - Judges Law Enforcement Attys Flier Q1 2016 			



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Standard I—Provider Selection, Credentialing, and Recredentialing
Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)
<ul style="list-style-type: none"> • Std. I #12 - Berrien County CASA Sign-in Sheet • Std. I #12 - CASA Sign-in Sheet 03.24.2016 • Std. I #12 - Douglas County CASA Sign-in Sheet 05.31.16 • Std. I #12 - Paulding County Sign-in Sheet 05.21.16 • Std. I #12 - YMHFA_Sign_In_Sheet_06.2.16-06.3.16 • Std. I #12 - YMHFA_Sign_In_Sheet_6.11.16
<p>August 2016 Re-review Findings: Amerigroup 360° provided examples of outreach flyers announcing the availability of face-to-face training opportunities, as well as an online course for agencies and programs involved in law enforcement and the justice system. Amerigroup 360° provided sign-in sheets and participants of the trainings represented—DJJ, Court Appointed Special Advocates (CASA), judges/attorneys, and law enforcement. Amerigroup 360° documented the training modules completed in a spreadsheet.</p>
<p>August 2016 Required Actions: None.</p>



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Standard IV—Member Information			
Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
<p>Information Requirements: 42CFR438.10(f)(3), Contract: 4.3.3.1</p> <p>1. The Contractor provides all newly enrolled members the Member Handbook within ten (10) calendar days after receiving notice of the enrollment from DCH or the State’s agent and every other year thereafter unless requested sooner by the member.</p>			
<p>Findings: For the AA population, Amerigroup staff confirmed that the member handbook was included in the new member packet. When the identification card production file was received by the vendor, a new member packet mailing label file was created, and the packet was mailed within five calendar days after receiving notice of the enrollment from DCH. For the FC/DJJP population, the member handbook was supplied in hard copy in the case worker’s office. Amerigroup 360° staff indicated that DCH approved its request to discontinue the annual mailing of the member handbook. The DCH confirmed that the requirement that members receive a hard copy handbook every other year had been waived. Members must be informed via a member newsletter or other mechanism that the handbook is available on the CMO’s website and that a hard copy will be mailed upon request. The policies submitted for review did not reflect how Amerigroup 360° notified members that the handbook was available for review on its website or that the handbook could be mailed upon request.</p>			
<p>Required Actions: Amerigroup 360° must update its policies to include a description of how the CMO notifies existing members (not newly enrolled members) that the member handbook is available on the CMO’s website or how to obtain a hard copy. The policy and procedure must also reflect how often existing members receive the notice.</p>			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
Amerigroup will update the current policy to include language on how existing members are notified that the member handbook is available on our website and a hard copy is available upon request. It will also include the frequency of when members will receive notification.	<p>The policy will be updated to include how existing members are notified that the member handbook is available on our website and a hard copy is available upon request, as well as the frequency of when a member will receive notification. Our policies and procedures are reviewed and updated annually which will allow for the ability to update in accordance with contractual and/or corporate changes.</p> <p>We will track the number of member packets requested and the method in</p>	Tita Stewart	1/1/2016



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	which it was requested to assist with the evaluation of receipt.		
Other Evidence/Documentation: <ul style="list-style-type: none"> Std. IV #1 - Member ID Cards Member Information Packet Policy – GA (pg.4) Std. IV #1 - Q1 Member Handbook Request Report Std. IV #1 - Q2 Member Handbook Request Report 			
August 2016 Re-review Findings: Amerigroup 360° updated its Member ID Cards Member Information Policy to include the following language: “Existing members will receive notification on an annual basis that the member handbook is available online and upon request by calling the NCC via the following: <ul style="list-style-type: none"> Annual Member Newsletter Member Website Annual Member Phone Call” 			
August 2016 Required Actions: None.			



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Information requirements: **CFR42**§438.10, *Addendum #1: 4.3.3.7*

22. For Foster Care (FC) and Department of Juvenile Justice Population (DJJP) members:

- The Contractor shall send electronically via secure methods an information packet to the DFCS case managers for members who are newly enrolled in the CMO within five calendar days of receipt of the eligibility file from DCH. Upon request, the CMO will mail the member information packet to the Foster Parent, Caregiver, Residential Placement Provider, or State Agency staff.

- For Adoption Assistance (AA) members:
- The contractor shall mail the member information packet to the member/parent for members who are newly enrolled in the CMO within five calendar days of receipt of the eligibility file from DCH. The information packet shall include:
 - A welcome letter that includes the name and contact information for the GF 360° member’s care coordinator.
 - GF 360° Member Handbook.
 - GF 360° member ID card.
 - A PCP change form.
 - A dentist change form.
 - Special health care needs/specific services needs form for which the CMO may need to coordinate services.
 - Information about the roles of the care coordination team and how to seek help in scheduling appointments, and accessing care coordination services.
 - Information about the role of the call center and how to access the call center.
 - Explanation of disenrollment procedures.
 - Information about 72-hour emergency prescription drug supply.
 - Information regarding the ombudsman liaison.
 - For FC members in DFCS custody in DeKalb and Fulton counties, information on Kenny A. health care requirements.
 - Information on the Ombudsman Liaison.

Findings: Amerigroup staff indicated that DFCS case managers were notified through electronic means when member ID cards were available on the Amerigroup website. The case manager logged into a secure portal and printed ID cards as needed. Amerigroup made member materials/new member packets available in hard copy at DFCS facilities, and the CMO mailed hard copies of member materials upon request from a FC/DJJP member’s guardian.



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<p>According to the Member ID Cards policy and procedure, for AA members, once the ID card production file was received by the vendor, a new member packet mailing label file was created and the packet was mailed within five calendar days after receiving notice of the enrollment from DCH. The new member packet for AA members did not include the dentist change form.</p>			
<p>Required Actions: Amerigroup must develop and implement a mechanism to provide all of the information listed in this element to new AA members.</p>			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
Amerigroup updated the fulfillment sheet to list all the forms that need to be included in the AA new member packet. We will update the AA member handbook mailings to include the Primary Care Physician and Primary Care Dentist (PCD/PCP) change forms.	We will monitor the ID card production file report to ensure that all required forms are being included in the AA new member packet.	Tita Stewart	1/1/2016
<p>Other Evidence/Documentation: Other Evidence/Documentation:</p> <ul style="list-style-type: none"> • Std. IV #22 - Member ID Cards Member Information Packet Policy – GA • Std. IV #22 - New Member Packet Grid 			
<p>August 2016 Re-review Findings: Amerigroup 360° included a description of the process to mail and make available electronically the member information packet in its Member ID Cards Member Information Packet Policy. The information packet included:</p> <ul style="list-style-type: none"> • A welcome letter that included the name and contact information for the GF 360° member’s care coordinator. • GF 360° Member Handbook. • GF 360° member ID card. • A PCP change form. • A dentist change form. • Special healthcare needs/specific services needs form for which the CMO may need to coordinate services. • Information about the roles of the care coordination team and how to seek help in scheduling appointments and accessing care coordination services. • Information about the role of the call center and how to access the call center. • Explanation of disenrollment procedures. 			



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<ul style="list-style-type: none">• Information about 72-hour emergency prescription drug supply.• Information regarding the ombudsman liaison.• For foster care (FC) members in DFCS custody in DeKalb and Fulton counties, information on Kenny A. healthcare requirements.• Information on the Ombudsman Liaison.
August 2016 Required Actions: None.



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Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
<p>Grievance System General Requirements: 42 CFR §438.402, Contract: 4.14.4.3</p> <p>10. An appeal (administrative review) shall be filed directly with the contractor or its delegated representatives. The Contractor may delegate this authority to an administrative review committee, but the delegation must be in writing.</p>			
<p>Findings: The Quality Management—Oversight of Delegated Activities policy and procedure indicated that processing of member complaints, grievances, and appeals was not delegated except in the case of dental and vision vendors. Amerigroup provided the Avesis (vision) contract amendment, which indicated that Amerigroup did not delegate appeals processing to Avesis. The Scion (dental) contract amendment indicated that Amerigroup delegated appeals processing to Scion. Although Amerigroup is in compliance with this element, the Quality Management—Oversight of Delegation Activities policy and procedure must be updated to reflect actual CMO practice (i.e., that the CMO’s vision vendor is not a delegate for appeals processing).</p>			
<p>Required Actions: Amerigroup must update its Quality Management—Oversight of Delegated Activities policy and procedure to reflect that the CMO’s vision vendor is not a delegate for appeals processing.</p>			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
<p>The Quality Management Oversight of Delegated Activities policy will be updated to reflect that our vision vendor is not a delegate for appeals processing.</p>	<p>The Quality Management Oversight of Delegated Activities policy will be submitted to the Policies and Procedures Committee for approval. Policies and Procedures are reviewed annually and we will continue to monitor to ensure it is updated as appropriate.</p>	<p>Yvette Terry</p>	<p>1/1/2016</p>
<p>Other Evidence/Documentation: Std. V #10 - Quality Management Oversight of Delegated Activities Policy – GA (pg.4)</p>			
<p>August 2016 Re-review Findings: Amerigroup 360° updated its Quality Management—Oversight of Delegated Activities policy and procedure as follows to not allow delegation of appeal processing to its vision vendor:</p> <p>“The delegate shall follow and comply with all applicable state and federal mandates related to the appeal process. Amerigroup does not delegate any portion of member appeals to their vision vendor.”</p>			
<p>August 2016 Required Actions: None.</p>			



