State of Georgia
Department of Community Health

External Quality Review of Compliance With Standards

for

Amerigroup Community Care

December 2016

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Overview

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]

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 CMO, or its external quality review organization (EQRO) must conduct a review to determine a Medicaid CMO'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 conducted to meet federal requirements. The review presented in this report covered the period of July 1, 2015–June 30, 2016, and marked the third year of the current three-year cycle of external quality reviews.

HSAG performed a desk review of Amerigroup Community Care's (Amerigroup's) documents and an on-site review that included reviewing additional documents, conducting interviews with key Amerigroup staff members, and file reviews. HSAG evaluated the degree to which Amerigroup 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 operations standards found at 42 CFR §438.236–§438.240, and §438.242. A fourth

[1-1] Georgia Department of Community Health. "Georgia Families Monthly Adjustment Summary Report, Report Period: 12/2015."

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 all *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's performance results, strengths, and areas requiring corrective action.
- Section 3—A description of the process and timeline Amerigroup will follow for submitting to DCH its corrective action plan (CAP) addressing each requirement for which HSAG scored Amerigroup's performance as noncompliant.
- Appendix A—The completed review tool HSAG used to:
  - Evaluate Amerigroup's compliance with each of the requirements contained within the standards.
  - Document its findings, the scores it assigned to Amerigroup'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'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 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 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 submitted to HSAG prior to the on-site review.
- On-site review of additional documentation provided by Amerigroup.
- Interviews of key Amerigroup administrative and program staff members.
- File review 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 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'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**	**9**	**3**	**0**	**75.0%**
	Total Compliance Score	**63**	**61**	**44**	**17**	**2**	**72.1%**
*** Total # of Elements**: The total number of elements in each standard.							
**** Total # of Applicable Elements**: The total number of elements within each standard minus any elements that received a designation of *NA*.							
***** Total Compliance Score**: Elements that were *Met* were given full value (1 point). The point values were then totaled, and the sum was divided by the number of applicable elements to derive a percentage score.							

The remainder of this section provides a high-level summary of Amerigroup's performance noted in each of the areas reviewed. In addition, the summary describes any areas that were not fully compliant with the requirements and the follow-up corrective actions recommended for Amerigroup.

Standard I—Clinical Practice Guidelines

Performance Strengths

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

The Amerigroup network providers participated in committee meetings and actively discussed the CPGs that were under consideration. Amerigroup built a strong connection between the CPGs and its Disease Management and Case Management programs, as well as in the care coordination process. In addition, Amerigroup integrated the guidelines into care plans. Amerigroup had processes to inform providers about the CPGs through outreach material and made the guidelines available on the CMO's website.

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

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

Areas Requiring Corrective Action

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

The CMO must implement a process to ensure the decisions involving utilization management and coverage of services, made by Amerigroup's staff, are consistent with the clinical practice guidelines.

Standard II—Quality Assessment and Performance Improvement (QAPI)

Performance Strengths

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 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.

Amerigroup developed strong processes to measure provider network accessibility. Amerigroup used provider surveys to determine availability of appointments and after-hours care. Amerigroup also regularly monitored and measured members' ability to access primary care, behavioral healthcare, high-volume specialists (e.g., obstetrics [OB]/gynecology), and provider types where ongoing or regular care is needed (e.g., hematology and oncology).

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

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

Amerigroup's 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 was considered a best practice by Amerigroup. Amerigroup is in the process of implementing the PIP interventions in other Amerigroup lines of business. Amerigroup also developed a best practice achieved through a self-selected PIP focused on provider recredentialing of nonresponsive providers. The CMO will share with other Amerigroup health plans the successful intervention of directly reaching out to providers to complete recredentialing processes.

During the compliance review interview, Amerigroup staff described additional quality improvement projects it had implemented that were mentioned in the QAPI Program Description or Evaluation. Amerigroup staff mentioned plans to implement a new quality improvement process and that Amerigroup's CEO had created two positions (a director of strategy planning and a technical writer) to assist with this process. Amerigroup hired a new director and will begin to implement a more comprehensive quality improvement process across the CMO.

Areas Requiring Corrective Action

Amerigroup 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 did not include the QAPI Program Description that is required by DCH. 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. 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 must document its use of the latest available research in the area of quality assurance/improvement in its QAPI Program.

Amerigroup 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 must include 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 in order to provide a comprehensive story of the effectiveness of Amerigroup's QAPI work.

Amerigroup must continue to monitor and evaluate its service delivery system and provider network, as well as its own process for quality management and performance improvement for effectiveness.

Amerigroup included cross-functional representation in the quality committees. However, an opportunity exists for the CMO to strengthen its quality improvement processes through cross-functional work groups or ad hoc teams that are focused on specific quality improvement topics. While Amerigroup included cross-functional management representation in the quality committees, the CMO did not consistently include in its quality committees the subject matter experts and line staff who were closer to the work processes. Amerigroup would strengthen its processes by including subject matter experts and line staff who are closer to the work processes on the teams. This would increase the team's knowledge as well as the buy-in and commitment to the new QI process that Amerigroup is planning to implement.

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.

Documentation submitted did not fully describe how Amerigroup monitored or evaluated its own processes for quality management and performance improvement. Monitoring and evaluation activities were focused primarily on external requirements. Amerigroup must include the process that will be used to monitor and evaluate the quality improvement activities in the QAPI Program Description. In addition, in the year-end QAPI Evaluation, the CMO will need to enhance its documentation of the monitoring and evaluation activities.

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

Amerigroup provided report cards as evidence of its process for external provider profiling. Amerigroup 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 must include implementation or use of provider profiling information in the QAPI or QM Program Description to guide decisions in network development.

Standard III—Health Information Systems

Performance Strengths

Amerigroup described a health information system (HIS) that was integrated and supported business intelligence needs. The Amerigroup 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 case 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 to implement corrective actions for Standard III—Health Information Systems.

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

Follow-Up Reviews From Previous Noncompliant Review Findings

Performance Strengths

Amerigroup 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 provider access to care survey identified that some providers do 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 must continue to implement interventions to meet the timelines for returning members' urgent and routine calls according to required time frames.

Amerigroup did not consistently meet the geographic network standards. Amerigroup must meet the geographic standards for both urban and rural areas for PCPs, specialists, dental subspecialty providers, mental health providers, and pharmacies, and for general dental providers in rural areas. Amerigroup must continue to implement interventions to meet the geographic standards for both urban and rural providers.

Amerigroup continued to be challenged with member grievance and appeal letters written in an easily understood manner. Some letters referred to utilization management guidelines, such as McKesson or InterQual criteria or to CMO policies. However, Amerigroup did not include a description of what that guideline or policy meant to the member in relation to the grievance or appeal. Another concern involved denial letters not providing guidance to members on how they could obtain medically necessary services or next steps for obtaining care or services. Amerigroup must ensure that its member grievance and appeal letters are written in an easily understood manner and also provide guidance for how members may obtain medically necessary services.

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 this 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 is required to submit to DCH its CAP addressing all requirements receiving an HSAG finding of *Not Met*. Amerigroup 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 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'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's performance and to document its findings; the scores it assigned associated with the findings; and, when applicable, corrective actions required to bring Amerigroup'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**

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. *42CFR438.236(b)* *Contract: 4.12.7.1*	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. Evidence/Documentation: • 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)	☒ Met ☐ Not Met ☐ N/A
Findings: Amerigroup implemented more than three CPGs. Examples provided included an ADHD, Asthma, and Diabetes CPG.		
Required Actions: None.		
2. The guidelines: *42CFR438.236(b)* *Contract: 4.12.7.1*		
a. Are based on the health needs and opportunities for improvement identified as part of the quality assessment and performance improvement (QAPI) program. *Contract: 4.12.7.1*	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. Evidence/Documentation: • Std. I #2a – QM Program Description 2016 (pgs. 8, 14) • Std. I #2a – QAPI Evaluation (pg. 30)	☒ Met ☐ Not Met ☐ N/A
Findings: The QAPI Program Description indicated that CPGs were based on the demographic and epidemiological profiles of the population served. The QAPI Program Description documented the relationship between the CPGs and how they are used in Amerigroup's Disease		

Standard I—Clinical Practice Guidelines		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
Management and Case Management programs. The QAPI Program Description also included information on how the CPGs were integrated into care plans, and into outreach and educational materials for providers and members. During the compliance review interview, Amerigroup staff members also described how they used data to identify an opportunity for improvement related to urinary tract infections (UTIs). A case manager worked with providers to discuss the CPGs and to implement interventions which resulted in provider compliance with a CPG and an overall reduction in UTIs.		
Required Actions: None.		
b. Are based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field. *Contract: 4.12.7.1*	Amerigroup's clinical practice guidelines are based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field. Evidence/Documentation: • 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	☒ Met ☐ Not Met ☐ N/A
Findings: The Clinical Practice Guidelines - Review, Adoption, Distribution and Performance Monitoring Policy (Clinical Practice Guidelines Policy) provided a description of the process used to select CPGs. Amerigroup adopted CPGs from medical and behavioral health professional associations. The CMO based the CPGs on reliable clinical evidence or on a consensus of healthcare professionals in the particular field. The CPGs were approved by DCH.		
Required Actions: None.		
c. Consider the needs of the CMO's members. *Contract: 4.12.7.1*	Amerigroup's clinical practice guidelines consider the needs of our members. Evidence/Documentation:	☒ Met ☐ Not Met ☐ N/A

Standard I—Clinical Practice Guidelines		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
	• Std. I #2c - CPG_Review, Adoption, Distribution & Perf Measure Policy (pgs. 1 & 4) • Std. I #2c - GF CPG Compliance Monitoring Annual Report June 2016 • Std. I #2c - QAPI Evaluation (pgs. 45-46)	
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 Clinical Practice Guidelines Policy provided a description of the process used to select CPGs. 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.		
Required Actions: None.		
d. Are adopted in consultation with network providers. *Contract: 4.12.7.1*	Amerigroup's clinical practice guidelines are adopted in consultation with network providers. Evidence/Documentation: • 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	☒ Met ☐ Not Met ☐ N/A
Findings Amerigroup submitted documentation including the QM Program Description and meeting minutes which 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 discussed the process for selecting network providers to participate in the MAC. The CMO included network providers from all regions of the State with a focus on those that serve a large Amerigroup panel size, as well as providers that were recognized as clinical leaders in the community.		
Required Actions: None.		
e. Are reviewed and updated periodically, as appropriate. *Contract: 4.12.7.1*	Amerigroup's clinical practice guidelines are reviewed and updated periodically, as appropriate. Evidence/Documentation:	☒ Met ☐ Not Met ☐ N/A

Standard I—Clinical Practice Guidelines		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
	• 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	
Findings: The Clinical Practice Guidelines Policy, the QAPI Program Evaluation, and the QAPI Program Description stated that the CPGs would be reviewed and updated at least every two years. The documentation also stated that, if there were substantive changes in the standard of care or the guidelines, the CPGs would be reviewed more frequently. Documentation from the MAC meeting minutes provided evidence of CPG review and approval.		
Required Actions: None.		
3. The practice guidelines include a methodology for measuring and assessing compliance. *Contract: 4.12.7.2*	Amerigroup's clinical practice guidelines include a methodology for measuring and assessing compliance. Evidence/Documentation: • Std. I #3 - ADHD CPGs (pgs.3-4) • Std. I #3 - Asthma CPGs (pg.4) • Std. I #3 - Diabetes CPGs (pgs.3-4)	☒ Met ☐ Not Met ☐ N/A
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.		
Required Actions: None.		
4. The CMO submitted clinical practice guidelines to DCH for review and approval as part of the QAPI program. *Contract: 4.12.7.2*	Amerigroup submits clinical practice guidelines to DCH for review and approval as part of the QAPI program. Evidence/Documentation: • Std. I #4 - QM Program Description • Std. I #4 - CPG Approval Email from DCH 06.5.15	☒ Met ☐ Not Met ☐ N/A

Standard I—Clinical Practice Guidelines		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
	• Std. I #4 - ADHD CPG Submission • Std. I #4 - Asthma CPG Submission • Std. I #4 - Diabetes CPG Submission	
Findings: Amerigroup provided documentation that showed DCH approval of the ADHD, Asthma, and Diabetes CPGs. Based on DCH approval, the CPGs were sent to the MAC to vote on adoption, effective July 1, 2016.		
Required Actions: None.		
5. The CMO disseminates the guidelines to all affected providers, and upon request, to members. *42CFR438.236(c)* *Contract: 4.12.7.3*	Amerigroup disseminates clinical practice guidelines to all affected providers, and upon request, to members. Evidence/Documentation: • 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)* *The member handbook has been submitted to the DCH for review and approval.	☒ Met ☐ Not Met ☐ N/A
Findings: The Clinical Practice Guidelines Policy stated that the CPGs would be made available to members and potential members through a link on the CMO's website. Amerigroup notified providers of the adoption of certain CPGs and where to find them on the Amerigroup website in the third quarter 2015 provider newsletter and in the provider manual. Amerigroup 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 underperforming 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.		

