State of Georgia

Department of Community Health

2015 Validation of Performance Measures

for

AMERIGROUP Community Care

Measurement Period: Calendar Year 2014
Validation Period: January–June 2015
Publish Date: August 2015

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for **AMERIGROUP Community Care**

Validation Overview

Validation of performance measures is one of three mandatory external quality review (EQR) activities that the Balanced Budget Act of 1997 (BBA) requires state Medicaid agencies to perform. Health Services Advisory Group, Inc. (HSAG), the external quality review organization (EQRO) for the Georgia Department of Community Health (DCH), conducted the validation activities. The DCH contracts with three privately owned managed care organizations (MCOs), referred to by the State as care management organizations (CMOs), to provide services to members who are enrolled in the State's Medicaid managed care program and the Children's Health Insurance Program (CHIP). The State refers to its Medicaid managed care program as Georgia Families and to CHIP as PeachCare for Kids®. For the purposes of this report, Georgia Families refers to all Medicaid and CHIP members enrolled in managed care. HSAG validated a set of performance measures identified by DCH that were calculated and reported by the CMOs for their Georgia Families population. The DCH identified the measurement period as calendar year (CY) 2014. HSAG conducted the validation in accordance with the Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.[1]

Care Management Organization (CMO) Information

Basic information about AMERIGROUP Community Care (AMERIGROUP) appears in Table 1, including the office location(s) involved in the 2015 validation of performance measures audit that covered the CY 2014 measurement period.

Table 1—AMERIGROUP Community Care Information	
CMO Name:	AMERIGROUP Community Care
CMO Location:	303 Perimeter Center North, Ste. 400 Atlanta, GA 30346
On-site Location:	5800 Northampton Blvd. Norfolk, VA 23502
Audit Contact:	Donna McIntosh, MHA Medicaid Plan Compliance Director
Contact Telephone Number:	678.587.4892
Contact Email Address:	Donna.McIntosh@amerigroup.com
Site Visit Date:	3/12/2015–3/13/2015

[1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html. Accessed on: February 19, 2013.

Performance Measures Validated

HSAG validated rates for the following set of performance measures selected by DCH for validation. All performance measures were selected from CMS' Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set),[2] Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set),[3] or the Agency for Healthcare Research and Quality's (AHRQ's) Quality Indicator measures. The measurement period was identified by DCH as CY 2014 for all measures except the two child core set dental measures. The dental measures were reported for federal fiscal year (FFY) 2014, which covered the time frame of October 1, 2013, through September 30, 2014, according to CMS requirements. Table 2 lists the performance measures that HSAG validated, the method required by DCH for data collection, and the specifications the CMOs were required to use for each of the measures.

	Table 2—List of CY 2014 Performance Measures for AMERIGROUP Community Care		
	Performance Measure	**Method**	**Specifications**
1.	Antenatal Steroids	Hybrid	Adult Core Set
2.	Asthma in Younger Adults Admission Rate	Admin	Adult Core Set
3.	Care Transition—Timely Transmission of Transition Record	Hybrid	Adult Core Set
4.	Cesarean Delivery Rate	Admin	AHRQ
5.	Cesarean Section for Nulliparous Singleton Vertex	Hybrid	Child Core Set
6.	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	Admin	Adult Core Set
7.	Developmental Screening in the First Three Years of Life	Hybrid	Child Core Set
8.	Diabetes Short-Term Complications Admission Rate	Admin	Adult Core Set
9.	Elective Delivery	Hybrid	Adult Core Set
10.	Heart Failure Admission Rate	Admin	Adult Core Set
11.	Live Births Weighing Less Than 2,500 Grams	Admin	AHRQ
12.	Maternity Care—Behavioral Health Risk Assessment	Hybrid	Child Core Set

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[2] The Centers for Medicare & Medicaid Services. Core Set of Children's Health Care Quality Measures for Medicaid and CHIP, May 2013.

[3] The Centers for Medicare & Medicaid Services. Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid, February 2013.