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Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
Grievance System, Handling of Grievances and Appeals: 2CFR438.406(a)(2), Contract: 4.14.1.5			
<p>20. The Contractor acknowledges each grievance and administrative review in writing within ten (10) working days of receipt in the member’s primary language.</p>			
<p>Findings: The Member Grievance Resolution procedure indicated that the member complaint specialist, within 10 business days of receipt of the grievance, would send an acknowledgement letter which was used to acknowledge the date of Amerigroup’s receipt of the grievance. The procedure also indicated that the member would be notified in writing in his or her primary language. The Member/Provider Action and Administrative Review Process indicated that Amerigroup would send an acknowledgement letter within 10 business days of receipt of the request for administrative review. That process document also indicated that all written materials distributed to members would be available in alternative formats and that Amerigroup would notify the member regarding how to access those formats; however, the process did not indicate that the administrative review (appeal) acknowledgement letter would be <i>sent</i> “in the member’s primary language.” All 10 administrative review (appeal) files reviewed during the on-site audit met the acknowledgement timeliness requirement.</p>			
<p>Required Actions: Amerigroup must modify its processes, procedures, and policies so that administrative review (appeal) acknowledgement letters are provided in writing within 10 working days of receipt in the member’s primary language.</p>			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
Amerigroup will update the Member/Provider Action and Administrative Review Process GA policy to reflect that Amerigroup will send administrative appeal acknowledgement letters within ten (10) working days of receipt of the administrative review in the member’s primary language.	The Member/Provider Action and Administrative Review Process GA policy will be submitted to the Policies and Procedures Committee for approval. Policies and Procedures are reviewed annually and we will continue to monitor to ensure that it is updated appropriately.	Yvette Terry	1/1/2016
<ul style="list-style-type: none"> • Std. V #20 - Member Grievance Resolution Policy – GA (pgs. 3& 4) • Std. V #20 - Member Provider Action and Administrative Review Process Policy – GA (pg.9) 			
<p>August 2016 Re-review Findings: Amerigroup 360° updated its Member Grievance Resolution Policy and its Member Provider Action and Administrative Review Process so that administrative review (appeal) acknowledgement letters were provided in writing within 10 working days of receipt in the member’s primary language as follows:</p>			



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“Amerigroup 360° sends an acknowledgement letter within ten (10) business days of receipt of the administrative review in the member’s primary language.” A review of the sample Grievance and Appeal files verified that the notices were made available in the member’s primary language.
August 2016 Required Actions: None.



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<p>Grievance System, Handling of Grievances and Appeals: 42CFR438.406(b)(2), Contract: 4.14.4.5</p> <p>22. (b) The member, the member’s authorized representative, or the provider acting on behalf of the member with the member’s consent, must be given a reasonable opportunity to present evidence and allegations of fact or law, in person as well as in writing. (The Contractor must inform the member of the limited time available for this in the case of expedited resolution.)</p>			
<p>Findings: The Member/Provider Action and Administrative Review Process indicated that the member must be given the opportunity to present evidence and allegations of fact or law in person as well as in writing at any time during the standard or expedited administrative review process. However, Amerigroup’s policy, member acknowledgement letter, and member handbook did not contain a process or information for advising the member of the limited time available for presenting evidence in the case of an expedited administrative review.</p>			
<p>Required Actions: Amerigroup must develop and implement a mechanism to provide information that advises the member of the limited time available for presenting evidence in the case of an expedited administrative review.</p>			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
<p>Amerigroup will update the Notice of Proposed Action (notification mailed to members when a service request is denied) and our Member Handbooks to inform members of the limited time available (72 hours) to present supplemental evidence. In addition, we will update our Member/Provider Action and Administrative Review Process to include the process for advising members of the limited time available.</p>	<p>The Notice of Proposed Action and Member Handbook will be updated to inform members of the limited time available to present evidence. The revisions will be tracked through the approval process until it is formally implemented as a new policy.</p> <p>The Member/Provider Action and Administrative Review Process will be updated to outline the process on how members are advised of the limited time available for presenting evidence. The revisions will be tracked through the approval process until it is formally implemented as a new policy.</p>	<p>Yvette Terry and Bridget McKenzie</p>	<p>1/1/2016</p>



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Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
	The member handbook is reviewed and updated annually or as needed based on contractual changes.		
<p>Other Evidence/Documentation:</p> <ul style="list-style-type: none"> Std. V #22b – GA 2015 DJJ FC Member Handbook (pg.35)* Std. V #22b – GA 2015 CAID, PCK and AA Member Handbook (pg.35)* Std. V #22b - Member Provider Action and Administrative Review Process Policy – GA (pg.4) Std. V #22b - GA UM Not Covered Benefit Denial Letter Update ENG FINAL Std. V #22b - GA UM Confinement Denial Letter Update ENG FINAL Std. V #22b - GA UM Services Denial Letter Update ENG FINAL <p>*The member handbooks have been submitted to DCH for review and approval.</p> <p>August 2016 Re-review Findings: Amerigroup 360° updated the Department of Juvenile Justice and Foster Children (DJJ FC) Member Handbook; CAID, PCK and AA Member Handbook; GA Planning for Healthy Babies® (P4HB®) Member Handbook; Member Provider Action and Administrative Review Process Policy; GA UM Confinement Denial Letter Update; UM Not Covered Benefit Denial Letter; and the GA UM Services Denial Letter. The CMO did not provide documentation that DCH approved the language changes. The updated documents included the following language:</p> <p>“The member has the right to submit written comments, documents or other information, like medical records or provider letters that might help the member’s administrative review. The member must do so within [72 hours] of the request for expedited administrative review.”</p> <p>A review of a sample of case files verified that the letters included member rights language allowing the member to submit comments, documents, and other information to assist in the administrative review process. The information provided by the CMO indicated that DCH had approved the CMO’s confinement denial letter, covered benefit denial letter, and the UM services denial letter during the review period.</p> <p>August 2016 Required Actions: 42CFR438.408(b)(3) states for an expedited review: None.</p>			



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<p>Grievance System Resolution and Notification: Grievances and Appeals: <i>42CFR438.408(e), Contract: 4.14.5.2</i></p> <p>27. The written notice of adverse action shall meet the language and format requirements as specified in Section 4.3 and includes:</p> <ul style="list-style-type: none"> • The results and date of the adverse action including the service or procedure that is subject to the action. • Additional information, if any, that could alter the decision. • The specific reason used as the basis of the action. • The right to request a State Administrative Law hearing within 30 calendar days – the time for filing will begin when the filing date is stamped. • The right to continue to receive benefits pending a State Administrative Law hearing. • How to request continuation of benefits. • Information explaining that the member may be held liable for the cost of any continued benefits if the Contractor’s action is upheld in a State Administrative Law hearing. • Circumstances under which expedited resolution is available and how to request it. 			
<p>Findings: The Member/Provider Action and Administrative Review Process indicated that all notices of proposed action would meet the alternative language requirements and make all written materials available in English, Spanish, and all other prevalent non-English languages. The policy stated that materials would be worded in such a way to be understood by a person reading at a fifth-grade reading level. The notice of adverse action included each requirement listed in this element. The 10 administrative review (appeal) resolution letters reviewed included the required information; however, in some cases these letters did not meet the fifth-grade reading/understandability level. In several cases the rationale provided for upholding a denial was copied directly from the clinician reviewer notes or contained advanced medical terminology.</p>			
<p>Required Actions: Amerigroup must ensure that the rationale for upholding a denial is written in easily understood language in its administrative review resolution letters.</p>			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
<p>Amerigroup will complete the following actions:</p> <p>While the administrative review resolution letters are written at the appropriate language level as contractually required and meet NCQA requirements,</p>	<p>Letters are reviewed by both a clinical and non-clinical staff member to validate comprehension of the medical terminology/rationale.</p>	<p>Yvette Terry</p>	<p>1/1/2016</p>



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<p>Amerigroup will work to review the denial rationale language noted in the free form text section of the letter to ensure that the language can be easily understood by our members. Amerigroup will check the grade level of the information in the free form text section of the letter using Flesch – Kincaid standards.</p> <p>Amerigroup appropriate staff will be trained on the policy and procedure.</p>	<p>Following the development of free text section of the denial letter, clinical and non-clinical staff will validate the text is the appropriate reading level.</p> <p>Staff auditing will be conducted to assess knowledge of policy and procedure</p>		
<p>Other Evidence/Documentation:</p> <ul style="list-style-type: none"> Std. V #27 - Readability Statistics in Word 2010 Std. V #27 - Readability Training Sign-in Sheet Std. V #27 - Administrative Review - Final Denial Notice APP-1688911 GF 360 Example Std. V #27 - Administrative Review - Final Denial Notice APP-1703835 GF 360 Example Std. V #27 - Appeal Denial Letter Audit Results_Feb-Mar 2016 			
<p>August 2016 Re-review Findings: Amerigroup 360° updated training material to provide guidance to staff to remove the clinical words prior to determining the readability statistics. Documentation provided showed evidence of the training being completed with a sign-in sheet and audit results. A review of a sample of case files confirmed that the letters met a maximum fifth-grade reading level; however, the review also identified that the CMO letters included references to policies or utilization management tools that may not be understood by the member. CMO staff indicated that the letters were written in response to both the member and the provider. The letters did not consistently include information to the member that would clearly identify what was being denied and why it was being denied. The letters also did not notify the member of which care or services were approved for the member.</p>			
<p>August 2016 Required Actions: The CMO must ensure that the rationale for upholding a denial is written in easily understood language in its administrative review resolution letters.</p>			