Standard I—Clinical Practice Guidelines		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
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. *42CFR438.236(d)* *Contract: 4.12.7.4*	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. Evidence/Documentation: • Std. I #6 – CPG Review, Adoption, Distribution & Perf Measure Policy • Std. I #6 - GF 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	☒ Met ☐ Not Met ☐ N/A
Findings: Amerigroup's documentation indicated that member educational materials, Ameritips, were consistent with the related CPG. The Clinical Practice Guidelines Policy described Amerigroup's application of the CPGs in disease management, utilization management, care coordination, and care planning activities. The Clinical Practice Guidelines Policy also discussed training requirements for clinical staff involved in disease management and care management programs to ensure compliance with guideline recommendations. The Amerigroup pharmacy formulary also was 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 measure compliance with the guidelines until 90 percent or more of the providers are consistently in compliance. *Contract: 4.12.7.5*	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. Evidence/Documentation: • Std. I #7 – ADHD CPG Audit Tool	☒ Met ☐ Not Met ☐ N/A

Standard I—Clinical Practice Guidelines		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
	• Std. I #7 – Asthma CPG Audit Tool • Std. I #7 – Asthma CPG Audit Tool • Std. I #7 - GF CPG Compliance Monitoring Annual Report_June 2016 • Std. I #7 - Diabetes CAP Response, Patka, Firoz.- Review Form- Diabetes • Diabetes CAP Response Patka, Firoz Attachment A – Corrective Action Letter 5-27-15 • Std. I #7 - Diabetes CAP Response Patka, Firoz Attachment B- Corrective Action Plan 5-27-15 • Std. I #7 - Diabetes Cap Response Returned CAP • Std. I #7 - Methodology Statement on the CMO CPG Reviews	
Findings: Amerigroup submitted documentation including the CPG Compliance Monitoring Report and individual provider CAP responses that provided evidence of its monitoring of providers for compliance with the CPGs. The documentation included monitoring tools, summary results, and corrective action letters. Amerigroup provided evidence of its process to randomly select records for compliance review to ensure providers used CPGs appropriately. Amerigroup summarized the results of the compliance review in a report which demonstrated that Amerigroup measured provider adherence to selected CPGs.		
Required Actions: None.		

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		=	100.0%

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**

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
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). *Contract: 4.12.1.1*	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). This is evidenced in Amerigroup's QM Program Description, Case Management and Program Description and in the QAPI evaluation. Evidence/Documentation • Std. II #1- QM Program Description_2016 (pg. 5 and 36-40 (Appendix B)) • Std. II #1 - 2016 GBD Case Management Program Description (pgs. 5-9) • Std. II #1 - QAPI Evaluation (pgs. 6, 10-11) • Std. II #1 - 2016 HCMS Program Evaluation GA for CY 2015-June 2016 (pgs. 22-26)	☒ Met ☐ Not Met ☐ N/A
Findings: Amerigroup implemented care management processes that 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; the managers of the quality management, disease management, utilization management, and case management programs; and the involvement of participating practitioners in the delivery of quality care. The Case Management Program Description described a mission of member-centered care management that was also focused on the member's goals. The Health Care Management Medical Management (HCMS) Program Evaluation provided positive results of focused care management activities. Through a data review, Amerigroup identified members eligible for case management that were considered high risk, have certain diseases or conditions, or		

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
have a high-risk pregnancy. Members also qualified for case management by provider referral. During the compliance review interview, the CMO described its processes 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. 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.		
Required Actions: None.		
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. *Contract: 4.12.1.2*	Amerigroup seeks input from and works with members, providers, and community resources and agencies to actively improve the quality of care provided to members. This is evidenced in our Committee meeting minutes. Evidence/Documentation • Std. II #2 - HEAC Meeting Minutes 3.4.16 • Std. II #2 - Health Education Advisory Committee Meeting Atlanta Southside Medical March 18 2016 • Std. II #2 - MAC Mins 08-10-15 Final	☐ Met ☒ Not Met ☐ N/A
Findings: The Amerigroup Health Education Advisory Committee (HEAC) included providers and members. Minutes from the committee's meeting reflected active engagement of healthcare professionals and providers, but limited involvement of the members that attended. During the compliance review interview, CMO staff discussed presenting outreach and other member materials during HEAC meetings to receive member feedback prior to implementation. The Medical Advisory Committee (MAC) included providers who were actively engaged in meeting discussions regarding quality of care and quality improvement. Amerigroup provided limited information which showed evidence that Amerigroup actively sought out member feedback, other than through a survey or participation in committees. During compliance review interviews, information was provided and discussed with staff, which indicated that the CMO sought limited input and feedback from community resources and agencies related to coordination of care activities.		
Required Actions: Amerigroup must identify additional opportunities to engage members in activities focused on quality improvement. Amerigroup must work with community organizations and resources related to quality improvement, in addition to its current processes that are focused on care coordination.		

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
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. *Contract: 4.12.1.3*	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. Evidence/Documentation • 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)	☒ Met ☐ Not Met ☐ N/A
Findings: Amerigroup's Quality Improvement Committee (QIC) met a minimum of 10 times per year. The QM Program Description described that the QIC was a multidisciplinary team of senior health plan quality management leaders; senior health plan 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 included providers from all regions within the State. Providers served for two-year time periods. Network or community providers that were considered clinical leaders were identified and recruited to serve on the QIC. The QIC oversaw quality, utilization, health promotion, credentialing, case management, pharmacy, and disease management.		
Required Actions: None.		
4. The CMO supports and complies with the Georgia Families Quality Strategic Plan by: *42CFR438.240(b)(1) through (4)* *Contract: 4.12.2.1*		
a. Monitoring and evaluating its service delivery system and provider network, as well as its own processes for quality management and performance improvement. *Contract: 4.12.2.2*	Amerigroup supports and complies with the Georgia Families Quality Strategic Plan by monitoring and evaluating our service delivery system and provider network, as well as our processes for quality management and performance improvement.	☐ Met ☒ Not Met ☐ N/A

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
	Evidence/Documentation • Std. II #4a - QAPI Evaluation (pgs. 11 and 56) • Std. II #4a - AT AH Accessibility of Provider Network 2016	
Findings: Amerigroup provided documentation of the methods used to monitor and measure provider network accessibility. The QAPI Evaluation described that the CMO conducted surveys to determine availability of appointments and after-hours care. Amerigroup also regularly monitored 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 also used the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[A-1] survey to measure member satisfaction with access to primary care and specialists. In addition, Amerigroup monitored complaints and grievances in relation to access to care concerns. Access to care surveys were conducted with behavioral health providers regarding appointment availability. Documentation submitted did not describe how Amerigroup monitored or evaluated its own processes for quality management and performance improvement. Monitoring and evaluation activities were focused primarily on external requirements.		
Required Actions: Amerigroup must monitor and evaluate its own process for quality management and performance improvement.		
b. Implementing action plans and activities to correct deficiencies and/or increase the quality of care provided to enrolled members. *Contract: 4.12.2.2*	Amerigroup supports and complies with the Georgia Families Quality Strategic Plan by implementing action plans and activities to correct deficiencies and/or increase the quality of care provided to enrolled members. Evidence/Documentation • Std. II #4b - QAPI Evaluation (pgs. 11 and 56) • Std. II #4b - AT AH Accessibility of Provider Network 2016	☒ Met ☐ Not Met ☐ N/A
Findings: Amerigroup used results of the activities to identify opportunities for improvement, and individual and aggregate results were used to inform and request action plans from providers. The QAPI Evaluation provided limited information that described the use of data such as utilization, care management, or disease management in implementing action plans and activities to correct deficiencies and/or increase the quality of care provided to enrolled members. Amerigroup, during compliance review interviews, described a case manager who identified an opportunity to reduce UTIs and implemented an action plan that resulted in a reduction of UTIs. Amerigroup would strengthen its process by		

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

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
including 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.		
Required Actions: None.		
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. *Contract: 4.12.2.2*	Amerigroup supports and complies with the Georgia Families Quality Strategic Plan by 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. Evidence/Documentation • Std. II #4c - 2015 Provider Satisfaction PIP • Std. II #4c - Utilization Mgmt. Quality Report_2015 (pgs. 5-6 and pg.10) • Std. II #4c - QAPI Evaluation (pgs. 6,12, 19 and 23) • Std. II #4c - Monitoring Complaints Provider Office Sites January-June 2015 Report (PDF pg. 1)	☒ Met ☐ Not Met ☐ N/A
Findings: Amerigroup used results of a provider satisfaction survey to implement a PIP to address identified opportunities for improvement. Member satisfaction survey results also identified performance improvement opportunities which were discussed in the 2015 Utilization Management Quality Report. Amerigroup monitored member and provider complaints, as documented in the Utilization Management Quality Report, the QAPI Evaluation, and the Monitoring Complaints Provider Office Sites Report, that documented trends and implemented actions to improve the provider or member experience with Amerigroup. Although self-selected PIP topics are not required, it is recommended that Amerigroup review data and trends related to complaints and allegations of abuse, utilization, provider credentialing, or provider profiling to identify improvement opportunities for performance improvement. During compliance review interviews, Amerigroup stated that it had not identified trends in quality of care concerns.		
Required Actions: None.		
d. Describing in the CMO's QAPI program description how the CMO complies with Federal, State, and Georgia Families requirements.	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.	☒ Met ☐ Not Met ☐ N/A

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
Contract: 4.12.2.2	Evidence/Documentation • 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)	
Findings: Amerigroup's QM Program Description defined how it complied with federal, State, and GF requirements.		
Required Actions: None.		
e. Coordinating with State registries. *Contract: 4.12.2.2*	Amerigroup supports and complies with the Georgia Families Quality Strategic Plan by coordinating with State registries. Evidence/Documentation • Std. II #4e - GRITS Job Aid • Std. II #4e - GRITS Log In • Std. II #4e - GRITS Immunization Queries email • Std. II #4e - GRITS EPSDT Data Exchange.xlsx	☒ Met ☐ Not Met ☐ N/A
Findings Amerigroup provided an example of its coordination process with the State's immunization registry, Georgia Registry of Immunization Transactions and Services (GRITS). Amerigroup coordinated with the GRITS program 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 a 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).		
Required Actions: None.		
f. Including CMO executive and management staff participation in the quality management and performance improvement processes. *Contract: 4.12.2.2*	Amerigroup supports and complies with the Georgia Families Quality Strategic Plan by including Amerigroup's executive and management staff participation in the quality management and performance improvement processes. Evidence/Documentation	☒ Met ☐ Not Met ☐ N/A