Table 2—List of CY 2014 Performance Measures for AMERIGROUP Community Care			
	Performance Measure	**Method**	**Specifications**
13.	Percentage of Eligibles that Received Dental Treatment Services	Admin	Child Core Set
14.	Percentage of Eligibles that Received Preventive Dental Services	Admin	Child Core Set
15.	Screening for Clinical Depression and Follow-up Plan	Hybrid	Adult Core Set

In addition to the AHRQ and the CMS adult and child core set measures audited by HSAG, DCH required AMERIGROUP to report a selected set of Healthcare Effectiveness Data and Information Set (HEDIS®) measures to DCH. AMERIGROUP was required to contract with a National Committee for Quality Assurance (NCQA)-licensed audit organization and undergo an NCQA HEDIS Compliance Audit™. Final audited HEDIS measure results from NCQA's Interactive Data Submission System (IDSS) were submitted to HSAG and provided to DCH. Appendix D displays the final audited HEDIS 2015 results for all required measures, covering the CY 2014 measurement period. HSAG will use these results in addition to the measures HSAG validated as data sources for the annual EQR technical report.

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

Description of Validation Activities

Pre-Audit Strategy

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

HSAG then prepared a document request letter that was submitted to AMERIGROUP outlining the steps in the performance measure validation process. The document request letter included a request for source code for each performance measure; a completed HEDIS 2015 Record of Administration, Data Management, and Processes (Roadmap); any additional supporting documentation necessary to complete the audit; an introduction to the medical record review validation (MRRV) process; a timetable for completion; and instructions for submission. HSAG responded to Roadmap-related questions received directly from AMERIGROUP during the pre-on-site phase.

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

Validation Team

The HSAG Performance Measure Validation Team was composed of a lead auditor and several validation team members. HSAG assembled the team based on the skills required for the validation and requirements of AMERIGROUP. Some team members, including the lead auditor, participated in the on-site meetings at AMERIGROUP; others conducted their work at HSAG's offices. Table 3 lists the validation team members, their roles, and their skills and expertise.

Table 3—Validation Team	
Name and Role	**Skills and Expertise**
David Mabb, MS, CHCA *Director, Audits/State & Corporate Services*	Management of audit department, Certified HEDIS Compliance Auditor (CHCA), source code/programming knowledge, and statistics and analysis.
Allen Iovannisci, MS, CHCA *Lead Auditor*	CHCA, performance measure knowledge, data integration, systems review, and analysis.
Mariyah Badani, JD, MBA, CHCA *Co-auditor; Associate Director, Audits*	Management of audit department, multiple years of auditing experience, CHCA, data integration, systems review, and analysis.
Judy Yip-Reyes, PhD, CHCA *Source Code Review Manager; Associate Director, Audits*	Auditing experience, performance measure knowledge, source code/programming knowledge, CHCA, and statistics and analysis.

Table 3—Validation Team	
Name and Role	**Skills and Expertise**
Tammy GianFrancisco *Project Leader, Audits*	Coordinator for the audit department, liaison between the audit team and clients, manages deliverables and timelines, and coordinates source code review activities.
Nancy DeRosa, MS, RN-C *Project Manager, MRRV*	Knowledge of HEDIS and CMS measure specifications, clinical consulting, and abstraction of medical record data.
Maricris Kueny *Project Coordinator, MRRV*	Coordinator for the HEDIS medical record review (MRR) process, liaison between the audit team and clients, maintains record tracking database, and manages deliverables and timelines.
Lora Wagner, MEd *Project Manager, MRRV*	Manager of the MRRV team and knowledge of HEDIS and CMS measures.
Marilea Rose, RN, BA *Associate Director, MRRV*	Knowledge of HEDIS and CMS measure specifications, clinical consulting and expertise, abstraction of medical record data, and oversight of the medical record over-read process.

Technical Methods of Data Collection and Analysis

The CMS performance measure validation protocol identifies key types of data that should be reviewed as part of the validation process. The following list describes the type of data collected and how HSAG conducted an analysis of these data:

◆ **NCQA's HEDIS 2015 Roadmap:** AMERIGROUP completed and submitted the required and relevant portions of its Roadmap for HSAG's review. HSAG used responses from the Roadmap to complete the pre-on-site assessment of information systems.