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Standard VI—Disenrollment Requirements and Limitations			
Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
Structure and Operations Enrollment and disenrollment: 42CFR§438.226, <i>Addendum #1:4.1.1.5</i>			
2. Contractor shall enroll FCAAP and DJJP members in the CMO upon receipt of the eligibility file from DCH.			
Findings: The Membership Load—Facets policy and procedure indicated that all members were enrolled using the “internal standard,” which was identified as two business days, unless the market had a more stringent enrollment time frame, in which case Amerigroup would adhere to the State requirement. However, the policy also indicated that for the Georgia market, Amerigroup would adhere to the internal standard, which was two business days. During the on-site interview staff stated that members would be enrolled upon receipt of the eligibility file. Therefore, the policy and practice were in conflict.			
Required Actions: Amerigroup must update its Membership Load—Facets policy to indicate that GF 360° program members are enrolled upon receipt of the eligibility file from DCH.			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
Amerigroup will update the Membership Load Facets policy to indicate that GF 360° members are enrolled upon receipt of the eligibility file from DCH.	The Membership Load Facets policy will be updated and approved to indicate that GF 360° members are enrolled upon receipt of the eligibility file from DCH. Policies and Procedures are reviewed annually and we will continue to monitor to ensure that the policy is updated as appropriate.	Tonia Richardson	1/1/2016
Other Evidence/Documentation: <ul style="list-style-type: none"> Std. VI #2 - Membership Load Facets Policy (pg.1) 			
August 2016 Re-review Findings: Amerigroup 360° updated its Medicaid Load—Facets Policy to specify that GF 360° program members were enrolled upon receipt of the eligibility file from DCH.			
August 2016 Required Actions: None.			



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Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
Structure and Operations Enrollment and disenrollment: 42CFR§438.226, <i>Addendum #1: 4.2.1.4</i>			
<p>3. AA members may elect to disenroll without cause during the AA member Fee-For-Service Selection Period. AA members disenrolling shall return to the Medicaid FFS delivery system.</p>			
Findings: The Disenrollment procedure did not indicate that an AA member may disenroll without cause during the FFS selection period and return to the Medicaid FFS delivery system.			
Required Actions: Amerigroup must change its policy to address voluntary disenrollment of AA members without cause during the FFS selection period and return the member to the Medicaid FFS delivery system.			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
Amerigroup will update the Disenrollment policy to include language that AA members may disenroll without cause during the FFS selection period and will return to the Medicaid FFS delivery system.	The Disenrollment policy will be updated and approved to include language that AA members may disenroll without cause during the FFS selection period and will return to the Medicaid FFS delivery system. Policies and Procedures are reviewed annually and we will continue to monitor to ensure that it is updated appropriately.	Tita Stewart and Tonia Richardson	1/1/2016
Other Evidence/Documentation: <ul style="list-style-type: none"> Std. VI #3 - Disenrollment Policy – GA (pg.2-3) 			
August 2016 Re-review Findings: Amerigroup 360° updated its Disenrollment Policy to include the following language: Adoption Assistance members may disenroll without cause within the first 90 days of initial enrollment (FFS selection period) and will return to a Medicaid fee-for-service delivery system.			
August 2016 Required Actions: None.			



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Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
Structure and Operations Enrollment and disenrollment: 42CFR§438.226, <i>Addendum #1: 4.2.1.5</i>			
<p>4. The AA member may disenroll for the following cause at any time and return to the Medicaid FFS delivery system:</p> <ul style="list-style-type: none"> • The Contractor does not, because of moral or religious objections, provide the covered services the AA member seeks. • The AA member needs related services to be performed at the same time, and not all related services are available within the network. The AA member’s provider or another provider have determined that receiving services separately would subject the member to unnecessary risk. • Other reasons include, but are not limited to, poor quality of care, lack of access to services covered under the contract, or lack of provider’s experienced in dealing with the member’s health care needs. 			
Findings: The Disenrollment procedure indicated that AA members may voluntarily disenroll for the reasons listed in the element; however, it did not specify that the member would be returned to the Medicaid FFS delivery system.			
Required Actions: The CMO must update its policies and practices to ensure disenrolling AA members would be returned to the Medicaid FFS delivery system.			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
Amerigroup will update the Disenrollment policy to include language that AA members who voluntary disenroll will be returned to the Medicaid FFS delivery system.	The Disenrollment policy will be updated and approved to include language that members who voluntary disenroll will return to the Medicaid FFS delivery system. Policies and Procedures are reviewed annually and we will continue to monitor to ensure that it is updated appropriately.	Tita Stewart and Tonia Richardson	1/1/2016
Other Evidence/Documentation: <ul style="list-style-type: none"> • Std.VI #4 - Disenrollment Policy – GA (pg.3) 			
August 2016 Re-review Findings: Amerigroup 360° updated its Disenrollment Policy to specify that AA members will return to the Medicaid fee-for-service delivery system.			
August 2016 Required Actions: None.			



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<p>Structure and Operations Enrollment and disenrollment: 42CFR§438.226, Addendum #1: 4.2.5</p>			
<p>5. If there is a change in enrollment status for a GF 360° member’s eligibility category to an ineligible category, and the member remains eligible for Medicaid, the member shall remain enrolled with the CMO as a non-GF 360° member until the member’s next enrollment period, unless the member is eligible for supplemental security income (SSI); then the member will be returned to Medicaid FFS. The disenrollment will be processed within three business days of the date the GF 360° member’s eligibility category actually changes and will not be made retroactively.</p>			
<p>Findings: The Disenrollment and Membership Load—Facets policy did not include information pertaining to a GF 360° member’s enrollment status changing from an eligible to ineligible category.</p>			
<p>Required Actions: Amerigroup must update its policies and practices to encompass the provisions and requirements pertaining to a GF 360° member’s enrollment status changing from an eligible to ineligible category.</p>			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
<p>Amerigroup will update the Disenrollment and Membership Load Facets policy to include provisions and requirements for when a GF 360° member’s enrollment status changes from an eligible to ineligible category.</p>	<p>The Disenrollment and Membership Load Facets policy will be updated to include provisions and requirements for when a GF 360° member’s enrollment status changes from an eligible to ineligible category. Policies and Procedures are reviewed annually and we will continue to monitor to ensure that it is updated as appropriate.</p>	<p>Tonia Richardson</p>	<p>1/1/2016</p>
<p>Other Evidence/Documentation:</p> <ul style="list-style-type: none"> Std. VI #5 - Disenrollment Policy – GA (pgs. 4, 9-10) Std. VI #5 - Membership Load Facets Policy (pg.2) 			
<p>August 2016 Re-review Findings: Amerigroup 360° updated its Disenrollment Policy to state that if an AA member became ineligible (i.e., reached the age of 21) for the GF 360° program but remained eligible for Medicaid, the member shall remain enrolled with Amerigroup as a non-GF 360° member until the member’s next enrollment.</p>			
<p>August 2016 Required Actions: None.</p>			



Appendix B. State of Georgia
Department of Community Health (DCH)
Follow-Up on Reviews From Previous Noncompliant Review Findings
for Amerigroup Community Care for Georgia Families 360°

Standard VI—Disenrollment Requirements and Limitations			
Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
<p>Disenrollment: Requirements and limitations: 42CFR438.56(c)(i-iii), Contract: 4.2.1.1</p> <p>6. A member may request disenrollment from a CMO for the following reasons:</p> <ul style="list-style-type: none"> • For cause at any time. • Without cause: <ul style="list-style-type: none"> - During 90 calendar days following the date of their initial enrollment or the day DCH or its agent sends the member notice of enrollment—whichever is later. - Every 12 months thereafter. - Upon automatic enrollment. 			
<p>Findings: The Disenrollment procedure indicated that a member may voluntarily request disenrollment without cause at any time during the first 90 days after the initial enrollment date or the date DCH sent the member notice of the enrollment, whichever was later, and then every 12 months thereafter. The Disenrollment procedure did not indicate that a member may request disenrollment for cause at any time.</p>			
<p>Required Actions: Amerigroup must change its Disenrollment procedure and GF 360° member handbooks to include a provision that the member may request disenrollment for cause at any time.</p>			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
<p>Amerigroup will update the Disenrollment Procedure and GF 360° member handbook to include language that indicates members may request to disenroll for cause at any time.</p>	<p>The Disenrollment Procedure and GF 360° member handbook will be updated and approved to include language that members may request to disenroll for cause at any time. Member Handbooks and Policies and Procedures are reviewed annually and we will continue to monitor to ensure they are updated appropriately.</p>	<p>Tita Stewart</p>	<p>1/1/2016</p>
<p>Other Evidence/Documentation:</p> <ul style="list-style-type: none"> • Std. VI #6 – GA 2015 CAID, PCK and AA Member Handbook (pg.39)* • Std. VI #6 - Disenrollment Policy – GA 			
<p>*The member handbook has been submitted to DCH for review and approval.</p>			



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Standard VI—Disenrollment Requirements and Limitations
Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)
August 2016 Re-review Findings: Amerigroup 360° updated its Disenrollment Policy to state that members, including those in AA, can request disenrollment for cause at any time.
August 2016 Required Actions: None.