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
	• Std. II #4f - June 9, 2016 QIC Reference Materials (PDF pgs. 1 and 3) • Std. II #4f - QMC Minutes 11-18-15 (pgs. 1& 5)	
Findings: The Georgia Quality Management Committee (QMC) meeting minutes reflected participation of executive and senior staff in the QAPI process. The corporate national QIC included senior level staff from Amerigroup CMOs across the country. The QMC meeting minutes reflected discussion and engagement of meeting participants in QAPI processes. During the compliance review interviews, the CEO described an active participation in quality improvement activities. Staff also described an active participation of executive and senior-level staff involvement in quality improvement work. The CMO would benefit by strengthening its use of cross-functional work groups focused on quality improvement work.		
Required Actions: None.		
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. *Contract: 4.12.2.2*	Amerigroup supports and complies with the Georgia Families Quality Strategic Plan by 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. Evidence/Documentation • Std. II #4g - QM Program Description_2016 (pgs. 39 -40 (Appendix B pg. 4)) • Std. II #4g - GBD Case Management Program Description (pgs. 5-6) • Std. II #4g - HEAC Meeting Minutes 3.4.16 • Std. II #4g - Health Education Advisory Committee Meeting Atlanta Southside Medical March 18 2016 • Std. II #4g - Postpartum PIP (pgs. 5, and 11-12)	☐ Met ☒ Not Met ☐ N/A
Findings: Amerigroup included information from participating providers in the development and implementation of QAPI activities. For example, Amerigroup developed and implemented a PIP related to postpartum care. The project participants included a high-volume obstetrical group. The provider group was actively involved in identifying barriers, as well as in implementing interventions and activities to		

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
improve performance. In addition, the Health Education Advisory Committee (HEAC) membership included both members and providers. Meeting minutes reflected active involvement and discussion from participating providers; however, limited member involvement was identified. The QM Program Description referenced several committees with community or network provider participation, including the QMC, QIC, MAC, and Credentialing Committee. Member involvement was actively sought in case management activities. However, the CMO had limited evidence of processes to engage members, parents, guardians, and family members in activities focused on quality improvement.		
Required Actions: Amerigroup must identify additional opportunities to engage members, parents, guardians, and family members in activities focused on quality improvement.		
h. Using the CMO's best practices for performance and quality improvement. *Contract: 4.12.2.2*	Amerigroup supports and complies with the Georgia Families Quality Strategic Plan by using best practices for performance and quality improvement. Evidence/Documentation • 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)	☒ Met ☐ Not Met ☐ N/A
Findings: Amerigroup described its work related to the ADHD PIP and the sustained outcomes it achieved in relation to medication management, compliance, and follow-up appointment completion. The success of the PIP in its Amerigroup 360° plan was considered a best practice by Amerigroup, and the CMO has begun implementing the same interventions in Amerigroup plans nationally. Amerigroup 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.		
Required Actions: None.		
5. The CMO complies with Georgia Families quality management requirements to improve member	Amerigroup complies with Georgia Families quality management requirements to improve member health outcomes by using DCH established performance measures to document results.	☒ Met ☐ Not Met ☐ N/A

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
health outcomes by using DCH-established performance measures to document results. *42CFR438.240(b)(2)* *Contract: 4.12.3.1*	Evidence/Documentation • Std. II #5 - 2016 Performance Measures Analysis 6-29-16 • Std. II #5 - 2016 Amerigroup Georgia Families PMV Report 6-28_16	
Findings The Amerigroup 2016 Performance Measures Analysis addressed strengths and opportunities identified to improve health outcomes as a result of its work on DCH-established performance measures. The analysis identified interventions or activities that did not achieve the anticipated result, and for some, it indicated that the activity would not be continued. Amerigroup used the performance measure results to identify opportunities for improvement.		
Required Actions: None.		
6. The CMO achieved DCH-established performance targets. *State-specified element*	Amerigroup achieved eighteen (18) DCH established performance targets and improved on thirty-six (36) DCH established performance targets. Evidence/Documentation • Std. II #6 - 2016 Performance Measures Analysis 6-29-16 • Std. II #6 - 2016 Amerigroup Georgia Families PMV Report 6-28_16	☐ Met ☒ Not Met ☐ N/A
Findings: Amerigroup did not meet all of the DCH-established performance goals for CY 2014 and CY 2015. The CMO showed statistically significant increases in 22 measure rates. The CMO showed statistically significant decreases in 11 measure rates. The following results were noted:		

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**

Amerigroup Access to Care Results

Measure	CY 2014 Rate[1]	CY 2015 Rate[2]	Statistically Significant Improvement or Decline	2015 Performance Target[3]
Children and Adolescents' Access to Primary Care Practitioners				
12–24 Months	97.00%	96.61%	↔	NC
25 Months–6 Years	90.85%	89.42%	↓	NC
7–11 Years	92.99%	92.23%	↓	NC
12–19 Years	90.68%	89.92%	↓	93.50%
Adults' Access to Preventive/Ambulatory Health Services				
20–44 Years	79.69%	79.48%	↔	88.52%
Annual Dental Visit				
2–3 Years	47.54%	46.51%	↓	54.20%
4–6 Years	75.89%	75.11%	↓	NC
7–10 Years	78.32%	78.48%	↔	NC
11–14 Years	71.65%	71.85%	↔	NC
15–18 Years	60.07%	60.80%	↔	NC
19–20 Years	—	39.47%	NT	34.04%[4]
Total	68.78%	68.81%	↔	NC
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment				
Initiation of AOD Treatment—Total	52.57%	36.94%	↓	43.48%
Engagement of AOD Treatment—Total	12.84%	8.23%	↓	14.97%
Care Transition—Transition Record Transmitted to Health Care Professional				

Standard II—Quality Assessment and Performance Improvement				
Requirements and References	**Evidence/Documentation as Submitted by the CMO**			**Score**
Care Transition—Transition Record Transmitted to Health Care Professional	0.00%	0.00%	↔	NC
Colorectal Cancer Screening				
Colorectal Cancer Screening	—	45.24%	NT	NC
Adult BMI Assessment				
Adult BMI Assessment	66.51%	71.46%	↔	85.23%

[1] *CY 2014 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2014 through December 31, 2014.*
[2] *CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.*
[3] *CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.*
[4] *CY 2015 performance target is derived from previous CY 2014 rates, which included members age 19–21 years rather than 19–20 years.*
↓ *indicates a statistically significant decline in performance between CY 2014 and CY 2015.*
↔ *indicates no statistically significant difference in performance between CY 2014 and CY 2015.*
— *indicates that the CY 2014 rate was not presented in the previous year's technical report; therefore, this rate is not presented in this report.*
NC (i.e., Not Compared) indicates that DCH did not establish a performance target for this indicator.
NT (i.e., Not Trended) indicates that statistical significance testing was not performed between CY 2014 and CY 2015.

Amerigroup Children's Health Results

Measure	CY 2014 Rate[1]	CY 2015 Rate[2]	Statistically Significant Improvement or Decline	2015 Performance Target[3]
Well-Child/Well-Care Visits				
Well-Child Visits in the First 15 Months of Life				
Six or More Well-Child Visits	65.97%	68.52%	↔	67.98%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life				

Standard II—Quality Assessment and Performance Improvement				
Requirements and References	**Evidence/Documentation as Submitted by the CMO**			**Score**
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	73.84%	73.04%	↔	72.80%
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	53.01%	56.02%	↔	53.47%
Prevention and Screening				
Childhood Immunization Status				
Combination 3	79.12%	76.16%	↔	80.30%
Combination 6	43.39%	39.35%	↔	59.37%
Combination 10	38.05%	35.42%	↔	38.94%
Lead Screening in Children				
Lead Screening in Children	78.70%	80.09%	↔	75.34%
Appropriate Testing for Children with Pharyngitis				
Appropriate Testing for Children with Pharyngitis	80.92%	82.38%	↑	83.66%
Immunizations for Adolescents				
Combination 1 (Meningococcal, Tdap/Td)	80.20%	90.49%	↑	71.43%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Total	54.40%	67.75%	↑	45.86%
Counseling for Nutrition—Total	58.80%	63.57%	↔	60.58%
*Counseling for Physical Activity—Total**	53.47%	56.84%	↔	46.30%
Developmental Screening in the First Three Years of Life				
Total	38.19%	48.38%	↑	46.36%
Percentage Of Eligibles Who Received Preventive Dental Services				
Percentage Of Eligibles Who Received Preventive Dental Services	53.21%	52.34%	↓	58.00%

Standard II—Quality Assessment and Performance Improvement				
Requirements and References	**Evidence/Documentation as Submitted by the CMO**			**Score**
Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk				
Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk	—	24.81%	NT	NC
Upper Respiratory Infection				
Appropriate Treatment for Children with Upper Respiratory Infection				
Appropriate Treatment for Children with Upper Respiratory Infection	85.92%	86.82%	↑	86.11%

[1] CY 2014 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2014 through December 31, 2014.
[2] CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.
[3] CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.
** Due to changes in the technical measure specifications, use caution when comparing rates for this measure between CY 2014 and 2015.*
↑ indicates a statistically significant improvement in performance between CY 2014 and CY 2015.
↓ indicates a statistically significant decline in performance between CY 2014 and CY 2015.
↔ indicates no statistically significant difference in performance between CY 2014 and CY 2015.
— indicates that the CY 2014 rate was not presented in the previous year's technical report; therefore, this rate is not presented in this report.
NC (i.e., Not Compared) indicates that DCH did not establish a performance target for this indicator.
NT (i.e., Not Trended) indicates that statistical significance testing was not performed between CY 2014 and CY 2015.

Amerigroup Women's Health Results

Measure	CY 2014 Rate[1]	CY 2015 Rate[2]	Statistically Significant Improvement or Decline	2015 Performance Target[3]
Prevention and Screening				
Cervical Cancer Screening				
Cervical Cancer Screening	66.40%	64.49%	↔	76.64%

Standard II—Quality Assessment and Performance Improvement				
Requirements and References	**Evidence/Documentation as Submitted by the CMO**			**Score**
Breast Cancer Screening				
Breast Cancer Screening	69.04%	67.84%	↔	71.35%
Chlamydia Screening in Women				
Total	56.96%	53.71%	↓	54.93%
Human Papillomavirus Vaccine for Female Adolescents				
Human Papillomavirus Vaccine for Female Adolescents	19.72%	29.17%	↑	23.62%
Prenatal Care and Birth Outcomes				
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	79.02%	78.09%	↔	89.62%
Postpartum Care	62.94%	64.10%	↔	69.47%
Cesarean Section for Nulliparous Singleton Vertex[4]				
Cesarean Section for Nulliparous Singleton Vertex	NR	21.79%	NT	18.08%
Cesarean Delivery Rate, Uncomplicated[4]				
Cesarean Delivery Rate, Uncomplicated	28.59%	21.59%	↑	28.70%
Percentage of Live Births Weighing Less Than 2,500 Grams[4]				
Percentage of Live Births Weighing Less Than 2,500 Grams	8.87%	9.34%	↔	8.02%
Behavioral Health Risk Assessment for Pregnant Women				
Behavioral Health Risk Assessment for Pregnant Women	4.57%	11.00%	↑	NC
Early Elective Delivery[4]				
Early Elective Delivery	NR	0.51%	NT	2.00%
Antenatal Steroids				

Standard II—Quality Assessment and Performance Improvement				
Requirements and References	**Evidence/Documentation as Submitted by the CMO**			**Score**
Antenatal Steroids	NR	3.27%	NT	NC
Frequency of Ongoing Prenatal Care				
Frequency of Ongoing Prenatal Care				
≥81 Percent of Expected Visits	48.02%	49.65%	↔	60.10%

[1] CY 2014 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2014 through December 31, 2014.

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

[3] CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.

[4] A lower rate indicates better performance for this measure.

↑ indicates a statistically significant improvement in performance between CY 2014 and CY 2015.

↓ indicates a statistically significant decline in performance between CY 2014 and CY 2015.

↔ indicates no statistically significant difference in performance between CY 2014 and CY 2015.