◆ **Medical record documentation:** AMERIGROUP completed the MRR section within the Roadmap. In addition, AMERIGROUP submitted the following documentation for review: medical record hybrid tools and instructions, training materials for MRR staff members, and policies and procedures outlining the processes for monitoring the accuracy of the reviews performed by the review staff members. To ensure the accuracy of the hybrid data being abstracted by the CMOs, HSAG requested AMERIGROUP to participate in the review of a convenience sample for selected hybrid measures. HSAG followed NCQA's guidelines to validate the integrity of the MRR processes used by AMERIGROUP and then used the MRRV results to determine if the findings impacted the audit results for each performance measure rate.

◆ **Source code (programming language) for performance measures:** AMERIGROUP contracted with a software vendor, Inovalon, to generate and calculate rates for the performance measures under review by HSAG. The source code review was conducted via a Web-assisted session where Inovalon displayed the source code for each measure and explained its rate generation and data integration processes to HSAG's source code review team.

◆ **Supporting documentation:** HSAG requested documentation that would provide reviewers with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. HSAG reviewed all supporting documentation, identifying issues or areas needing clarification for further follow-up.

On-Site Activities

HSAG conducted an on-site visit with AMERIGROUP on March 12–13, 2015. HSAG collected information using several methods, including interviews, system demonstration, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

◆ **Opening meeting:** The opening meeting included an introduction of the validation team and key AMERIGROUP staff members involved in the performance measure validation activities. The review purpose, the required documentation, basic meeting logistics, and queries to be performed were discussed.

◆ **Evaluation of system compliance:** The evaluation included a review of the information systems, focusing on the processing of claims and encounter data, provider data, patient data, and inpatient data. Additionally, the review evaluated the processes used to collect and calculate the performance measure rates, including accurate numerator and denominator identification and algorithmic compliance (which evaluated whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately).

◆ **Review of Roadmap and supporting documentation:** The review included processes used for collecting, storing, validating, and reporting performance measure rates. This session was designed to be interactive with key AMERIGROUP staff members so that HSAG could obtain a complete picture of all the steps taken to generate the performance measure rates. The goal of the session was to obtain a confidence level as to the degree of compliance with written documentation compared to the actual process. HSAG conducted interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and ascertain that written policies and procedures were used and followed in daily practice.

◆ **Overview of data integration and control procedures:** The overview included discussion and observation of source code logic, a review of how all data sources were combined, and a review of how the analytic file was produced for the reporting of selected performance measure rates. HSAG performed primary source verification to further validate the output files and reviewed backup documentation on data integration. HSAG also addressed data control and security procedures during this session.

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

HSAG conducted several interviews with key AMERIGROUP staff members who were involved with performance measure reporting. Table 4 lists key AMERIGROUP interviewees:

Table 4—List of AMERIGROUP Community Care Interviewees	
Name	**Title**
Geoff Walsh	Director, Business Information
Jiong Huang	Staff Vice President
Tawonna Ingram	Director, Health Promotions and HEDIS
Tonia Richardson	Manager—Georgia Families 360
Donna McIntosh	Medicaid Plan Compliance Director

Table 4—List of AMERIGROUP Community Care Interviewees	
Name	**Title**
Bing Zhu	Business Information Consultant
Angela Evans	Manager, Performance Reporting
Gail Brown	Manager, Performance Reporting
Judy Jusinski	Manager, Medical Record Review
Chanel Poole	Claims Analyst
Erik Vazquetelles	Associate Vice President, EDI Claims Operations
Leslie Langslow	Director II, Claims
James Magner	Director, Performance Enhancement
James Vergonio	Director, Enrollment
Alyssa Shattuck	Business Analyst, Enrollment
Joyce LeTourneau	Enrollment and Billing Manager
Jamie Giron	Business Analyst
Oliver Esteban	Business Analyst
Michael Marple	Business Analyst
John Glenn	Director, Pharmacy

Data Integration, Data Control, and Performance Measure Documentation

There are several aspects crucial to the calculation of performance measure rates. These include data integration, data control, and documentation of performance measure calculations. Each of the following sections describes the validation processes used and the validation findings. For more detailed information, see Appendix A of this report.