Appendix C. On-Site Review Participants

The document following this page includes the dates of HSAG’s on-site review, the names/titles of the HSAG reviewers, and the names/titles of other individuals who participated in or observed some or all of the on-site review activities, including Amerigroup 360°’s key staff members who participated in the interviews that HSAG conducted.

Review Dates

The following table shows the dates of HSAG’s on-site visit to Amerigroup 360°.

Table C-1—Review Dates

Date of On-Site Review	August 1–2, 2016
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Participants

The following table lists the participants in HSAG’s on-site review for Amerigroup 360°.

Table C-2—HSAG Reviewers and Amerigroup Community Care for Georgia Families 360°/Other Participants

HSAG Review Team		Title
Team Leader	Kim Elliott, PhD, CPHQ	Director, State & Corporate Services
Reviewer	Mary Wiley, RN, MEd	Director, State & Corporate Services
Amerigroup Community Care Participants		Title
Donna McIntosh		Compliance Officer
William Alexander, M.D.		Regional Vice President, Medical Director
Bhavini Solanki-Vasan, LPC		Director of Behavioral Health
Rochelle Simmons		Medicaid Compliance Analyst
Earlie Rockette		Regional Vice President, GF 360°
Tita Stewart		Regional Vice President, Marketing
Urcel Fields		Regional Vice President, Provider Solutions
Michelle Rush		Director, Provider Solutions
David Bolt		Manager, Community Outreach
Aviance Jenkins		Regulatory Compliance Consultant, GF 360°
Marquette Moore		Regulatory Oversight Manager
Charmaine Bartholomew		Director II, Quality Management
Bridget McKenzie		Director II, Health Care Management
Nereida Parks		Strategy & Program Development Director
Aaron Lambert		Director II, Medicaid State Operations
Lisa Maleski		Clinical Quality Program Manager
Debra Robinson		Director, Health Care Management Services GF 360°
Yvette Terry		Manager II, Quality Management
Tonia Richardson		Quality Evaluation Lead, GF 360°
Fran Gary		President, Medicaid Health Plan
Kinesha Hodges		Account Management Advisor
Tawanna Ingram		Manager II, Quality Management

Melvin Lindsey	Regional Vice President, State Affairs
Joyce LeTourneau	Manager II, Enrollment Data
Erik Vazquetelles	Director ENT EDI Solutions
Mike Smith	Manager Program/Project Management
Department of Community Health Participants	Title
Becky Thatcher	Compliance Specialist I
Sharkina DeWitt	Manager, Performance Improvement, GF 360°
Patricia Garcia	Compliance Specialist I
Anshu Misra, MBBS, MHA, PMP	Director I, Performance Quality and Outcomes
Tiffany Griffin, RN, BSN	Compliance Specialist III
Janice Carson, MD, MSA	Assistant Chief, Performance, Quality and Outcomes
Sandra Middlebrooks	Compliance Manager

Introduction

The following description of the manner in which HSAG conducted—in accordance with 42 CFR §438.358—the external quality review of compliance with standards for the DCH GF 360° CMO addresses HSAG’s:

- Objective for conducting the reviews.
- Activities in conducting the reviews.
- Technical methods of collecting the data, including a description of the data obtained.
- Data aggregation and analysis processes.
- Processes for preparing the draft and final reports of findings.

HSAG followed standardized processes in conducting the review of Amerigroup 360°’s performance.

Objective of Conducting the Review of Compliance with Standards

The primary objective of HSAG’s review was to provide meaningful information to DCH and the CMO regarding compliance with State and federal requirements. HSAG assembled a team to:

- Collaborate with DCH to determine the scope of the review as well as the scoring methodology, data collection methods, desk review schedules, on-site review activities schedules, and on-site review agenda.
- Collect and review data and documents before and during the on-site review.
- Aggregate and analyze the data and information collected.
- Prepare the report related to the findings.

To accomplish its objective, and based on the results of collaborative planning with DCH, HSAG developed and used a data collection tool to assess and document the CMO’s compliance with certain federal Medicaid managed care regulations, State rules, and the associated DCH contractual requirements. The review tool included requirements that addressed the following performance areas:

- Standard I—Clinical Practice Guidelines
- Standard II—Quality Assessment and Performance Improvement (QAPI)
- Standard III—Health Information Systems
- Follow-up on areas of noncompliance from the prior year’s review

The DCH and the CMO will use the information and findings that resulted from HSAG's review to:

- Evaluate the quality and timeliness of, and access to, care and services furnished to members.
- Identify, implement, and monitor interventions to improve these aspects of care and services.

The review was the third of the current three-year cycle of CMO compliance reviews.

HSAG's Compliance Review Activities and Technical Methods of Data Collection

Before beginning the compliance review, HSAG developed data collection tools to document the review. The requirements in the tools were selected based on applicable federal and State regulations and laws and on the requirements set forth in the contract between DCH and the CMO, as they related to the scope of the review. HSAG also followed 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^{D-1} for the following activities:

Pre-on-site review activities included:

- Developing the compliance review tools.
- Preparing and forwarding to the CMO a customized desk review form and instructions for completing it and for submitting the requested documentation to HSAG for its desk review.
- Scheduling the on-site reviews.
- Developing the agenda for the two-day on-site review.
- Providing the detailed agenda and the data collection (compliance review) tool to the CMO to facilitate preparation for HSAG's review.
- Conducting a pre-on-site desk review of documents. HSAG conducted a desk review of key documents and other information obtained from DCH, and of documents the CMO submitted to HSAG. The desk review enabled HSAG reviewers to increase their knowledge and understanding of the CMO's operations, identify areas needing clarification, and begin compiling information before the on-site review.
- Generating a list of eight sample cases plus an oversample of three cases for grievance and appeals and case management for the on-site CMO audit from the list of such members submitted to HSAG from the CMO.

^{D-1} 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: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: Feb 19, 2016.

On-site review activities: HSAG reviewers conducted an on-site review for the CMO, which included:

- An opening conference, with introductions and a review of the agenda and logistics for HSAG’s two-day review activities.
- A review of the documents HSAG requested that the CMO have available on-site.
- A review of the case files HSAG requested from the CMO.
- Interviews conducted with the CMO’s key administrative and program staff members.
- A closing conference during which HSAG reviewers summarized their preliminary findings.

HSAG documented its findings in the data collection (compliance review) tool, which now serves as a comprehensive record of HSAG’s findings, performance scores assigned to each requirement, and the actions required to bring the CMO’s performance into compliance for those requirements that HSAG assessed as less than fully compliant.

Description of Data Obtained

To assess the CMO’s compliance with federal regulations, State rules, and contract requirements, HSAG obtained information from a wide range of written documents produced by the CMO, including, but not limited to, the following:

- Committee meeting agendas, minutes, and handouts
- Written policies and procedures
- The provider manual and other CMO communication to providers/subcontractors
- The member handbook and other written informational materials
- Narrative and/or data reports across a broad range of performance and content areas

HSAG obtained additional information for the compliance review through interaction, discussions, and interviews with the CMO’s key staff members.

Table D-1 lists the major data sources HSAG used in determining the CMO’s performance in complying with requirements and the time period to which the data applied.

Table D-1—Description of the CMO’s Data Sources

Data Obtained	Time Period to Which the Data Applied
Documentation submitted for HSAG’s desk review and additional documentation available to HSAG during the on-site review	July 1, 2015–June 30, 2016
Information obtained through interviews	August 2, 2016—the last day of the CMO’s on-site review
Information obtained from a review of a sample of the CMO’s records for file reviews	July 1, 2015–June 30, 2016

Data Aggregation and Analysis

HSAG used scores of *Met* and *Not Met* to indicate the degree to which the CMO's performance complied with the requirements. A designation of *NA* was used when a requirement was not applicable to a CMO during the period covered by HSAG's review. This scoring methodology is consistent with CMS' final protocol, *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. The protocol describes the scoring as follows:

Met indicates full compliance defined as *both* of the following:

- All documentation listed under a regulatory provision, or component thereof, is present.
- Staff members are able to provide responses to reviewers that are consistent with each other and with the documentation.

Not Met indicates noncompliance defined as *one or more* of the following:

- There is compliance with all documentation requirements, but staff members are unable to consistently articulate processes during interviews.
- Staff members can describe and verify the existence of processes during the interview, but documentation is incomplete or inconsistent with practice.
- No documentation is present and staff members have little or no knowledge of processes or issues addressed by the regulatory provisions.
- For those provisions with multiple components, key components of the provision could be identified and any findings of Not Met would result in an overall provision finding of noncompliance, regardless of the findings noted for the remaining components.

From the scores it assigned for each of the requirements, HSAG calculated a total percentage-of-compliance score for each of the standards and an overall percentage-of-compliance score across the standards. HSAG calculated the total score for each of the standards by adding the weighted score for each requirement in the standard receiving a score of *Met* (value: 1 point), *Not Met* (0 points), and *Not Applicable* (0 points) and dividing the summed weighted scores by the total number of applicable requirements for that standard.

HSAG determined the overall percentage-of-compliance score across the areas of review by following the same method used to calculate the scores for each standard (i.e., by summing the weighted values of the scores and dividing the result by the total number of applicable requirements).