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

NT (i.e., Not Trended) indicates that statistical significance testing was not performed between CY 2014 and CY 2015.

NR (i.e., Not Reported) indicates that the CMO produced a CY 2014 rate that was materially biased or chose not to report results for this measure; therefore, the rate was not included in the performance calculation. The auditors confirmed that although the CMO calculated this measure properly and according to CMS specifications, due to limitations with CMS specifications, the eligible population could not be appropriately ascertained. The resulting rate, therefore, was considered biased and not representative of the population.

Amerigroup Chronic Conditions Results

Measure	CY 2014 Rate[1]	CY 2015 Rate[2]	Statistically Significant Improvement or Decline	2015 Performance Target[3]
Diabetes				
Comprehensive Diabetes Care*				
Hemoglobin A1c (HbA1c) Testing	85.37%	88.35%	↔	87.59%
HbA1c Poor Control (>9.0%)[4]	58.54%	53.22%	↔	44.69%

Standard II—Quality Assessment and Performance Improvement					
Requirements and References	**Evidence/Documentation as Submitted by the CMO**				**Score**
HbA1c Control (<8.0%)	35.02%	38.96%	⇔	46.43%	
HbA1c Control (<7.0%)	25.21%	28.93%	⇔	36.27%	
Eye Exam (Retinal) Performed	46.86%	49.74%	⇔	54.14%	
Medical Attention for Nephropathy	76.66%	92.87%	↑	80.05%	
Blood Pressure Control (<140/90 mm Hg)	36.93%	50.78%	↑	61.31%	
Diabetes Short-Term Complications Admission Rate (Per 100,000 Member Months)[4]					
Diabetes Short-Term Complications Admission Rate	14.87	13.46	NT	--	
Respiratory Conditions					
Asthma in Younger Adults Admission Rate (Per 100,000 Member Months)[4]					
Asthma in Younger Adults Admission Rate	7.39	4.42	NT	--	
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Per 100,000 Member Months)[4]					
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	37.71	30.22	NT	--	
Pharmacotherapy Management of COPD Exacerbation					
Systemic Corticosteroid	—	79.07%	NT	74.94%	
Bronchodilator	—	83.72%	NT	83.82%	
Cardiovascular Conditions					
Heart Failure Admission Rate (Per 100,000 Member Months)[4]					
Heart Failure Admission Rate	6.44	4.11	NT	--	
Controlling High Blood Pressure					
Controlling High Blood Pressure	29.07%	42.72%	↑	56.46%	
Persistence of Beta-Blocker Treatment After a Heart Attack					

Standard II—Quality Assessment and Performance Improvement				
Requirements and References	**Evidence/Documentation as Submitted by the CMO**			**Score**
Persistence of Beta-Blocker Treatment After a Heart Attack	—	93.75%	NT	NC

[1] *CY 2014 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2014 through December 31, 2014.*

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

[3] *CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.*

[4] *A lower rate indicates better performance for this measure.*

** Due to changes in the technical measure specifications, use caution when comparing rates for this measure between CY 2014 and 2015.*

↑ *indicates a statistically significant improvement in performance between CY 2014 and CY 2015.*

↔ *indicates no statistically significant difference in performance between CY 2014 and CY 2015.*

-- 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.

— indicates that the CY 2014 rate was not presented in the previous year's technical report; therefore, this rate is not presented in this report.

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

NT (i.e., Not Trended) indicates that statistical significance testing was not performed between CY 2014 and CY 2015.

Amerigroup Behavioral Health Results

Measure	CY 2014 Rate[1]	CY 2015 Rate[2]	Statistically Significant Improvement or Decline	2015 Performance Target[3]
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase	45.04%	46.42%	↔	53.03%
Continuation and Maintenance Phase	59.36%	61.59%	↔	63.10%
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up	51.01%	50.40%	↔	63.21%
30-Day Follow-Up	70.29%	67.73%	↔	80.34%

Standard II—Quality Assessment and Performance Improvement				
Requirements and References	**Evidence/Documentation as Submitted by the CMO**			**Score**
Antidepressant Medication Management				
Effective Acute Phase Treatment	46.99%	57.03%	↑	54.31%
Effective Continuation Phase Treatment	31.83%	39.89%	↑	38.23%
Screening for Clinical Depression and Follow-Up Plan				
Screening for Clinical Depression and Follow-Up Plan	2.33%	2.34%	↔	NC
Adherence to Antipsychotic Medications for Individuals with Schizophrenia*				
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	44.57%	40.57%	↔	61.37%
Use of Multiple Concurrent Antipsychotics in Children and Adolescents				
Total	—	2.82%	↔	NC

[1] CY 2014 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2014 through December 31, 2014.

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

[3] CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.

** Due to changes in the technical measure specifications, use caution when comparing rates for this measure between CY 2014 and 2015.*

↑ indicates a statistically significant improvement in performance between CY 2014 and CY 2015.

↔ indicates no statistically significant difference in performance between CY 2014 and CY 2015.

— indicates that the CY 2014 rate was not presented in the previous year's technical report; therefore, this rate is not presented in this report.

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

Amerigroup Medication Management Results

Measure	CY 2014 Rate[1]	CY 2015 Rate[2]	Statistically Significant Improvement or Decline	2015 Performance Target[3]
Annual Monitoring for Patients on Persistent Medications				

Standard II—Quality Assessment and Performance Improvement				
Requirements and References	**Evidence/Documentation as Submitted by the CMO**			**Score**
Annual Monitoring for Members on ACE Inhibitors or ARBs	88.67%	88.67%	↔	88.00%
Annual Monitoring for Members on Diuretics	89.47%	88.14%	↔	87.90%
Total	88.86%	88.32%	↔	88.25%
Medication Management for People With Asthma				
Medication Compliance 50%—Ages 5–11 Years	47.33%	53.31%	↑	NC
Medication Compliance 50%—Ages 12–18 Years	42.68%	50.69%	↑	NC
Medication Compliance 50%—Ages 19–50 Years	50.00%	53.25%	↔	NC
Medication Compliance 50%—Ages 51–64 Years	NA	NA	NT	NC
Medication Compliance 50%—Total	45.73%	52.54%	↑	NC
Medication Compliance 75%—Ages 5–11 Years	21.27%	27.16%	↑	32.32%
Medication Compliance 75%—Ages 12–18 Years	19.60%	24.22%	↑	NC
Medication Compliance 75%—Ages 19–50 Years	21.43%	33.73%	↑	NC
Medication Compliance 75%—Ages 51–64 Years	NA	NA	NT	NC
Medication Compliance 75%—Total	20.80%	26.58%	↑	NC

[1] CY 2014 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2014 through December 31, 2014.

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

[3] CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.

↑ indicates a statistically significant improvement in performance between CY 2014 and CY 2015.

↔ indicates no statistically significant difference in performance between CY 2014 and CY 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.

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

NT (i.e., Not Trended) indicates that statistical significance testing was not performed between CY 2014 and CY 2015.

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**

Amerigroup Utilization Results

Measure	CY 2014 Rate[1]	CY 2015 Rate[2]	Statistically Significant Improvement or Decline	2015 Performance Target[3]
Ambulatory Care (Per 1,000 Member Months)—Total				
ED Visits—Total[4]	56.83	56.35	NT	52.31
Outpatient Visits—Total	314.23	306.89	NT	NC
Inpatient Utilization—General Hospital/Acute Care—Total				
Total Inpatient—Average Length of Stay—Total	3.42	3.36	NT	NC
Total Inpatient—Average Length of Stay—<1 Year	—	8.05	NT	NC
Medicine—Average Length of Stay—Total	3.62	3.54	NT	NC
Medicine—Average Length of Stay—<1 Year	—	4.59	NT	NC
Surgery—Average Length of Stay—Total	7.96	7.44	NT	NC
Surgery—Average Length of Stay—<1 Year	—	16.53	NT	NC
Maternity—Average Length of Stay—Total	2.70	2.77	NT	NC
Mental Health Utilization—Total				
Any Service—Total—Total	9.14%	9.69%	NT	NC
Inpatient—Total—Total	0.52%	0.54%	NT	NC
Intensive Outpatient or Partial Hospitalization—Total—Total	0.14%	0.14%	NT	NC
Outpatient or ED—Total—Total	9.04%	9.59%	NT	NC
Plan All-Cause Readmission Rate[4]				
Age 18–44	—	11.26%	NT	NC

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Requirements and References	**Evidence/Documentation as Submitted by the CMO**			**Score**
Age 45–54	—	17.07%	NT	NC
Age 55–64	—	6.58%	NT	NC
Age 18–64—Total	—	12.11%	NT	NC
Age 65–74	—	NA	NT	NC
Age 75–84	—	NA	NT	NC
Age 85 and Older	—	NA	NT	NC
Age 65 and Older—Total	—	NA	NT	NC

[1] CY 2014 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2014 through December 31, 2014.

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

[3] CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.

[4] A lower rate indicates better performance for this measure.

— indicates that the CY 2014 rate was not presented in the previous year's technical report; therefore, this rate is not presented in this report.

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.

NT (i.e., Not Trended) indicates that statistical significance testing was not performed between CY 2014 and CY 2015.

Amerigroup Health Plan Descriptive Information Results

Measure	CY 2014 Rate[1]	CY 2015 Rate[2]	Statistically Significant Increase or Decrease	2015 Performance Target[3]
Weeks of Pregnancy at Time of Enrollment				
<0 Weeks	10.32%	10.70%	↔	NC
1–12 Weeks	7.35%	13.68%	↑	NC
13–27 Weeks	57.47%	52.53%	↓	NC

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Requirements and References	**Evidence/Documentation as Submitted by the CMO**				**Score**
28+ Weeks	16.74%	15.03%	↓	NC	
Unknown	8.11%	8.06%	↔	NC	
Race/Ethnicity Diversity of Membership					
Total—White	46.67%	47.41%	↑	NC	
Total—Black or African American	44.67%	44.87%	↔	NC	

[1] *CY 2014 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2014 through December 31, 2014.*

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

[3] *CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.*

↑ *indicates a statistically significant rate increase between CY 2014 and CY 2015.*

↓ *indicates a statistically significant rate decrease between CY 2014 and CY 2015.*

↔ *indicates no significant change between CY 2014 and CY 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.