Data Integration

Accurate data integration is essential for calculating valid performance measure rates. The steps used to combine various data sources (including claims/encounter data, eligibility data, and other administrative data) must be carefully controlled and validated. HSAG validated the data integration process used by AMERIGROUP, which included a review of file consolidations or extracts, a comparison of source data to warehouse files, data integration documentation, source code, production activity logs, and linking mechanisms. Overall, HSAG determined that the data integration processes in place at AMERIGROUP were:

☒ Acceptable

☐ Not acceptable

Data Control

AMERIGROUP's organizational infrastructure must support all necessary information systems; and its quality assurance practices and backup procedures must be sound to ensure timely and accurate processing of data, and to provide data protection in the event of a disaster. HSAG validated the data control processes AMERIGROUP used which included a review of disaster recovery procedures, data backup protocols, and related policies and procedures. Overall, HSAG determined that the data control processes in place at AMERIGROUP were:

☒ Acceptable

☐ Not acceptable

Performance Measure Documentation

Sufficient, complete documentation is necessary to support validation activities. While interviews and system demonstrations provided supplementary information, the majority of the validation review findings were based on documentation provided by AMERIGROUP. HSAG reviewed all related documentation, which included the completed Roadmap, job logs, computer programming code, output files, work flow diagrams, narrative descriptions of performance measure calculations, and other related documentation. Overall, HSAG determined that the documentation of performance measure calculations by AMERIGROUP was:

☒ Acceptable

☐ Not acceptable

Validation Results

HSAG evaluated AMERIGROUP's data systems for processing of each data type used for reporting DCH performance measure rates. General findings are indicated below.

Medical Service Data (Claims/Encounters)

AMERIGROUP continued to use the Facets system to process its medical claims. Providers were reimbursed on a fee-for-service (FFS) basis and submitted claims with industry-standard codes for all services; nonstandard coding was not used. More than 95 percent of all claims were submitted electronically. Claims and encounters that were submitted on paper were routed to the scanning vendor who used optical character recognition (OCR) technology for translation into an electronic format. AMERIGROUP staff completed little to no manual claims processing. Paper claims, once scanned, were electronically sent to AMERIGROUP in standard electronic format.

Each claim was required to meet rigorous edit checks to ensure claims contained complete and accurate information prior to being entered into Facets. Once the claims were loaded into Facets, additional edit checks ensured that members were active and the claims were valid. AMERIGROUP continued to conduct monthly audits on a random sample of claims to ensure submission accuracy.

Since AMERIGROUP providers were reimbursed on a FFS basis, it was unlikely there would be an issue with obtaining complete and timely claims data. HSAG reviewed the outstanding incurred but not reported (IBNR) report and found that the majority (greater than 95 percent) of all claims were, in fact, received within 30 days for the measurement year. This ensured that any outstanding claims would not have a significant impact on reporting.

HSAG had no concerns with AMERIGROUP's claims and encounter processes.

Enrollment Data

AMERIGROUP received daily files directly from the State. No changes were made to the enrollment process since the previous year's audit. The daily files were processed within 24 hours of receipt and loaded into Facets for claims processing. Monthly files were reconciled against the daily files to ensure all data were complete and accurate. AMERIGROUP did not report any backlogs of data during the measurement year. There were some retroactive member enrollments; however, this did not adversely impact measure reporting. All retroactivity was resolved within acceptable time frames, and no issues or concerns were evident.

AMERIGROUP continued to use specific aid categories in the enrollment files that ensured the Planning for Healthy Babies® (P4HB®) population was properly excluded by the CMO before final rates were calculated.

HSAG had no concerns with AMERIGROUP's enrollment data processes.

Provider Data

AMERIGROUP continued to use the CACTUS (credentialing) and Facets (billing and payment) systems to store its provider data. The CMO had a systematic process to capture, review, and update provider credentialing and specialty data in both systems. The two systems were linked using Facets' common practitioner identifiers, and changes in provider data from Facets were automatically loaded into CACTUS, eliminating any potential manual data entry or merge errors. AMERIGROUP implemented daily, weekly, and monthly edit checks on provider data submitted via claims. Additionally, the CMO's audit team reviewed 25 percent of all completed records for accuracy and completeness each month. AMERIGROUP's oversight of its delegates contracted for credentialing and recredentialing activities also met industry standards.