To draw conclusions about the quality and timeliness of, and access to, care and services the CMO provided to members, HSAG aggregated and analyzed the data resulting from its desk and on-site review activities. The data that HSAG aggregated and analyzed included:

- Documented findings describing the CMO's performance in complying with each of the requirements.
- Scores assigned to the CMO's performance for each requirement.

- The total percentage-of-compliance score calculated for each of the standards.
- The overall percentage-of-compliance score calculated across the standards.
- Documentation of the actions required to bring performance into compliance with the requirements for which HSAG assigned a score of *Not Met*.

Based on the results of the data aggregation and analysis, HSAG prepared and forwarded the draft reports to DCH and to the CMO for their review and comment prior to issuing a final report.

Appendix E. Corrective Action Plan

Following this page is a document HSAG prepared for Amerigroup 360° to use in preparing its corrective action plan (CAP). The template includes each of the requirements for which HSAG assigned a performance score of *Not Met*, and for each of the requirements, HSAG's findings and the actions required to bring the organization's performance into full compliance with the requirement.

Instructions for completing and submitting the CAP are included on the first page of the CAP document that follows.

Criteria that will be used in evaluating the sufficiency of the CAP are:

- The completeness of the CAP document in addressing each required action and assigning a responsible individual, a timeline/completion date, and specific actions/interventions that the organization will take.
- The degree to which the planned activities/interventions meet the intent of the requirement.
- The degree to which the planned interventions are anticipated to bring the organization into compliance with the requirement.
- The appropriateness of the timeline for correcting the deficiency.

A CAP that does not meet the above criteria will require resubmission of the CAP by the organization until it is approved by DCH. Implementation of the CAP may begin once approval is received.



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for Amerigroup Community Care for Georgia Families 360°

Instructions: For each of the requirements listed below that HSAG scored as *Not Met*, identify the following:

- Intervention(s) planned by your organization to achieve compliance with the requirement, including how the CMO will measure the effectiveness of the intervention
- Individual(s) responsible for ensuring that the planned interventions are completed
- Proposed timeline for completing each planned intervention

This plan is due to DCH no later than 30 calendar days following receipt of the final External Quality Review of Compliance with Standards report. The DCH, in consultation with HSAG, will review and approve the CAP to ensure that it sufficiently addresses the interventions needed to bring performance into compliance with the requirements. Approval of the CAP will be communicated in writing. Once approved, CAP activities and interventions may begin. Follow-up monitoring will occur to ensure that all planned activities and interventions were completed.



**Appendix E. State of Georgia
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Standard II—Quality Assessment and Performance Improvement (QAPI)			
Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
2.	<p>The CMO seeks input from and works with members, providers, and community resources and agencies to actively improve the quality of care provided to members.</p>		<p><i>Contract: 4.12.1.2</i></p>
<p>Findings: Amerigroup 360° used results of the member CAHPS survey to identify opportunities to improve member satisfaction with the quality of care provided. CAHPS results were discussed in the QAPI Evaluation. The GF 360° Steering Committee minutes reflected discussion regarding provider input for prescribing and monitoring of psychotropic medications. A participating judge also provided input regarding identification and notification of “red flags” for the courts that are focused on the care needs of children with justice involvement. The Behavioral Health Subcommittee meeting minutes reflected a request for input from the various providers serving on the committee regarding the PIPs. During the compliance review interviews, Amerigroup 360° provided other examples of meetings and committees, such as MAC and the Together Georgia Committee, which included members and providers, where input was actively sought related to improving the quality of care provided to members. Amerigroup 360° provided limited information which showed evidence that Amerigroup 360° actively sought member feedback other than through a survey or limited participation in committees or through the member’s case manager. In addition, Amerigroup 360° provided limited information regarding how the CMO sought input and feedback from community resources and agencies, other than coordination of care activities. Amerigroup 360° provided information and discussions with staff indicated that the CMO sought input and feedback from community resources and agencies related to coordination of care activities.</p>			
<p>Required Actions: Amerigroup 360° must seek opportunities to include the voice of both the member and the member’s caregiver in efforts to actively improve the quality of care provided to members. Amerigroup 360° must develop opportunities for community resources and agencies to provide input and feedback into the quality improvement process.</p>			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date



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Standard II—Quality Assessment and Performance Improvement (QAPI)	
Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)	
<p>4. The CMO supports and complies with the Georgia Families Quality Strategic Plan by:</p> <p style="margin-left: 40px;">a. Monitoring and evaluating its service delivery system and provider network, as well as its own processes for quality management and performance improvement.</p>	<p><i>42CFR438.240(b)(1) through (4)</i> <i>Contract:</i> <i>4.12.2.1</i></p>
<p>Findings: Amerigroup 360° implemented care coordination audit processes for complex and non-complex cases. If issues were identified during the audit, the Quality Team provided education and training to the managers and individual care coordinators to improve audit scores. Amerigroup 360° tracked the monitoring of quality improvement processes in its Cadence notes. Amerigroup 360° also had delegation agreements with care management entities (CMEs) as a specialized delivery model. The effectiveness of the CME was monitored and measured against outcomes and performance metrics. Amerigroup 360° had some challenges meeting the EPSDT requirements for children in the Kenny A. Consent Decree counties of DeKalb and Fulton. To improve access to and utilization of EPSDT services in these counties, the CMO used a Mobile Assessment Unit (MAU) to literally meet members where they were in an effort to meet the 10-day initial medical, dental, and trauma assessment requirement when a child was taken into State custody. Amerigroup 360° evaluated outcomes based on the compliance rates for initial medical, dental, and trauma assessments. Documentation was not provided to indicate the effectiveness of the MAU intervention. Amerigroup 360° used a similar process when a judge ordered a child member into State custody, whereby the member can be taken to providers who have agreed to see that member on a walk-in basis for the initial assessments. Amerigroup 360° also monitored and evaluated individual member outcomes, such as the impact of the care plan on meeting the member’s needs, whether the member’s goals were achieved, and the degree to which potential or actual gaps in care were accurately identified and effectively addressed. Amerigroup 360° monitored the use of the SF-10 Health Survey for Children and addressed any identified gaps in completion of the survey. In the Pathways to Permanency program, Amerigroup 360° focused efforts on permanent placement of children in cases where parental rights have been severed. The CMO measured outcomes in timely care delivery as well as in measures such as school attendance. Amerigroup 360° provided documentation of the methods used to monitor and measure provider network accessibility. The CMO conducted surveys to determine appointment availability and the availability of after-hours care. In addition, Amerigroup 360° conducted ongoing monitoring and measured members’ ability to access primary care, including high-volume specialists (e.g., obstetrics/gynecology) and provider types where ongoing or regular care is needed (e.g., hematology and oncology). Amerigroup 360° also used the CAHPS survey for the Adoption Assistance program to measure member satisfaction with access to primary care and specialists for this program. Amerigroup 360° monitored grievances in relation to access to care concerns. Amerigroup 360° conducted similar access to care surveys with behavioral health providers regarding appointment availability. The CMO focused monitoring and evaluation activities primarily on external requirements. It is recommended that Amerigroup 360° implement and document internal monitoring and evaluation methods, in addition to interrater reliability work focused on the case management of complex and non-complex cases.</p>	



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for Amerigroup Community Care for Georgia Families 360°

Standard II—Quality Assessment and Performance Improvement (QAPI)			
Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
Required Actions: Amerigroup 360° must continue to monitor and evaluate its service delivery system and provider network.			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date



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Standard II—Quality Assessment and Performance Improvement (QAPI)			
Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
4.	The CMO supports and complies with the Georgia Families Quality Strategic Plan by:		
	g. Including information from participating providers and information from members, their families, and their guardians in the development and implementation of quality management and performance improvement activities.		<i>42CFR438.240(b)(1) through (4) Contract: 4.12.2.1 Contract: 4.12.2.2</i>
Findings: The Georgia Families 360° Steering Committee membership included members, judges, and providers. Meeting minutes reflected active involvement and discussion from participants. The Behavioral Health Subcommittee provided an opportunity for providers to discuss issues and offer suggestions. Minutes from the meeting documented actions taken as a result of the input of committee members. The QAPI Program Description and the QAPI Evaluation referenced several committees with community provider participation, including the Quality Management Committee, Quality Improvement Committee, Health Plan Medical Advisory Committee, and the Credentialing Committee. Amerigroup 360° used member feedback from the CAHPS survey in quality improvement initiatives. However, Amerigroup 360° did not include any other methods to gather information from its members, their families, and their guardians to develop and implement quality management and performance improvement activities.			
Required Actions: Amerigroup 360° must seek opportunities to include the member, parents, family members, and the member’s guardian in efforts to actively improve the quality of care provided to members.			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date



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Standard II—Quality Assessment and Performance Improvement (QAPI)

Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)

6. The CMO achieved DCH-established performance targets.

State-specified element

Findings: Amerigroup 360° did not meet all of the DCH-established performance goals for CY 2014 and CY 2015. The following results were noted:

Amerigroup 360° Access to Care Results

Measure	CY 2015 Rate ¹	2015 Performance Target ²
<i>Children and Adolescents' Access to Primary Care Practitioners</i>		
<i>12–24 Months</i>	98.75%	NC
<i>25 Months–6 Years</i>	91.06%	NC
<i>7–11 Years</i>	97.46%	NC
<i>12–19 Years</i>	96.92%	93.50%
<i>Adults' Access to Preventive/Ambulatory Health Services</i>		
<i>20–44 Years</i>	52.82%	88.52%
<i>Annual Dental Visit</i>		
<i>2–3 Years</i>	46.87%	54.20%
<i>4–6 Years</i>	80.41%	NC
<i>7–10 Years</i>	75.91%	NC
<i>11–14 Years</i>	69.54%	NC
<i>15–18 Years</i>	63.67%	NC
<i>19–20 Years</i>	38.91%	NC
<i>Total</i>	67.48%	66.80% ³
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>		
<i>Initiation of AOD Treatment—Total</i>	51.75%	43.48%



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<i>Engagement of AOD Treatment—Total</i>	20.47%	14.97%
<i>Care Transition—Transition Record Transmitted to Health Care Professional</i>		
<i>Care Transition—Transition Record Transmitted to Health Care Professional</i>	0.00%	NC
<i>Adult BMI Assessment</i>		
<i>Adult BMI Assessment</i>	NA	NC

¹ CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.

² CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.

³ CY 2015 performance target is derived from previous CY 2014 rates, which included members age 2–21 years rather than 2–20 years.

NA (i.e., Small Denominator) indicates that the CMO followed the specifications, but the denominator was too small (<30) to report a valid rate.

NC (i.e., Not Compared) indicates that DCH did not establish a performance target for this indicator.

Amerigroup 360° Children's Health Results

Measure	CY 2015 Rate ¹	2015 Performance Target ²
Well-Child/Well-Care Visits		
<i>Well-Child Visits in the First 15 Months of Life</i>		
<i>Six or More Well-Child Visits</i>	56.70%	67.98%
<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>	73.84%	72.80%
<i>Adolescent Well-Care Visits</i>		
<i>Adolescent Well-Care Visits</i>	53.47%	53.47%
Prevention and Screening		



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Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
<i>Childhood Immunization Status</i>			
<i>Combination 3</i>	71.06%	80.30%	
<i>Combination 6</i>	37.73%	59.37%	
<i>Combination 10</i>	26.39%	38.94%	
<i>Lead Screening in Children</i>			
<i>Lead Screening in Children</i>	78.94%	75.34%	
<i>Appropriate Testing for Children with Pharyngitis</i>			
<i>Appropriate Testing for Children with Pharyngitis</i>	81.98%	77.96%	
<i>Immunizations for Adolescents</i>			
<i>Combination 1 (Meningococcal, Tdap/Td)</i>	84.03%	71.43%	
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>			
<i>BMI Percentile—Total</i>	68.29%	45.86%	
<i>Counseling for Nutrition—Total</i>	68.52%	60.58%	
<i>Counseling for Physical Activity—Total</i>	64.12%	46.30%	
<i>Developmental Screening in the First Three Years of Life</i>			
<i>Total</i>	50.00%	46.36%	
<i>Percentage Of Eligibles Who Received Preventive Dental Services</i>			
<i>Percentage Of Eligibles Who Received Preventive Dental Services</i>	59.08%	58.00%	
<i>Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk</i>			
<i>Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk</i>	26.93%	NC	
<i>Upper Respiratory Infection</i>			
<i>Appropriate Treatment for Children with Upper Respiratory Infection</i>			



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Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)

<i>Appropriate Treatment for Children with Upper Respiratory Infection</i>	84.11%	86.11%
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¹ CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.

² CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.

NC (i.e., Not Compared) indicates that DCH did not establish a performance target for this indicator.

Amerigroup 360° Women's Health Results

Measure	CY 2015 Rate ¹	2015 Performance Target ²
Prevention and Screening		
<i>Chlamydia Screening in Women</i>		
<i>Total</i>	54.47%	54.93%
<i>Human Papillomavirus Vaccine for Female Adolescents</i>		
<i>Human Papillomavirus Vaccine for Female Adolescents</i>	22.92%	23.62%
Prenatal Care and Birth Outcomes		
<i>Prenatal and Postpartum Care</i>		
<i>Timeliness of Prenatal Care</i>	81.08%	89.62%
<i>Postpartum Care</i>	59.46%	NC
<i>Cesarean Section for Nulliparous Singleton Vertex³</i>		
<i>Cesarean Section for Nulliparous Singleton Vertex</i>	20.83%	18.08%
<i>Cesarean Delivery Rate, Uncomplicated³</i>		
<i>Cesarean Delivery Rate, Uncomplicated</i>	12.35%	28.70%
<i>Percentage of Live Births Weighing Less Than 2,500 Grams³</i>		



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	<i>Percentage of Live Births Weighing Less Than 2,500 Grams</i>	NA	8.02%
<i>Behavioral Health Risk Assessment for Pregnant Women</i>			
	<i>Behavioral Health Risk Assessment for Pregnant Women</i>	16.25%	NC
<i>Early Elective Delivery</i>³			
	<i>Early Elective Delivery</i>	NA	2.00%
<i>Antenatal Steroids</i>			
	<i>Antenatal Steroids</i>	NA	NC
<i>Frequency of Ongoing Prenatal Care</i>			
	<i>Frequency of Ongoing Prenatal Care</i>		
	<i>≥81 Percent of Expected Visits</i>	37.84%	71.34%
<p>¹ CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.</p> <p>² CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.</p> <p>³ A lower rate indicates better performance for this measure.</p> <p>NA (i.e., Small Denominator) indicates that the CMO followed the specifications, but the denominator was too small (<30) to report a valid rate.</p> <p>NC (i.e., Not Compared) indicates that DCH did not establish a performance target for this indicator.</p>			
Amerigroup 360° Chronic Conditions Results			
	Measure	CY 2015 Rate¹	2015 Performance Target²
Diabetes			
	<i>Comprehensive Diabetes Care</i>		
	<i>Hemoglobin A1c (HbA1c) Testing</i>	NA	87.59%



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<i>HbA1c Poor Control (>9.0%)³</i>	NA	44.69%
<i>HbA1c Control (<8.0%)</i>	NA	46.43%
<i>HbA1c Control (<7.0%)</i>	NA	36.27%
<i>Eye Exam (Retinal) Performed</i>	NA	54.14%
<i>Medical Attention for Nephropathy</i>	NA	80.05%
<i>Blood Pressure Control (<140/90 mm Hg)</i>	NA	61.31%
<i>Diabetes Short-Term Complications Admission Rate (Per 100,000 Member Months)³</i>		
<i>Diabetes Short-Term Complications Admission Rate</i>	16.81	--
Respiratory Conditions		
<i>Asthma in Younger Adults Admission Rate (Per 100,000 Member Months)³</i>		
<i>Asthma in Younger Adults Admission Rate</i>	0.00	--
Cardiovascular Conditions		
<i>Heart Failure Admission Rate (Per 100,000 Member Months)³</i>		
<i>Heart Failure Admission Rate</i>	0.00	--
Controlling High Blood Pressure		
<i>Controlling High Blood Pressure</i>	NA	56.46%

¹ CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.

² CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.

³ A lower rate indicates better performance for this measure.

-- indicates the reporting unit for this measure was reported as per 100,000 member months for CY 2014 and CY 2015, and previous years were reported as per 100,000 members. Since the 2015 performance target was developed based on the previous year’s reporting metrics, the 2015 performance target is not presented and caution should be used if comparing the CY 2015 rate to the 2015 performance target for this measure.

NA (i.e., Small Denominator) indicates that the CMO followed the specifications, but the denominator was too small (<30) to report a valid rate.



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Amerigroup 360° Behavioral Health Results

Measure	CY 2015 Rate ¹	2015 Performance Target ²
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>		
<i>Initiation Phase</i>	51.71%	53.03%
<i>Continuation and Maintenance Phase</i>	54.72%	63.10%
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>7-Day Follow-Up</i>	52.15%	63.21%
<i>30-Day Follow-Up</i>	75.68%	80.34%
<i>Antidepressant Medication Management</i>		
<i>Effective Acute Phase Treatment</i>	73.02%	54.31%
<i>Effective Continuation Phase Treatment</i>	61.90%	38.23%
<i>Screening for Clinical Depression and Follow-Up Plan</i>		
<i>Screening for Clinical Depression and Follow-Up Plan</i>	2.56%	NC
<i>Adherence to Antipsychotic Medications for Individuals with Schizophrenia</i>		
<i>Adherence to Antipsychotic Medications for Individuals with Schizophrenia</i>	NA	61.37%
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents</i>		
<i>Total</i>	4.93%	NC

¹ CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.

² CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.

NA (i.e., Small Denominator) indicates that the CMO followed the specifications, but the denominator was too small (<30) to report a valid rate.



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NC (i.e., Not Compared) indicates that DCH did not establish a performance target for this indicator.

Amerigroup 360° Medication Management Results

Measure	CY 2015 Rate ¹	2015 Performance Target ²
<i>Medication Management for People With Asthma</i>		
<i>Medication Compliance 50%—Ages 5–11 Years</i>	NA	NC
<i>Medication Compliance 50%—Ages 12–18 Years</i>	NA	NC
<i>Medication Compliance 50%—Ages 19–50 Years</i>	NA	NC
<i>Medication Compliance 50%—Ages 51–64 Years</i>	NA	NC
<i>Medication Compliance 50%—Total</i>	NA	NC
<i>Medication Compliance 75%—Ages 5–11 Years</i>	NA	32.32%
<i>Medication Compliance 75%—Ages 12–18 Years</i>	NA	NC
<i>Medication Compliance 75%—Ages 19–50 Years</i>	NA	NC
<i>Medication Compliance 75%—Ages 51–64 Years</i>	NA	NC
<i>Medication Compliance 75%—Total</i>	NA	NC

¹ CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.

² CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.



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NC (i.e., Not Compared) indicates that DCH did not establish a performance target for this indicator.

Amerigroup 360° Utilization Results

Measure	CY 2015 Rate ¹	2015 Performance Target ²
<i>Ambulatory Care (Per 1,000 Member Months)—Total</i>		
<i>ED Visits—Total³</i>	35.58	52.31
<i>Outpatient Visits—Total</i>	289.86	NC
<i>Inpatient Utilization—General Hospital/Acute Care—Total</i>		
<i>Total Inpatient—Average Length of Stay—Total</i>	4.90	NC
<i>Total Inpatient—Average Length of Stay—<1 Year</i>	5.74	NC
<i>Medicine—Average Length of Stay—Total</i>	3.76	NC
<i>Medicine—Average Length of Stay—<1 Year</i>	4.01	NC
<i>Surgery—Average Length of Stay—Total</i>	8.14	NC
<i>Surgery—Average Length of Stay—<1 Year</i>	10.00 [†]	NC
<i>Maternity—Average Length of Stay—Total</i>	2.89	NC
<i>Mental Health Utilization—Total</i>		
<i>Any Service—Total—Total</i>	56.61%	NC
<i>Inpatient—Total—Total</i>	4.52%	NC
<i>Intensive Outpatient or Partial Hospitalization—Total—Total</i>	0.98%	NC
<i>Outpatient or ED—Total—Total</i>	56.24%	NC



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<i>Plan All-Cause Readmission Rate³</i>		
<i>Age 18–44</i>	24.00%	NC
<i>Age 45–54</i>	NA	NC
<i>Age 55–64</i>	NA	NC
<i>Age 18–64—Total</i>	24.00%	NC
<i>Age 65–74</i>	—	NC
<i>Age 75–84</i>	—	NC
<i>Age 85 and Older</i>	—	NC
<i>Age 65 and Older—Total</i>	—	NC

¹ CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.

² CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.

³ A lower rate indicates better performance for this measure.

NA (i.e., Small Denominator) indicates that the CMO followed the specifications, but the denominator was too small (<30) to report a valid rate.

† The rate for Inpatient Utilization—General Hospital/Acute Care—Total—Surgery—Average Length of Stay—<1 Year for Amerigroup 360° was based on at least one discharge, but fewer than 30 discharges; however, this rate is presented in the results table. Therefore, exercise caution when evaluating this rate.

NC (i.e., Not Compared) indicates that DCH did not establish a performance target for this indicator.

Amerigroup 360° Health Plan Descriptive Information Results

Measure	CY 2015 Rate ¹	2015 Performance Target ²
<i>Weeks of Pregnancy at Time of Enrollment</i>		
<i><0 Weeks</i>	64.04%	NC
<i>1–12 Weeks</i>	10.11%	NC
<i>13–27 Weeks</i>	10.11%	NC