7. The CMO has an ongoing QAPI program for the services it furnishes to its members. *42CFR438.240(a)* *Contract: 4.12.5.1*	Amerigroup has an ongoing QAPI program for the services it furnishes to its members. Evidence/Documentation • Std. II #7 - QM Program Description_2016	☐ Met ☒ Not Met ☐ N/A

Findings: Amerigroup 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 CMO also described its QAPI Program in the QM Program Description. The QAPI Evaluation did not provide an in-depth analysis or an evaluation that indicated the CMO used its QAPI Program related to the services it furnished to members. The QAPI Program Description also did not logically connect the program goals and the program objectives. The documents primarily addressed regulatory requirements. During compliance review interview sessions, the CMO indicated that it had created two new positions (a strategic planning position and a technical writer position) to assist in enhancing program descriptions and program evaluations, and in refining its strategy for quality improvement. One goal for the new positions was to enhance the program descriptions and evaluations to include a more thorough description of the QAPI interventions and activities. Amerigroup would strengthen its processes by considering redesigning the content of the

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
various program evaluations to include detailed discussions on methodologies, data sources, member and provider input, analysis of interventions, and a more comprehensive evaluation of the results of quality improvement activities.		
Required Actions: Amerigroup 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.		
8. The CMO's QAPI program is based on the latest available research in the area of quality assurance. *Contract: 4.12.5.2*	Amerigroup's QAPI program is based on the latest available research in the area of quality assurance. Evidence/Documentation • Std. II #8 - QM Program Description_2016 (pg. 11)	☐ Met ☒ Not Met ☐ N/A
Findings: Amerigroup'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 service. Amerigroup did not provide evidence of its use of the latest available research in the area of quality assurance in its QAPI Program. During the compliance review interviews, the CMO discussed its work to train staff in Lean Six Sigma. The CMO also described use of IHI's Science of Quality Improvement principles in quality improvement work.		
Required Actions: Amerigroup must document its use of the latest available research in the area of quality assurance/improvement in its QAPI Program.		
9. The CMO's QAPI program includes mechanisms to detect both underutilization and overutilization. *42CFR438.240(b)(3)* *Contract: 4.12.5.2*	Amerigroup's QAPI program includes mechanisms to detect both underutilization and overutilization. Evidence/Documentation • Std. II #9 - QM Program Description_2016 (pgs. 11, 14, 22, 36, 39) • Std. II #9 - GA UM Program Description (pg. 5)	☐ Met ☒ Not Met ☐ N/A
Findings: The CMO's QM Program Description did not specifically address mechanisms to detect underutilization or 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. However, documentation provided did not identify other mechanisms		

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Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
used by the CMO to identify underutilization (e.g., for chronic disease or adult preventive health). The CMO did not have processes in place to identify underutilization or overutilization of services.		
Required Actions: The CMO must develop mechanisms to detect underutilization and overutilization and include a description of these mechanisms in its QAPI Program Description.		
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. *42CFR438.240(b)(4)* *Contract: 4.12.5.2*	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. Evidence/Documentation • Std. II #10 - QM Program Description_2016 (pgs. 6,10,12)	☐ Met ☒ Not Met ☐ N/A
Findings: Amerigroup stated in its QM 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 QM Program Description also referenced, in the data collection methodology section, that there were mechanisms 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™,[A-2] or other performance measure audits. The QM Program Description did not clearly connect indicators, data collected, or the methodology to mechanisms that were implemented to assess the quality of care furnished to all members. 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 whose needs were complex and/or who were in case management.		
Required Actions: Amerigroup must define mechanisms to assess the quality and appropriateness of care furnished to its members with special healthcare needs.		
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	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.	☐ Met ☒ Not Met ☐ N/A

[A-2] NCQA HEDIS Compliance Audit™ 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**
services), including those with special health care needs. *Contract: 4.12.5.2*	Evidence/Documentation • 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 - QAPI Evaluation (pgs. 3 and 46) • Std. II #11 - HCMS Program Evaluation GA for CY 2015 (pgs. 5 and 10)	
Findings: Amerigroup'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 that would be used to detect underutilization or overutilization. The QM Program Description did not specifically address mechanisms to detect both underutilization and overutilization. Goal 4.0 in the Health Care Management Medical Management Program 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 would be achieved through CMO-wide approaches to providing high-quality care. The QAPI Evaluation also addressed actively engaging providers in patient management, implementing and monitoring standardized processes, and using identified trends to further develop UM activities. During the compliance review interview, staff discussion described the CMO's quality improvement efforts to more fully describe its work through its QM Program Description, including hiring a strategic planner and a technical writer to tell the Amerigroup Quality Improvement story. The CMO also discussed its focus and work to implement the Triple Aim, the IHI's Science of Quality Improvement, and Lean Six Sigma.		
Required Actions: Amerigroup 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.		
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. *Contract: 4.12.5.2*	Amerigroup's QAPI program includes written policies and procedures for quality assessment, utilization management, and continuous quality improvement that are periodically assessed for efficacy. Evidence/Documentation	☐ Met ☒ Not Met ☐ N/A

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Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
	• Std. II #12 - QM Program Description_2016 (pgs. 6 and 8) • Std. II #12 - HEDIS® HEALTHY LIVING Policy (pgs. 3-4) • Std. II #12 - QAPI Evaluation (pgs. 3 and 57) • Std. II #12 - 2016 HCMS Program Evaluation GA for CY 2015 (pgs. 4-5 and 10)	
Findings: Amerigroup's QM Program Description scope provided key areas of focus that included service utilization and 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 (1) ensuring the provision of appropriate access to care by monitoring practitioner and provider access and availability reports, and (2) monitoring and assessing the effectiveness of Disease Management and Case Management programs to ensure the programs 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 QAPI Evaluation stated that quality indicators were tracked and trended across the CMO and reported periodically through established committees. The HCMS Program Evaluation stated that the Amerigroup Georgia Managed Care Company, Inc. (AGP) Health Care Management (HCM) Utilization and Case Management Program scope included the evaluation of the quality and appropriateness of healthcare services (e.g., diagnostic and therapeutic services, and technology assessment). Objectives outlined in the HCMS Program Evaluation aligned with the scope and discussed designing, implementing, monitoring, and evaluating, through standardized processes. The QM Program Description and the HCMS Program Evaluation included a description of quality assessment, utilization management, and continuous quality improvement. Amerigroup described goals and objectives for quality assessment, utilization management, and continuous quality improvement. However, Amerigroup had limited documentation demonstrating that it had developed and implemented policies that clearly stated how it conducts quality assessment, utilization management, and continuous quality improvement activities. Specific policies and procedures that would indicate implementation of the scope, goals, and objectives of the program were not provided. Amerigroup should consider redesigning the content of the various program evaluations to include 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. The evaluation documents should be thorough so that they may be used by Amerigroup in developing its quality roadmap and quality improvement plans.		
Required Actions: Amerigroup 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.		

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Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
13. The CMO's QAPI program includes designated staff members with expertise in quality assessment, utilization management, and continuous quality improvement. *Contract: 4.12.5.2*	Amerigroup's QAPI program includes designated staff members with expertise in quality assessment, utilization management, and continuous quality improvement. Evidence/Documentation • Std. II #13 QM Program Description_2016 (pgs. 36-40 (Appendix B))	☒ Met ☐ Not Met ☐ N/A
Findings: The QM Program Description discussed the resources dedicated to the QAPI Program, as well as the anticipated role of each resource. Amerigroup identified a senior executive, the CMO president, as the senior executive responsible for the QAPI Program; and documentation included adequate resources for QAPI Program implementation. The medical director provided overall direction and support to the QAPI Program and was responsible for oversight of clinical quality improvement operations. The medical director acted as the chair of the Quality Management and Quality Improvement Committees; provided leadership in developing quality management criteria, clinical practice guidelines, performance objectives, and quality improvement strategies. The medical director participated in credentialing/recredentialing and peer review, and communicated QAPI program activities to providers. The behavioral health medical director was responsible for aligning behavioral healthcare goals and objectives with those of the QAPI Program. The Quality Management Unit included a director, manager of quality for HEDIS and health promotions, manager of quality for Outreach, a clinical quality program manager, a business change manager, a program administrator, a clinical quality audit analyst, HEDIS coordinators, a HEDIS team lead, a health program representative team lead, and health program representatives. The QM Program Description also outlined corporate support for the QAPI Program, including work on HEDIS, CAHPS, project management, provider satisfaction surveys, delegation oversight, communications, credentialing, disease management, utilization management, case management, health promotion and outreach, and QAPI activities.		
Required Actions: None.		
14. The CMO's QAPI program includes reports that are evaluated, indicated recommendations that are implemented, and feedback provided to providers and members. *Contract: 4.12.5.2*	Amerigroup's QAPI program includes reports that are evaluated, indicated recommendations that are implemented, and feedback provided to providers and members Evidence/Documentation • Std. II #14 - QM Program Description_2016 (pgs. 5-7) • Std. II #14 - QAPI Evaluation (pgs. 25-26)	☐ Met ☒ Not Met ☐ N/A

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Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
Findings: The Amerigroup QM Program Description included goals for tracking and trending data over time, developing effective methods for measuring the outcomes of care and services provided to members, and interventions to achieve continuous measureable improvements using a Continuous Quality Improvement (CQI) approach. Amerigroup developed provider report cards which were mailed to all practices with panels greater than 250 members. Amerigroup sent reports at least quarterly via email to primary care practices with greater than 900 members. 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. This enabled the practice to see trended data demonstrating improvement or declines over time. Amerigroup's QM Program Description described goals and objectives to track, trend, and report data and outcomes; however, the QM Program Description did not include information on how, as a result of data analysis or evaluation, indicated recommendations were implemented.		
Required Actions: The QAPI Program Description must also include information on how, as a result of data analysis or evaluation, indicated recommendations are implemented.		
15. The CMO's QAPI program includes a methodology and process for conducting and maintaining provider profiling. *Contract: 4.12.5.2*	Amerigroup's QAPI program includes a methodology and process for conducting and maintaining provider profiling. Evidence/Documentation • Std. II #15 - QM Program Description_2016 (pgs. 5-6 and 8) • Std. II #15 - QAPI Evaluation (pgs. 25- 26) • Std. II #15 - 2016 Provider Report Card_2016 Interim	☐ Met ☒ Not Met ☐ N/A
Findings: Amerigroup 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. The 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. During the compliance review interview, documentation and discussion did not indicate that Amerigroup had a process to use information such as trends from grievances, complaints, prescribing, quality of care, or utilization for provider profiling.		
Required Actions: Amerigroup must develop provider profiling activities that include information such as tracked and trended data regarding utilization, complaints and grievances, prescribing, and member satisfaction. Implementation or use of provider profiling information by Amerigroup must be included in the QM Program Description to guide decisions in network development.		
16. The CMO's QAPI program includes ad-hoc reports to the CMO's multidisciplinary Quality Oversight Committee and DCH on results, conclusions,		

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
recommendations, and implemented system changes, including: *Contract: 4.12.5.2*		
a. Annual performance improvement projects (PIPs) that focus on clinical and non-clinical areas; and	Amerigroup'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 annual performance improvement projects (PIPs) that focus on clinical and non-clinical areas. Evidence/Documentation • Std. II #16a - QMC Agenda 1-25-16 (pg. 1) • Std. II #16a - PIP Presentation for MAC and QMC (slide #2) • Std. II #16a - QAPI Evaluation (pgs. 35-44, 57) • Std. II #16a - 2015 Postpartum PIP • Std. II #16a - 2015 Provider Satisfaction PIP	☒ Met ☐ Not Met ☐ N/A
Findings: Amerigroup provided information regarding some of the DCH-mandated and also its self-selected, implemented PIPs in clinical and nonclinical areas. PIP topics included ADHD, adolescent well visits, mental health follow-up, postpartum visit, diabetes, dental, after-hours messaging, and preventing credentialing termination.		
Required Actions: None		
b. Annual Reports on performance improvement projects and a process for evaluation of the impact and assessment of the Contractor's QAPI program.	Amerigroup'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: annual reports on performance improvement projects and a process for evaluation of the impact and assessment of the Contractor's QAPI program. Evidence/Documentation • Std. II #16b - QAPI Evaluation, (pgs. 35-44, 57)	☒ Met ☐ Not Met ☐ N/A

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
Findings: The Amerigroup QIC, Quality Oversight Committee (QOC), and MAC had regular agendas that included PIP updates. Amerigroup committee presentations and discussions addressed PIP topics, results, successes, and what did not work, and sought input from committee members. Amerigroup prepared an annual evaluation report on the QAPI Program, called the QAPI Evaluation, which included a summary of PIPs that were conducted during that reporting year.		
Required Actions: None.		
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*	Amerigroup has a process for evaluating the impact and effectiveness of the QAPI program. Evidence/Documentation • Std. II #17 - QAPI Evaluation (pgs. 56-58)	☐ Met ☒ Not Met ☐ N/A
Findings: Amerigroup used the QAPI Evaluation as its process for reporting on the evaluation completed on the impact and effectiveness of the QAPI Program. The QAPI Evaluation included a summary, results, and conclusions from the QAPI Program activities including performance measures, PIPs, and satisfaction surveys. The 2015 QAPI Evaluation included broad statements indicating that areas of the QAPI Program not meeting goals were analyzed and activities directed toward resolving identified barriers. The QAPI Evaluation did not provide an in-depth analysis or an evaluation that indicated the CMO used its data to understand opportunities for quality improvement or specific outcomes from quality improvement work (e.g., disease and case management) exist as a result of implementing CPGs.		
Required Actions: Amerigroup must write the QAPI Program Evaluation based on DCH specifications. The QAPI Program Evaluation must be approved by DCH. The QAPI Program Evaluation must also include in its QM Program Description 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, disease management, case management, care coordination, member and provider input). In addition, the CMO must include the identification of quality improvement opportunities and gaps in care or service delivery. Quality improvement initiatives must meet regulatory requirements and also reflect an understanding of the population served; use data to understand where opportunities exist; and include the results of 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 QAPI work.		