HSAG had no concerns with AMERIGROUP's provider data processes.

Medical Record Review Process

AMERIGROUP was fully compliant with the MRR reporting requirements. AMERIGROUP's internal staff procured and abstracted the MRR documentation into the Quality Spectrum Hybrid Report (QSHR) custom measures tool. HSAG reviewed the QSHR tool and corresponding instructions and provided feedback to AMERIGROUP. AMERIGROUP's reviewer qualifications, training, and oversight were appropriate. Due to challenging performance measures, a convenience sample was required and subsequently passed the validation process.

For each performance measure, HSAG reviewed numerator positive cases as identified by AMERIGROUP. MRR was also conducted for the *Antenatal Steroid* exclusions to ensure members were not inappropriately excluded from the measure. Additionally, HSAG reviewed numerator negative cases and exclusions for the *Cesarean Section for Nulliparous Singleton Vertex* and *Elective Delivery* measures. HSAG expanded the review for these two inverse measures due to the complexity of abstracting the measures.

The MRR findings and final results are presented below in Table 5. All of the performance measures for AMERIGROUP were approved for reporting.

Table 5—MRR Findings for AMERIGROUP Community Care				
Performance Measure	**Initial Sample Size**	**Findings**	**Follow-up**	**Final Results**
Care Transition—Timely Transmission of Transition Record	NA*	NA	NA	NA
Developmental Screening in the First Three Years of Life	16	No errors were identified.	NA	Approved
Maternity Care—Behavioral Health Risk Assessment	16	No errors were identified.	NA	Approved
Cesarean Section for Nulliparous Singleton Vertex				
Numerator Negative	16	One error was identified. A second sample was required.	A second sample of 16 cases was selected. No errors were identified.	Approved

Table 5—MRR Findings for AMERIGROUP Community Care				
Performance Measure	**Initial Sample Size**	**Findings**	**Follow-up**	**Final Results**
Numerator Positive	2	Two errors were identified. There were no additional cases to review.	Since there were no other positive cases, the two cases identified as errors were removed from the numerator positive cases, and the rate was approved.	Approved
Exclusions	13	Two errors were identified. Re-abstraction was conducted, and a second sample was required.	A second sample of 16 cases was selected. No errors were identified. The two initial errors were removed from the exclusions and added back into the denominator.	Approved
Screening for Clinical Depression and Follow-up Plan				
Numerator Positive	8	No errors were identified.	NA	Approved
Exclusions	16	One error was identified.	The one case was removed from the exclusions and added back into the denominator.	Approved
Elective Delivery				
Numerator Positive	8	No errors were identified.	NA	Approved
Numerator Negative	5	No errors were identified.	NA	Approved
Exclusions	16	Four errors were identified. Re-abstraction was conducted, and a second sample was required.	A second sample of 16 cases was selected. No errors were identified. The four initial errors were removed from the exclusions and added back into the denominator.	Approved
Antenatal Steroids				
Numerator Positive	4	No errors were identified.	NA	Approved
Exclusions	16	No errors were identified.	NA	Approved

*The CMO did not have any numerator positive cases identified through MRR.

Supplemental Data

AMERIGROUP did not use any supplemental data for the production of the performance measures under review.

Data Integration

AMERIGROUP used an internal relational database to store all incoming data. The internal data warehouse contained both internal and external data files used for reporting. AMERIGROUP also contracted with a vendor, Inovalon, to produce the performance measures under review. AMERIGROUP was responsible for loading and running the data monthly, as well as running the data for measure production and final rates.

HSAG reviewed the source code for the measures under review and conducted primary source verification on all administrative measures. HSAG had no concerns following the audit review.

AMERIGROUP had several quality review processes in place during the measurement year to ensure all data were loaded. Additionally, AMERIGROUP ran measures monthly to view and compare rates against previous years' reported data. The rate comparisons allowed AMERIGROUP to identify data issues early and determine whether data errors existed. When data errors were found, AMERIGROUP was able to easily back out and reload the data to correct the issues.