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	<i>28+ Weeks</i>	14.61%	NC
	<i>Unknown</i>	1.12%	NC
<i>Race/Ethnicity Diversity of Membership</i>			
	<i>Total—White</i>	47.67%	NC
	<i>Total—Black or African American</i>	47.82%	NC
<p>¹ CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.</p> <p>² CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.</p> <p>NC (i.e., Not Compared) indicates that DCH did not establish a performance target for this indicator.</p>			
Required Actions: The CMO must meet all DCH-established performance targets before this element will be given a <i>Met</i> status.			
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7. The CMO has an ongoing QAPI program for the services it furnishes to its members.			
<i>42CFR438.240(a) Contract: 4.12.5.1</i>			
<p>Findings: Amerigroup 360° had an ongoing QAPI Program for the services it furnished to its members. The QAPI Program Description did not follow the DCH required guidelines. The QAPI Program was described in the QAPI Program Description. The QAPI Evaluations and the annual review of the QAPI Program did not provide an in-depth analysis or an evaluation that would indicate that the CMO used its QAPI Program related to the services it furnished members. The QAPI Program Description also did not logically connect the program goals and the program objectives. Amerigroup 360° used the documents primarily to meet regulatory requirements. During the compliance review interview sessions, the CMO indicated that it had filled a strategic planning and a technical writer position that will assist Amerigroup 360° to enhance program descriptions, program evaluations, and its strategy for quality improvement. Amerigroup 360°’s various program evaluations could be strengthened by including detailed discussions on methodologies, data sources, member and provider input, analysis of interventions, and a more thorough evaluation of the results of quality improvement activities.</p>			
<p>Required Actions: Amerigroup 360° must develop a comprehensive QAPI Program Description. The QAPI Program Description must be developed according to the DCH guidelines. The CMO must be approved by DCH as meeting the DCH guidelines.</p>			
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8. The CMO’s QAPI program is based on the latest available research in the area of quality assurance.			<i>Contract: 4.12.5.2</i>
Findings Although Amerigroup 360°’s QM Program Description stated that the QAPI Program is based on the latest available research in the area of quality improvement and, at a minimum, included a method of monitoring, analysis, evaluation, and improvement in delivering quality care and services, Amerigroup 360° did not provide evidence of its use of the latest available research in the area of quality assurance/improvement in its QAPI Program. During the compliance review interviews, the CMO discussed its work to train staff in Lean Six Sigma process. The CMO also described use of IHI’s Science of Quality Improvement principles in quality improvement work.			
Required Actions: Amerigroup 360° must document its use of the latest available research in the area of quality assurance/improvement in its QAPI Program.			
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<p>9. The CMO’s QAPI program includes mechanisms to detect both underutilization and overutilization.</p>			
<p><i>42CFR438.240(b)(3)</i> <i>Contract:</i> <i>4.12.5.2</i></p>			
<p>Findings: The CMO’s QM Program Description did not specifically address mechanisms to detect both underutilization and overutilization. The Utilization Management (UM) Program Description included an objective to analyze claims and utilization management data to identify overutilization and/or underutilization. However, the UM Program Description did not specify the mechanisms that would be used to detect underutilization or overutilization. During the compliance review interviews, staff described the use of HEDIS denominators to identify populations of members who were not receiving recommended services.</p>			
<p>Required Actions: Amerigroup 360° must describe in its QAPI Program Description the mechanisms that will be used to detect underutilization.</p>			
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<p>10. The CMO’s QAPI program includes mechanisms to assess the quality and appropriateness of care furnished to all members, including those with special health care needs.</p>			
<p><i>42CFR438.240(b)(4) Contract: 4.12.5.2</i></p>			
<p>Findings: Amerigroup 360° stated in its QAPI Program Description that its QAPI Program methodology involved a review of the complete range of health services provided to members as categorized by all demographic groups, including those with special healthcare needs, clinically related groups, and service settings for clinical and nonclinical measures. The QAPI Program Description also referenced, in the data collection methodology section, mechanisms in effect to assess the quality and appropriateness of care furnished to members with special healthcare needs. Documentation submitted indicated that the primary processes used to assess the quality and appropriateness of care furnished to members are through NCQA HEDIS Compliance Audits or other performance measure audits. The QAPI Program Description did not clearly connect indicators, data collected, or the methodology as to which mechanisms were implemented to assess the quality of care furnished to all members, including those with special healthcare needs. During the compliance review interviews, discussions indicated that the CMO had not identified special healthcare needs populations. The CMO instead focused on identified individual member needs, particularly those that were complex and/or were in case management.</p>			
<p>Required Actions: Amerigroup 360° must define mechanisms to assess the quality and appropriateness of care furnished to its members with special healthcare needs.</p>			
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<p>11. The CMO has a method of monitoring, analysis, evaluation and improvement of the delivery, quality, and appropriateness of health care furnished to all members (including under- and over-utilization of services), including those with special health care needs.</p> <p align="right"><i>Contract: 4.12.5.2</i></p>			
<p>Findings: Amerigroup 360°’s Utilization Management (UM) Program Description included an objective to analyze claims and utilization management data to identify overutilization and/or underutilization. The UM Program Description did not specify the mechanisms to detect underutilization or overutilization. The CMO’s QAPI Program Description did not specifically address mechanisms to detect both underutilization and overutilization. Goal 4.0 in the Health Care Management Medical Management Program (HCMS) Evaluation discussed the development and implementation process for the monitoring, analysis, and evaluation of strategies that contributed to the infrastructure which provided high quality healthcare. Goal 5.0 in the same document provided more specific objectives on how monitoring and analysis will be achieved through CMO-wide approaches to providing high-quality care. The UM Program Evaluation also addressed actively engaging providers in patient management, implementing and monitoring standardized processes, and using identified trends to further develop utilization management activities. Amerigroup 360° stated it also used PIPs to improve the delivery of healthcare services furnished to members. The compliance review interview session discussions described the CMO’s quality improvement efforts to more fully describe its work through its QAPI Program, including hiring a strategic planner and a technical writer to tell the Amerigroup Quality Improvement story. Amerigroup 360° also discussed its focus on the Triple Aim, the IHI’s Science of Quality Improvement, and Lean Six Sigma.</p>			
<p>Required Actions: Amerigroup 360° must describe, in program descriptions and program evaluations, the linkage between monitoring activities; the analysis and evaluation of the activities; and how the analysis and evaluations are used to develop and implement interventions specifically focused on improving the delivery, quality, and appropriateness of healthcare furnished to all members, including those with special healthcare needs.</p>			
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<p>12. The CMO’s QAPI program includes written policies and procedures for quality assessment, utilization management, and continuous quality improvement that are periodically assessed for efficacy.</p>			
<p><i>Contract: 4.12.5.2</i></p>			
<p>Findings: Amerigroup 360°’s QAPI Program Description scope provided key areas of focus that included service utilization, quality of care/service, and critical incidents. The scope stated that the QAPI Program was comprehensive, systematic, and continuous. Objectives of the QAPI Program included ensuring the provision of appropriate access to care by monitoring practitioner and provider access and availability reports, and monitoring and assessing the effectiveness of the care management programs to ensure they demonstrated appropriate clinical outcomes, and provided members and providers with positive experiences with services. Amerigroup had a corporate HEDIS Healthy Living Policy that discussed the data flow for measurement purposes. The HCMS Program Evaluation stated that the Amerigroup Georgia Managed Care Company, Inc. (AGP) Health Care Management (HCM) Utilization and Case Management Program scope encompasses the evaluation of the quality and appropriateness of healthcare services, including diagnostic and therapeutic services, and technology assessment. Objectives outlined in the HCMS Program Evaluation aligned with the program scope; discussed designing, implementing, monitoring, and evaluating through standardized processes; and performed review of medical necessity and appropriateness of patient care and services. The QAPI Program Description and the HCMS Program Evaluation included a description of quality assessment, utilization management, and continuous quality improvement. However, specific policies and procedures that indicated implementation of the scope, goals, and objectives of the program were not provided. Amerigroup 360° described goals and objectives for quality assessment, utilization management, and continuous quality improvement. However, Amerigroup 360° provided limited documentation which showed that it developed and implemented policies that clearly stated how it conducted quality assessment, utilization management, and continuous quality improvement activities.</p>			
<p>Required Actions Amerigroup 360° must develop a comprehensive QAPI Program Description. The QAPI Program Description must be developed according to the DCH guidelines. The CMO must be approved by DCH as meeting the DCH guidelines. The CMO must develop policies and procedures that support the implementation of the scope, goals, and objectives of the program including quality assessment, utilization management, and continuous quality improvement.</p>			
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<p>14. The CMO’s QAPI program includes reports that are evaluated, indicated recommendations that are implemented, and feedback provided to providers and members.</p>			
<p><i>Contract: 4.12.5.2</i></p>			
<p>Findings: The Amerigroup 360° Quality Management (QM) Program Description included goals for tracking and trending of data over time, effective methods for measuring the outcomes of care and services provided to members, and how the CMO was intervening to achieve continuous measureable improvements using a continuous quality improvement (CQI) approach. Amerigroup 360° developed provider report cards which were mailed to all practices with panels greater than 250 members. Primary care practices with greater than 900 members received reports at least quarterly via email. Provider Relations, Quality Management Health Promotion consultants and practice consultants used the reports to facilitate discussions about performance and opportunities for improvement. In addition, a final measurement year report card was produced that displayed year-over-year performance and variance. These reports enabled the practice to view trended data demonstrating improvement or decline over time. The QM Program Description did not include information on how, as a result of data analysis or evaluation, indicated recommendations were implemented.</p>			
<p>Required Actions: The QM or QAPI Program Description must also include information on how, as a result of data analysis or evaluation, indicated recommendations are implemented.</p>			
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15. The CMO’s QAPI program includes a methodology and process for conducting and maintaining provider profiling.			
			<i>Contract: 4.12.5.2</i>
Findings: The Amerigroup 360° QM Program Description included goals for tracking and trending data over time and developing effective methods for measuring the outcomes of care and services provided to members. Amerigroup 360° developed provider report cards for practices with panels greater than 250 members. However, the CMO did not include a comprehensive methodology that described how it conducted and maintained provider profiling for its network. During the compliance review interview, the discussion did not indicate that Amerigroup 360° has a process to use information such as trends from grievances, complaints, prescribing, quality of care, or utilization management for provider profiling.			
Required Actions Amerigroup 360° must develop provider profiling activities that include information such as tracked and trended data regarding utilization management, complaints and grievances, prescribing patterns, and member satisfaction. As an example, Amerigroup 360° must include implementation or use of provider profiling information in the QAPI or QM Program Description to guide decisions in network development.			
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17. The CMO has a process for evaluating the impact and effectiveness of the QAPI program.			
42CFR438.240(e)(2) Contract: 4.12.5.2			
<p>Findings: Amerigroup 360° used the QAPI Evaluation Report to report on the impact and effectiveness of the QAPI Program. The QAPI Evaluation included a summary, results, and conclusions from QAPI Program activities, including performance measures, PIPs, and satisfaction surveys. The 2015 QAPI Evaluation included broad statements indicating that Amerigroup 360° analyzed areas of the QAPI Program not meeting goals and activities directed toward resolving identified barriers. The QAPI Evaluations did not provide an in-depth analysis or an evaluation that indicated the CMO used its data to understand where opportunities for quality improvement or specific outcomes from quality improvement work (e.g., disease and case management) exist as a result of implementing CPGs.</p>			
<p>Required Actions: Amerigroup 360° must write the QAPI Program Evaluation based on DCH specifications. The QAPI Program Evaluation must be approved by DCH and must also include the comprehensive process used for quality improvement activities, beginning with a review of information and data available to the CMO (e.g., claims/encounters, grievance and appeals, quality of care cases, care management, and member and provider input) in its QAPI Program Description. In addition, the CMO must include the identification of quality improvement opportunities and gaps in care or service delivery. Quality Improvement initiatives must go beyond regulatory requirements and reflect an understanding of the population served; use data to understand where opportunities exist; and include research of potential interventions and activities that may have a positive impact on the care, services, and outcomes for members. The QAPI Evaluation must provide a complete summary of how the quality improvement goals, objectives, and related initiatives were identified, which data were used in the selection process, which interventions were considered (and implemented), how the initiatives were resourced, and the results or outcomes of the quality improvement work. The QAPI Evaluation must document the story of the effectiveness of Amerigroup 360°’s QAPI work.</p>			
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<p>20. The CMO has a structured patient safety plan to address concerns or complaints regarding clinical care, which includes written policies and procedures for processing member complaints regarding the care they received.</p>			
<p><i>Contract: 4.12.9.1</i></p>			
<p>Findings: Amerigroup 360° included its process to address member concerns or complaints regarding clinical and nonclinical care in its Quality Management (QM) Patient Safety Plan; however, the QM Patient Safety Plan was written in a manner that would cause confusion between grievances (expressions of dissatisfaction) and the grievance system. The Member Grievance Resolution Policy described the steps in the complaint resolution process, as well as processes for members to progress to a State fair hearing if they were not satisfied with the resolution. The CMO should ensure that the policies and plans are written to include a statement that there are no State fair hearings for grievance resolution. The Peer Review Policy described the process used by the CMO for member complaints regarding quality of care or services, as well as which cases would be reviewed by the Peer Review Committee.</p>			
<p>Required Actions: The QM Patient Safety Plan must be structured and approved by DCH. The QM Patient Safety Plan must clearly distinguish between grievances and the grievance system.</p>			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date



Appendix E. State of Georgia
Department of Community Health (DCH)
Corrective Action Plan
for Amerigroup Community Care for Georgia Families 360°

The following page is for Amerigroup 360°'s use in preparing its corrective action plan (CAP) for the element scored *Not Met* in the “Follow-Up on Reviews From Previous Noncompliant Review Findings” section of this report. The element that follows retains the numbering and labeling that were used when the element was originally scored for the CMO’s ease in comparing to prior years’ reports.



**Appendix E. State of Georgia
Department of Community Health (DCH)
Corrective Action Plan**

for Amerigroup Community Care for Georgia Families 360°

Standard V—Grievance System			
Requirements—HSAG’s Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
<p>Grievance System Resolution and Notification: Grievances and Appeals: <i>42CFR438.408(e), Contract: 4.14.5.2</i></p> <p>27. The written notice of adverse action shall meet the language and format requirements as specified in Section 4.3 and includes:</p> <ul style="list-style-type: none"> • The results and date of the adverse action including the service or procedure that is subject to the action. • Additional information, if any, that could alter the decision. • The specific reason used as the basis of the action. • The right to request a State Administrative Law hearing within 30 calendar days – the time for filing will begin when the filing date is stamped. • The right to continue to receive benefits pending a State Administrative Law hearing. • How to request continuation of benefits. • Information explaining that the member may be held liable for the cost of any continued benefits if the Contractor’s action is upheld in a State Administrative Law hearing. • Circumstances under which expedited resolution is available and how to request it. 			
<p>August 2016 Re-review Findings: Amerigroup 360° updated training material to provide guidance to staff to remove the clinical words prior to determining the readability statistics. Documentation provided showed evidence of the training being completed with a sign-in sheet and audit results. A review of a sample of case files confirmed that the letters met a maximum fifth-grade reading level; however, the review also identified that the CMO letters included references to policies or utilization management tools that may not be understood by the member. CMO staff indicated that the letters were written in response to both the member and the provider. The letters did not consistently include information to the member that would clearly identify what was being denied and why it was being denied. The letters also did not notify the member of which care or services were approved for the member.</p>			
<p>August 2016 Required Actions: The CMO must ensure that the rationale for upholding a denial is written in easily understood language in its administrative review resolution letters.</p>			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date