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
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. *Contract: 4.12.8.1*	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. During this review period the state did not assign any focused studies. 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. <u>Evidence/Documentation</u> • 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	☐ Met ☐ Not Met ☒ N/A
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. Amerigroup selected the postpartum visit PIP based on claims and encounter data that identified room for improvement and the opportunity to participate in a CMS Postpartum Learning Collaborative. Using provider satisfaction data, the provider satisfaction PIP topic was selected. Focused studies may be considered as an opportunity to acquire the information and data needed to determine if interventions are needed to improve operations, outcomes, or member/provider satisfaction.		
Required Actions: None.		
19. The CMO follows a structured process for conducting the focused studies, which includes: • Selecting the study topic(s). • Defining the study question(s). • Selecting the study indicator(s).	Amerigroup follows a structured process for conducting the focused studies, which includes: • Selecting the study topic(s). • Defining the study question(s). • Selecting the study indicator(s).	☐ Met ☐ Not Met ☒ N/A

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
• Identifying a representative and generalizable study population. • Documenting sound sampling techniques utilized (if applicable). • Collecting reliable data. • Analyzing data and interpreting study results. *Contract: 4.12.8.1*	• Identifying a representative and generalizable study population. • Documenting sound sampling techniques utilized (if applicable). • Collecting reliable data. • Analyzing data and interpreting study results. 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 <u>Evidence/Documentation</u> • Std. II #19 - PIP-Val Modules Companion guide (pgs. 4, 6-7, 13-14 and 32)	
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 used SMART Aims and PDSA cycles, resulting in more frequent measurement and evaluation of intervention results.		
Required Actions: None.		
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. *Contract: 4.12.9.1*	Amerigroup 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. <u>Evidence/Documentation:</u> • Std. II #20 - QM Patient Safety Plan 2015	☐ Met ☒ Not Met ☐ N/A

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
	• Std. II #20 - Member Grievance Resolution-GA • Std. II #20 - Peer Review Policy	
Findings: Amerigroup included its process to address member concerns or complaints regarding clinical care and nonclinical care in its Quality Management (QM) Patient Safety Plan. The QM Patient Safety Plan was written in a manner that may cause confusion between grievances (expressions of dissatisfaction) and the grievance process. 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 cases which would be reviewed by the Peer Review Committee.		
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.		
21. Patient safety plan policies and procedures include: *Contract: 4.12.9.1*		
a. A system for classifying complaints according to severity. *Contract: 4.12.9.1*	Amerigroup's patient safety plan policies and procedures include a system for classifying complaints according to severity. Level 0—Not a Quality of Care issue. Level 1—No quality issue substantiated. Level 2—Quality issue, but no effect on patient outcome. Level 3—Clear and significant quality issue that does impact the care outcome. Level 4—Complex and significant quality issue. Level 5—Emergency quality issue. <u>Evidence/Documentation:</u> • Std. II #21a - QM Patient Safety Plan 2015 (pg. 6, #6) • Std. II #21a - Peer Review Policy (pgs. 4-7)	☒ Met ☐ Not Met ☐ N/A

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
Findings: Amerigroup had a 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. *Contract: 4.12.9.1*	Amerigroup's patient safety plan policies and procedures include a review by the Medical Director. Evidence/Documentation: • Std. II #21b - QM Patient Safety Plan 2015 (pg. 6, #6) • Std. II #21b -Peer Review Policy (pgs. 4, #5)	☒ Met ☐ Not Met ☐ N/A
Findings: The Amerigroup Peer Review Policy stated that the medical director, after reviewing all available information, made an initial determination as to the presence of a significant quality issue. He/she used professional judgment and the Criteria for Initial Quality Review in making this determination. The medical director assigned the level of severity of the quality of care concern.		
Required Actions: None.		
c. A mechanism for determining which incidents will be forwarded to the Peer Review and Credentials Committees. *Contract: 4.12.9.1*	Amerigroup's Quality Management Patient Safety Plan includes severity classifications that are assigned by the Medical Director. Those issues rated at a Level 3 or 4 are reviewed by the Medical Advisory Committee and/or the Peer Review Committee. Level 0 – Not a Quality of Care issue Level 1 – No quality issue substantiated Level 2 – Quality issue, but no effect on patient outcome Level 3 – Clear and significant quality issue that does impact the care outcome Level 4 – Complex and significant quality issue Level 5 – Emergency quality issue Evidence/Documentation:	☒ Met ☐ Not Met ☐ N/A

Standard II—Quality Assessment and Performance Improvement		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
	• Std. II #21c QM Patient Safety Plan 2015 (pgs. 5, #9 and pg. 12) • Std. II #21c Peer Review Policy (pgs. 4-7 and 11)	
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 disciplinary actions were taken, the information was included in the provider's credentialing and quality files. The Peer Review Committee may also not recredential the provider.		
Required Actions: None.		
d. A summary of incident(s), including the final disposition, included in the provider profile. *Contract: 4.12.9.1*	Amerigroup's patient safety plan policies and procedures include summary of incident(s), including the final disposition, included in the provider profile. We enter the grievance information into Facets and the Grievance and QOC database for tracking to include the final disposition. Evidence/Documentation: • Std. II, 21d QM Patient Safety Plan 2015 (pg. 4) • Std. II #21d - Peer Review Policy	☒ Met ☐ Not Met ☐ N/A
Findings: A summary of the quality of care incident, disposition, and recommended corrective action was included in the provider's credentialing files.		
Required Actions: None		

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%

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. *42CFR438.242(a)* *Contract: 4.12.5.2*	Amerigroup maintains a health information system sufficient to support the collection, integration, tracking, analysis, and reporting of data. Evidence/Documentation: • 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	☒ Met ☐ Not Met ☐ N/A
Findings: The Amerigroup Health Information System (HIS) included the following 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 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: – 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.		
Required Actions: None.		
2. The CMO's health information system provides information on areas including: *42CFR438.242(a)*		

Standard III—Health Information Systems		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
a. Utilization.	Amerigroup's health information system provides information on areas including utilization. Evidence/Documentation: • 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	☒ Met ☐ Not Met ☐ N/A
Findings: The Amerigroup core operating system hosted provider, member, claims, and authorizations data. The case management system, CareCompass, also included member utilization data such as claims history, authorizations, immunizations, lab, and care and disease management data. Amerigroup used information from these systems for analysis and evaluation in the data warehouse.		
Required Actions: None.		
b. Grievances and appeals.	Amerigroup's health information system provides information on areas including, grievances and appeals. Evidence/Documentation: • 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	☒ Met ☐ Not Met ☐ N/A
Findings: Amerigroup 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.		
Required Actions: None.		
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.	☒ Met ☐ Not Met ☐ N/A

Standard III—Health Information Systems		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
	Evidence/Documentation: • Std. III #2c - Facets Term Reason • Std. III #2c – GA Mbr. Term Examples	
Findings: Enrollment and disenrollment information was maintained in the HIS core operating system, which received updated enrollment information through the 834 process and sent termination requests received by Amerigroup to the State.		
Required Actions: None.		
3. The CMO collects data on: *42CFR438.242(b)(1)*		
a. Member characteristics.	Amerigroup collects data on member characteristics. Evidence/Documentation: • 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	☒ Met ☐ Not Met ☐ N/A
Findings: Amerigroup collected member data in its core operating system, including member demographic information. Member care and service utilization data were collected in Amerigroup's claims and encounter system. In addition, CareCompass 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. Evidence/Documentation: • Std. III #3b - 837 Encounter Processing v1.5 • Std. III #3b - 837 File Load and Load Validations v3 • Std. III #3b - Facets_Claims_Processing_User_Guide_530	☒ Met ☐ Not Met ☐ N/A
Findings: Amerigroup collected provider data in its core operating system, including provider demographic information. Claim and encounter service provision data were collected in Amerigroup's claims and encounter system. In addition, CareCompass also included utilization data such as claims history, authorizations, immunizations, lab, and care and disease management data. All data in the case management system include information regarding the rendering provider.		

Standard III—Health Information Systems		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
Required Actions: None.		
c. Services furnished to members.	Amerigroup collects data on services furnished to members. Evidence/Documentation: • 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	☒ Met ☐ Not Met ☐ N/A
Findings: Amerigroup collected member care and service utilization data in its claims and encounter system. CareCompass also includes member utilization data such as claims history, authorizations, immunizations, lab, and care and disease management data. Information from these systems is synthesized and used for analysis and evaluation in the data warehouse.		
Required Actions: None.		
4. The CMO's health information system includes a mechanism to ensure that data received from providers are accurate and complete by: • Verifying the accuracy and timeliness of reported data. • 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. *42CFR438.242(b)(2)* *42CFR438.242(b)(3)* *Contract:* *4.17.3.1* *4.17.3.6*	Amerigroup's health information system includes a mechanism to ensure that data received from providers are accurate and complete by: • Verifying the accuracy and timeliness of reported data. • 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. Evidence/Documentation: • Std. III #4 - Claims Receipt Loading Procedures • Std. III #4 - Claims Process • Std. III #4 - Provider Data Exchanges	☒ Met ☐ Not Met ☐ N/A

Standard III—Health Information Systems		
Requirements and References	**Evidence/Documentation as Submitted by the CMO**	**Score**
Findings: Amerigroup 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 conducted verification of the accuracy or completeness other than through standardized claims edits. During compliance review interview sessions, the CMO described its process to validate data through medical record review processes.		
Required Actions: None.		

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	=	NA
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's performance and to document its findings; the scores it assigned associated with the findings; and, when applicable, corrective actions required to bring Amerigroup's performance into full compliance.

Standard IV—Member Information			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
Information Requirements: *42CFR438.10(f)(3), Contract: 4.3.3.1* 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.			
Findings: Amerigroup staff confirmed that the member handbook was included in the new member packet. Once the ID card production file was received by the vendor, a new member packet mailing file was created, and the packet was mailed within five calendar days after receiving notice of the enrollment from DCH. Amerigroup 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 notified members that the handbook was available for review on its website or that the handbook could be mailed upon request.			
Required Actions: Amerigroup must update its applicable policies to include a description of how the CMO notifies existing members (not newly enrolled members) that the member handbook was 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.			
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. This update will also include the frequency of when members will receive notification.	The policy will be revised and approved 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. We will track the number of member packets requested and the method in which it was requested to assist with the evaluation of receipt.	Tita Stewart	1/1/2016

Standard IV—Member Information
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)
Other Evidence/Documentation: **Other Evidence/Documentation:** • 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 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: • Annual Member Newsletter • Member Website • Annual Member Phone Call"
August 2016 Required Actions: None.

Standard V—Grievance System			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
Grievance System General Requirements: *42CFR438.402, Contract: 4.14.4.3* 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.			
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 was in compliance with this element, the Quality Management—Oversight of Delegation Activities policy and procedure should be updated to reflect actual CMO practice (i.e., that the CMO's vision vendor is not a delegate for appeals processing).			
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.			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
The Quality Management Oversight of Delegated Activities policy will be updated to reflect that our vision vendor is not a delegate for appeals processing.	The updated 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 that it is updated as appropriate.	Yvette Terry	1/1/2016
Other Evidence/Documentation: • Std. V #10 - Quality Management Oversight of Delegated Activities Policy – GA (pg. 4)			
August 2016 Re-review Findings: Amerigroup updated its Quality Management—Oversight of Delegated Activities policy and procedure as follows to not allow delegation of appeal processing to its vision vendor: "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."			
August 2016 Required Actions: None.			