AMERIGROUP continued to use Inovalon's software to produce the final rates for the measures. As part of the final rate review, the auditors compared this year's rates to those from prior years, as well as to the other two CMOs' rates, to ensure reasonableness. HSAG reviewed AMERIGROUP's performance measure rates and found no anomalies.

HSAG had no issues with AMERIGROUP's data integration processes.

Performance Measure Specific Findings

Based on all validation activities, HSAG determined validation results for each performance measure rate. HSAG provided an audit result for each performance measure consistent with the NCQA categories defined in Table 6. For detailed information, see Table 7 of this report.

Table 6—Audit Results and Definitions for Performance Measures	
Reportable (R)	The CMO followed the State's specifications and produced a reportable rate or result for the measure.
Not Reportable (NR)	The calculated rate was materially biased, the CMO chose not to report the measure, or the CMO was not required to report the measure.
Not Applicable (NA)	The CMO followed the State's specifications, but the denominator was too small (<30) to report a valid rate.

According to the CMS protocol, the audit result for each performance measure is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be "Not Reportable." It is possible for a single audit element to receive an audit result of "NR" when the impact of the error associated with that element biased the reported performance measure rate more than 5 percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, leading to an audit result of "R."

Table 7 shows the key review findings and final audit results for AMERIGROUP for each performance measure rate. For additional information regarding performance measure rates, see Appendix C of this report.

Table 7—Key Review Findings and Audit Results for AMERIGROUP Community Care			
	Performance Measures	**Key Review Findings**	**Audit Results**
1.	Antenatal Steroids	No concerns were identified.	NR
2.	Asthma in Younger Adults Admission Rate	No concerns were identified.	R
3.	Care Transition—Timely Transmission of Transition Record	No concerns were identified.	R
4.	Cesarean Delivery Rate	No concerns were identified.	R
5.	Cesarean Section for Nulliparous Singleton Vertex	AMERIGROUP initially had issues with abstracting this measure. The issues were resolved prior to the final rate reporting.	NR
6.	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	No concerns were identified.	R

Table 7—Key Review Findings and Audit Results for AMERIGROUP Community Care		
Performance Measures	**Key Review Findings**	**Audit Results**
7. Developmental Screening in the First Three Years of Life	No concerns were identified.	R
8. Diabetes Short-Term Complications Admission Rate	No concerns were identified.	R
9. Elective Delivery	AMERIGROUP initially had issues with identifying exclusions. The issues were resolved prior to the final rate reporting.	NR
10. Heart Failure Admission Rate	No concerns were identified.	R
11. Live Births Weighing Less Than 2,500 Grams	No concerns were identified.	R
12. Maternity Care—Behavioral Health Risk Assessment	No concerns were identified.	R
13. Percentage of Eligibles that Received Dental Treatment Services	No concerns were identified.	R
14. Percentage of Eligibles that Received Preventive Dental Services	No concerns were identified.	R
15. Screening for Clinical Depression and Follow-up Plan	AMERIGROUP initially had issues with identifying exclusions. The issues were resolved prior to the final rate reporting.	R

Three measures received the NR designation for the audit results: *Antenatal Steroids*, *Cesarean Section for Nulliparous Singleton Vertex*, and *Elective Delivery*. The CMO calculated these measures properly, and according to the CMS specifications. However, due to limitations with the CMS specifications, the eligible population could not be appropriately ascertained. The resulting rate, therefore, was considered biased and not representative of the population.