Standard V—Grievance System			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
Grievance System, Handling of Grievances and Appeals: *42CFR438.406(a)(2), Contract: 4.14.1.5* 20. The Contractor acknowledges each grievance and administrative review in writing within ten (10) working days of receipt in the member's primary language.			
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 *sent* "in the member's primary language." All 10 administrative review (appeal) files reviewed during the on-site audit met the acknowledgement timeliness requirement.			
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.			
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 updated 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 as appropriate.	Yvette Terry	1/1/2016
Other Evidence/Documentation: • Std. V #20 - Member Grievance Resolution Policy – GA (pg.3 & 4) • Std. V #20 - Member Provider Action and Administrative Review Process Policy – GA (pg.9)			

Standard V—Grievance System
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)
August 2016 Re-review Findings: Amerigroup has updated its Member Grievance Resolution Policy and its Member Provider Action and Administrative Review Process so that administrative review (appeal) acknowledgement letters are provided in writing within 10 working days of receipt in the member's primary language as follows: "Amerigroup sends an acknowledgement letter within ten (10) business days of receipt of the administrative review in the member's primary language." A review of charts provided showed evidence of the letters being written in the member's primary language. The chart review also provided evidence that the letters were completed within 10 working days of receipt of the administrative review request.
August 2016 Required Actions: None.

Standard V—Grievance System			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
Grievance System, Handling of Grievances and Appeals: *42CFR438.406(b)(20), Contract: 4.14.4.5* 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.).			
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.			
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.			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
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 the case of an expedited administrative review. 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.	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. 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.	Yvette Terry and Bridget McKenzie	1/1/2016
Other Evidence/Documentation: • Std. V #22b – GA 2015 CAID, PCK and AA Member Handbook (pg.35)*			

Standard V—Grievance System
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)
• Std. V #22b – GA 2015 P4HB Member Handbook (pg.33)* • 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 *The member handbooks have been submitted to DCH for review and approval.
August 2016 Re-review Findings: Amerigroup updated the CAID, PCK and AA Member Handbook, GA 2015 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: "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." 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.
August 2016 Required Actions: None.

Standard V—Grievance System
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)
Resolution and Notification: Grievances and Appeals: *42CFR438.408(e), Contract: 4.14.5.2* 27. The written notice of adverse action shall meet the language and format requirements as specified in Section 4.3 and includes: • 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.
Findings: The Member/Provider Action and Administrative Review Process indicated that all notices of proposed action would meet the alternative language requirements and all written materials would be 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 the 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.
Required Actions: Amerigroup must ensure that the rationale for upholding a denial is written in easily understood language in its administrative review resolution letters.

Evidence/Documentation Submitted by the CMO			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
Amerigroup will complete the following actions: While the administrative review resolution letters are written at the appropriate language level as contractually required and meet NCQA	Letters are reviewed by both a clinical and non-clinical staff member to validate comprehension of the medical terminology/rationale.	Yvette Terry	1/1/2016

Standard V—Grievance System			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
requirements, 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. All Amerigroup appropriate staff will be trained on the policy and procedure. New staff will be trained as part of this new process.	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. Staff auditing will be conducted to assess knowledge of policy and procedure.		
Other Evidence/Documentation: • 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-1678869_Example • Std. V #27 - Administrative Review - Final Denial Notice APP-1712445_Example • Std. V #27 -Administrative Review - Final Denial Notice APP-1725375_Example • Std. V #27 - Administrative Review - Final Denial Notice APP-1725708_Example • Std. V #27 - Appeal Denial Letter Audit Results_Feb-Mar 2016			
August 2016 Re-review Findings: Amerigroup 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 would not be easily understood by the member. CMO staff indicated that the letters were written for use in responding 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.			
August 2016 Required Actions: Amerigroup must ensure that the rationale for upholding a denial is written in easily understood language in its administrative review resolution letters. The CMO must consider writing a separate letter for the provider and a separate letter for the member.			

Standard VI—Disenrollment Requirements and Limitations			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
Disenrollment: Requirements and limitations: *42CFR438.56* 2. A member may request disenrollment from a CMO for the following reasons: • For cause at any time. • Without cause: – 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.			
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.			
Required Actions: Amerigroup must update its Disenrollment procedure and member handbook to include a provision that the member may request disenrollment for cause at any time.			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
Amerigroup will update its Disenrollment policy and the Medicaid/PeachCare for Kids & P4HB member handbooks to include language that the member may request disenrollment for cause at any time.	The Disenrollment Policy and Member Handbooks will be updated to include language that the member may request disenrollment for cause at any time. Our Policies and Procedures and Member Handbooks are reviewed and updated annually to ensure contractual changes are captured.	Tita Stewart	1/1/2016
Other Evidence/Documentation: • Std. VI #2 - Disenrollment Policy • Std. VI #2 – GA 2015 CAID, PCK and AA Member Handbook (pg.39)* • Std. VI #2 – GA 2015 P4HB Member Handbook (pg.37)* *The member handbooks have been submitted to DCH for review and approval.			

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 updated its Disenrollment Policy, GA 2015 P4HB® Member Handbook, and the GA 2015 CAID, PCK and AA Member Handbook to include a provision that the member may request disenrollment for cause at any time.
August 2016 Required Actions: None.

Standard II—Furnishing of Services			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
1. August 2016 Required Actions: Timely Access: *42CFR438.206(c)(1)* The CMO meets and requires its providers to meet DCH standards for timely access to care and services, taking into account the urgency of need for services according to the following standards: (f) **Timelines—Returning Calls After-Hours:** *Contract 4.8.14.4* The CMO ensures that provider response times for returning calls after-hours do not exceed the following: • Urgent Calls—Twenty minutes • Other Calls—One hour			
2015 Re-review Findings: The after-hours survey results indicated that 85 percent of providers that were surveyed in quarter 1, 2015, returned urgent calls within 20 minutes. This rate was 5 percentage points higher than quarter 1, 2014. The after-hours survey also indicated that 88 percent of providers surveyed in quarter 1, 2015, returned routine calls within 60 minutes, which falls just below the 90 percent goal. Compared to the quarter 1, 2014 survey, Amerigroup improved this rate by 3 percentage points.			
July 2015 Required Actions: Amerigroup must continue to apply current and new interventions with providers until the goal of returning urgent calls within 20 minutes and routine calls within one hour is achieved 90 percent of the time.			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
Amerigroup will continue to monitor contractual compliance of providers with urgent and routine calls through our quarterly survey process. Providers who fail the survey will be invited to the Provider New Orientation webinars, held monthly for re-education on their responsibilities to return calls within contractual timeframes. We will continue to send quarterly fax blasts to the entire network outlining the contract requirements specific to the availability and accessibility requirements. Beginning in January	We will continue to monitor quarterly survey results and follow up with providers who fail the survey accordingly. In addition, we will monitor attendance to the monthly webinars to ensure providers who fail the survey attended. We have seen consistent improvement in our overall survey results. In Q3, 100 percent of providers surveyed returned urgent calls within 20 minutes. This was 17 percentage points higher than the Q2 results of 83 percent. Also, in Q3, 93 percent of providers surveyed returned routine calls within 60 minutes, which	Michelle Rush	Quarterly basis until 6/30/16

Standard II—Furnishing of Services			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
2016, our Provider Relations representatives will reinforce the after-hours survey requirements with providers and their staff.	is an increase of 3 percentage points from the Q2 results of 90 percent.		
Other Evidence/Documentation: • Std. II #1 - After Hours Q3 2015 – Q2 2016 • Std. II #1 – Q1 Access and Availability Standards Blast Fax • Std. II #1 - 16Q1 After Hours – Dr. Maribel Servera Failed Survey Letter Example • Std. II #1 - 16Q1 After Hours – Dr. Maribel Servera Failed Survey Response Example			
August 2016 Re-review Findings: Audit findings for Quarter 3 2015 through Quarter 2 2016 indicated that the goal of providers returning urgent calls within 20 minutes and routine calls within one hour being achieved 90 percent of the time was not met. Amerigroup developed an Access and Availability Standards Blast that was sent to providers. The blast stated the requirements for after-hours return call time frames. Amerigroup provided documentation of a corrective action notification it provided to one provider that did not meet the requirements for timely returning of member calls.			
August 2016 Required Actions: Amerigroup must continue to apply current and new interventions with providers until the goal of returning urgent calls within 20 minutes and routine calls within one hour is achieved 90 percent of the time.			

Standard II—Furnishing of Services

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

5. Geographic Access: *Contract 4.8.13.1*

The CMO meets the following geographic access standards for all members:

	Urban	Rural
PCPs	Two within eight miles	Two within 15 miles
Specialists	One within 30 minutes or 30 miles	One within 45 minutes or 45 miles
General Dental Providers	One within 30 minutes or 30 miles	One within 45 minutes or 45 miles
Dental Subspecialty Providers	One within 30 minutes or 30 miles	One within 45 minutes or 45 miles
Hospitals	One within 30 minutes or 30 miles	One within 45 minutes or 45 miles
Mental Health Providers	One within 30 minutes or 30 miles	One within 45 minutes or 45 miles
Pharmacies	One 24/7 hours a day, seven (7) days a week within 15 minutes or 15 miles	One 24/7 hours a day (or has an after-hours emergency phone number and pharmacist on call) seven days a week within 30 minutes or 30 miles

July 2015 Re-review Findings: HSAG noted that the CMO did not meet the requirements in both urban and rural areas in the following provider categories:

- PCPs
- Specialists
- Dental subspecialty providers
- Mental health providers
- Pharmacies

The CMO was also deficient in time/distance evaluation related to general dental providers in rural areas.

Standard II—Furnishing of Services			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
July 2015 Required Actions: The CMO must meet the geographic standards for both urban and rural areas for PCPs, specialists, dental subspecialty providers, mental health providers, and pharmacies, and for general dental providers in rural areas. Amerigroup must continue its efforts to close its network adequacy gaps by implementing new network strategies, and keep DCH informed of its progress.			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
Amerigroup will continue its efforts to add providers to our network to meet all geographic standards as outlined in our contract. We complete and submit quarterly deficiency reports detailing all areas where we are not meeting access and the actions that have been taken regarding recruitment efforts. Currently, we have (627) specialties that fall into DCH CAP code (1) – "providers do not exist within contract access standard." We will continue to encourage providers to participate in telemedicine to ensure our members have access to care, including telemedicine sites in school clinic settings. NET services are also coordinated as needed. We will continue to encourage participation in Medicaid and continue our practice of quarterly outreach to providers that have chosen not to accept Medicaid in the counties where providers do not exist or have a Medicaid ID number to participate in the GA Families program.	We will continue to report network activity to DCH monthly. In an effort to ensure access we will also continue to recruit providers in our bordering states and coordinate NET services to address any transportation issues.	Urcel Fields	Ongoing

Standard II—Furnishing of Services
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)
Other Evidence/Documentation: • Std. II #5 - Provider Recruitment Report M0316 • Std. II #5 - Amerigroup Telehealth Presentation Sites • Std. II #5 - Amerigroup Telehealth Presentation Site Utilization Summary • Std. II #5 - Q3 2015 GA ATL Access Analysis • Std. II #5 - Q3 2015 GA Central Access Analysis • Std. II #5 - Q3 2015 GA East Access Analysis • Std. II #5 - Q3 2015 GA North Access Analysis • Std. II #5 - Q3 2015 GA SE Access Analysis • Std. II #5 - Q3 2015 GA Southwest Access Analysis • Std. II #5 - Q4 2015 GA ATL Access Analysis • Std. II #5 - Q4 2015 GA Central Access Analysis • Std. II #5 - Q4 2015 GA East Access Analysis • Std. II #5 - Q4 2015 GA North Access Analysis • Std. II #5 - Q4 2015 GA SE Access Analysis • Std. II #5 - Q4 2015 GA Southwest Access Analysis • Std. II #5 - Q1 GA ATL Access Analysis • Std. II #5 –Q1 GA Central Access Analysis • Std. II #5 - Q1 GA East Access Analysis • Std. II #5 - Q1 GA North Access Analysis • Std. II #5 – Q1 GA SE Access Analysis • Std. II #5 - Q1 GA Southwest Access Analysis
August 2016 Re-review Findings: The documentation submitted indicated that Amerigroup continued to recruit providers to fill network gaps or deficiencies. Network Access Analysis reports indicated compliance in counties for many provider types; however, Amerigroup did not meet geographic requirements consistently in all counties and for all provider types.
August 2016 Required Actions: Amerigroup must meet the geographic standards for both urban and rural areas for PCPs, specialists, oral health providers, mental health providers, and pharmacies. Amerigroup must continue efforts to close its network adequacy gaps by implementing new network strategies, and must keep DCH informed of its progress.