Documentation Worksheet

CMO Name:	AMERIGROUP Community Care
On-Site Visit Date:	March 12–13, 2015
Reviewers:	Allen Iovannisci, MS, CHCA; Mariyah Badani, JD, MBA, CHCA

Table A-1—Data Integration and Control Findings for AMERIGROUP Community Care				
Data Integration and Control Element	**Met**	**Not Met**	**N/A**	**Comments**
Accuracy of data transfers to assigned performance measure data repository.				
The CMO accurately and completely processes transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the performance measure data repository used to keep the data until the calculations of the performance measure rates have been completed and validated.	☒	☐	☐	
Samples of data from the performance measure data repository are complete and accurate.	☒	☐	☐	
Accuracy of file consolidations, extracts, and derivations.				
The CMO's processes to consolidate diversified files and to extract required information from the performance measure data repository are appropriate.	☒	☐	☐	
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	☒	☐	☐	AMERIGROUP used a vendor for performance measure generation and rate calculation. No issues were identified with source code or primary source verification.
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance measure database.	☒	☐	☐	
Computer program reports or documentation reflect vendor coordination activities, and no data necessary for performance measure reporting are lost or inappropriately modified during transfer.	☒	☐	☐	

Table A-1—Data Integration and Control Findings for AMERIGROUP Community Care				
Data Integration and Control Element	**Met**	**Not Met**	**N/A**	**Comments**
If the CMO uses a performance measure data repository, its structure and format facilitates any required programming necessary to calculate and report required performance measure rates.				
The performance measure data repository's design, program flow charts, and source codes enable analyses and reports.	☒	☐	☐	
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	☒	☐	☐	
Assurance of effective management of report production and of the reporting software.				
Documentation governing the production process, including CMO production activity logs and the CMO staff review of report runs, is adequate.	☒	☐	☐	
Prescribed data cutoff dates are followed.	☒	☐	☐	
The CMO retains copies of files or databases used for performance measure reporting in case results need to be reproduced.	☒	☐	☐	
The reporting software program is properly documented with respect to every aspect of the performance measure data repository, including building, maintaining, managing, testing, and report production.	☒	☐	☐	AMERIGROUP used a software vendor to produce the measures under review. HSAG conducted source code review and primary source verification. No concerns were identified.
The CMO's processes and documentation comply with the CMO standards associated with reporting program specifications, code review, and testing.	☒	☐	☐	

Reviewer Worksheets

CMO Name:	AMERIGROUP Community Care
On-Site Visit Date:	March 12–13, 2015
Reviewers:	Allen Iovannisci, MS, CHCA; Mariyah Badani, JD, MBA, CHCA

Table B-1—Denominator Validation Findings for AMERIGROUP Community Care				
Audit Element	**Met**	**Not Met**	**N/A**	**Comments**
For each of the performance measures, all members of the relevant populations identified in the performance measure specifications are included in the population from which the denominator is produced.	☒	☐	☐	Source code review with Inovalon was conducted via multiple webinar sessions. Primary source verification confirmed that all eligible populations were included based on the performance measure specifications.
Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance measures.	☒	☐	☐	
The CMO correctly calculates member months and member years if applicable to the performance measure.	☒	☐	☐	
The CMO properly evaluates the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes are appropriately identified and applied as specified in each performance measure.	☒	☐	☐	
If any time parameters are required by the specifications of the performance measure, they are followed (e.g., cutoff dates for data collection, counting 30 calendar days after discharge from a hospital).	☒	☐	☐	
Exclusion criteria included in the performance measure specifications are followed.	☒	☐	☐	
Systems or methods used by the CMO to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	☐	☐	☒	Population estimates were not necessary for the performance measures under the scope of the audit.

Table B-2—Numerator Validation Findings for AMERIGROUP Community Care				
Audit Element	**Met**	**Not Met**	**N/A**	**Comments**
The CMO uses the appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	☒	☐	☐	
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.	☒	☐	☐	
The CMO avoids or eliminates all double-counted members or numerator events.	☒	☐	☐	
Any nonstandard codes used in determining the numerator are mapped to a standard coding scheme in a manner that is consistent, complete, and reproducible, as evidenced by a review of the programming logic or a demonstration of the program.	☐	☐	☒	Nonstandard codes were not used or reported.
If any time parameters are required by the specifications of the performance measure, they are followed (i.e., the measured event occurred during the time period specified or defined in the performance measure).	☒	☐	☐	

Appendix C contains AMERIGROUP Community Care's final audited performance measure rate submission file.

Appendix D contains AMERIGROUP Community Care's reported IDSS data from its NCQA HEDIS Compliance Audit.