Standard IV—Coordination and Continuity of Care
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)
8. Care Coordination Functions: *Contract 4.11.8.1* In addition to the above requirements, the CMO's care coordination system includes the following related and additional functions: • Case Management • Disease Management • Transition of Care • Discharge Planning
July 2015 Re-review Findings: During the on-site review and interview, Amerigroup staff members reported that they had completed discharge training with all current case managers and were training all incoming staff on discharge procedures. In review of the documentation provided and information provided during the interview, HSAG identified that Amerigroup had only completed one review of case management case files for discharge plans in June 2015. The audit, completed in May 2015, was conducted prior to completion of staff training and did not provide any indication of what impact training had on staff compliance with transitions of care/discharge planning.
July 2015 Required Actions: Amerigroup must continue monthly auditing of case management files for members who were discharged from inpatient facilities to ensure current discharge procedures are followed. All auditing results must be documented and shared with applicable staff. The CMO must develop a mechanism to evaluate the impact of staff training. HSAG will review this finding again during the next compliance audit.

Evidence/Documentation Submitted by the CMO			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
Amerigroup will continue monthly auditing of case management files for discharged members to ensure discharge procedures are being followed. Audit results will be documented and shared with the applicable staff member. To evaluate the impact of staff training, Amerigroup will conduct monthly audits of discharge planning activities and monitor the comprehension of training through the audit results achieved by the staff.	Monthly Discharge Planning Auditing. Compliance to the training is demonstrated by the audit results and the 1:1 performance reviews. Associates who receive non-passing scores receive 1:1 coaching by the Clinical Quality Auditor on the Inpatient Discharge Process. Audit results are shared with the associate's manager. In the event a Case Manager continuously fails the audit, they are referred to their manager for further evaluation and corrective action as applicable.	Lisa Ross-Jones	Monthly basis until 6/30/16

Standard IV—Coordination and Continuity of Care			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
To Promote Quality Management of process we will do the following: • Audit results that falls below 95% consistently CM will be coached by Clinical Quality Auditor • Auditor will provide educational teaching discharge planning and stabilization process training • In the event that case audits results continue to fall below 95%, the Case Manager will be referred to their Manager for further evaluation of possible action plan.			
Other Evidence/Documentation: • Std. IV #8 - Discharge Planning Audit Results_2016			
August 2016 Re-review Findings: Amerigroup conducted monthly auditing of case management files for members who were discharged from inpatient facilities to ensure current discharge procedures were followed. Limited documentation was provided to indicate that the results were shared with applicable staff or the impact of staff training. A review of case files indicated that the discharge planning policies were followed.			
August 2016 Required Actions: None.			

Standard IV—Coordination and Continuity of Care			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
9. Case Management—Components: *Contract 4.11.9.1-2* The CMO's case management system emphasizes prevention, continuity of care, and coordination of care and includes the following: • (c) Development of a care plan.			
July 2015 Re-review Findings: Amerigroup staff members reported that they were working with the corporate office to revise the CMO's core systems based on recommendations and feedback from DCH. No date for implementation of these changes had been identified.			
July 2015 Required Actions: Amerigroup must identify an implementation strategy to include time frames that clearly delineate the initiation and completion of the core system update. The CMO must provide this documentation to DCH and must work with DCH to identify when the CAP is completed.			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
We presented the request to revise the Care Compass system to our corporate leadership team for review. As this would be an enterprise wide change, approval would be required within the corporate leadership level for all Medicaid plans. We have not received corporate approval for this revision. As a workaround, we modified our internal process and workflows to capture the documentation within the core case management system.	We will continue utilizing our internal workflow process to ensure the required care plan elements are captured. Audits will be conducted on the workaround that identify that the templates have information specific to member & family and cater to the member needs in order to drive improvement with outcomes.	Bridget McKenzie	Workflow update completed. System changes timelines dependent on corporate approval.
Other Evidence/Documentation: • Std. IV #9 - Care Plan Audit Results_2016			
August 2016 Re-review Findings: Amerigroup's documentation indicated that management presented the request to revise the CareCompass system to its corporate leadership team for review, as this would be an enterprise-wide change, and approval would be required within the corporate leadership level. Amerigroup staff did not receive corporate approval for this revision. As a workaround, Amerigroup modified its internal process and workflows to capture the documentation within the core case management system. The information provided by the CMO indicated that DCH had approved the CMO's revised CAP to modify its internal process and workflows to capture the documentation within the core case management system.			
August 2016 Required Actions: None.			

Standard IV—Coordination and Continuity of Care			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
12. Discharge Planning: *Contract 4.11.11* • The CMO maintains and operates a formalized discharge-planning program that includes a comprehensive evaluation of the member's health needs and identification of the services and supplies required to facilitate appropriate care following discharge from an institutional clinical setting.			
July 2015 Re-review Findings: During the on-site review and interview, Amerigroup staff members reported that they had completed discharge training with all current case managers and were training all incoming staff on discharge procedures. In review of the documentation provided and information provided during the interview, HSAG identified that Amerigroup had only completed one review of case management case files for discharge plans in June 2015. The audit, completed in May 2015, was conducted prior to completion of staff training and did not provide any indication of what impact training had on staff.			
July 2015 Required Actions: Amerigroup must continue monthly auditing of case management files for members who were discharged from inpatient facilities to ensure current discharge procedures are followed. All auditing results must be documented and shared with applicable staff. The CMO must develop a mechanism to evaluate the impact of staff training. HSAG will review this finding again during the next compliance audit.			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
Amerigroup will continue monthly auditing of case management files for discharged members to ensure discharge procedures are being followed. Audit results will be documented and shared with the applicable staff member. To evaluate the impact of staff training, Amerigroup will conduct monthly audits of Discharge planning activities and monitor the comprehension of training through the audit results achieved by the staff. To Promote Quality Management of process we will do the following:	Monthly Discharge Planning Auditing. Compliance to the training is demonstrated by the audit results and the 1:1 performance reviews. Associates who receive non-passing scores receive 1:1 coaching by the Clinical Quality Auditor on the Inpatient Discharge Process. Audit results are shared with the associate's manager. In the event a Case Manager continuously fails the audit, they are referred to their manager for further evaluation and corrective action as applicable.	Lisa Ross-Jones	Monthly basis until 6/30/16

• Audits results that falls below 95% consistently CM will be coached by Clinical Quality Auditor • Auditor will provide educational teaching discharge planning and stabilization process training • In the event that case audits results continue to fall below 95%, the Case Manager will be referred to their Manager for further evaluation of possible action plan.  Discharge Stabilization Audit Toc			

Other Evidence/Documentation:

- Std. IV #12 - Discharge Planning Audit Results_2016

August 2016 Re-review Findings: Amerigroup conducted monthly auditing of case management files for members who were discharged from inpatient facilities to ensure current discharge procedures were followed. Limited documentation related to sharing the audit results with applicable staffs and the impact of staff training was provided. A review of discharge files provided evidence that the discharge planning process was being followed.

August 2016 Required Actions: None.

Standard VII—Coordination and Continuity of Care—Focused Review			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
5. Discharge Planning*: Contract §4.11.11* The CMO maintains and operates a formalized discharge-planning program that includes a comprehensive evaluation of the member's health needs and identification of the services and supplies required to facilitate appropriate care following discharge from an institutional clinical setting.			
July 2015 Re-review Findings: During the on-site review and interview, Amerigroup staff members reported that they had completed discharge training with all current case managers and were training all incoming staff on discharge procedures. In review of the documentation provided and information provided during the interview, HSAG identified that Amerigroup had only completed one review of case management case files for discharge plans in June 2015. The audit, completed in May 2015, was conducted prior to completion of staff training and did not provide any indication of what impact training had on staff.			
July 2015 Required Actions: Amerigroup must continue monthly auditing of case management files for members who were discharged from inpatient facilities to ensure current discharge procedures are followed. All auditing results must be documented and shared with the applicable staff. The CMO must develop a mechanism to evaluate the impact of staff training. HSAG will review this finding again during the next compliance audit.			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
Amerigroup will continue monthly auditing of case management files for discharged members to ensure discharge procedures are being followed. Audit results will be documented and shared with the applicable staff. To evaluate the impact of staff training, Amerigroup will conduct monthly audits of Discharge planning activities and monitor the comprehension of training through the audit results achieved by the staff. To Promote Quality Management of process we will do the following:	Monthly Discharge Planning Auditing. Compliance to the training is demonstrated by the audit results and the 1:1 performance reviews. Associates who receive non-passing scores receive 1:1 coaching by the Clinical Quality Auditor on the Inpatient Discharge Process. Audit results are shared with the associate's manager. In the event a Case Manager continuously fails the audit, they are referred to their manager for further evaluation and corrective action as applicable.	Lisa Ross-Jones	Monthly basis until 6/30/16

Standard VII—Coordination and Continuity of Care—Focused Review			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
• Audits results that falls below 95% consistently CM will be coached by Clinical Quality Auditor • Auditor will provide educational teaching discharge planning and stabilization process training • In the event that case audits results continue to fall below 95%, the Case Manager will be referred to their Manager for further evaluation of possible action plan.  Discharge Stabilization Audit Too			
Other Evidence/Documentation: • Std. VII #5 - Discharge Planning Audit Results_2016			
August 2016 Re-review Findings: Amerigroup conducted monthly auditing of case management files for members who were discharged from inpatient facilities to ensure current discharge procedures were followed. Limited documentation was provided indicating that the results were shared with applicable staff or the impact of the staff training. A review of discharge files provided evidence that the CMO is following its discharge process.			
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'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.

Table C-1—Review Dates

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

Participants

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

Table C-2—HSAG Reviewers and Amerigroup Community Care/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, MD		Regional Vice President, Medical Director
Bhavini Solanki-Vasan, LPC		Director of Behavioral Health
Rochelle Simmons		Medicaid Compliance Analyst
Towonna Ingram		Manager II, Quality Management
Tita Stewart		Regional Vice President, Marketing
Urcel Fields		Regional Vice President, Provider Solutions
Michelle Rush		Director, Provider Solutions
David Bolt		Manager, Community Outreach
Cynthia M. Brown		Manager, Complex Case Management
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 Services
Nereida Parks		Clinical Quality Auditor
Lisa Ross-Jones		Manager II Health Care Management
Aaron Lambert		Director II, Medicaid State Operations
Lisa Maleski		Clinical Quality Program Manager
Corrinne Cooper		Manager, OB/ Neonatal Intensive Care Unit (NICU)
Yvette Terry		Manager II, Quality Management
Fran Gary		President, Medicaid Health Plan
Kinesha Hodges		Account Manager Advisor

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

Appendix D. Review Methodology

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 Georgia Families (GF) program CMOs 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'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: February 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 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.

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

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.

Standard II—Quality Assessment and Performance Improvement			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
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. *Contract: 4.12.1.2*			
Findings: The Amerigroup Health Education Advisory Committee (HEAC) included providers and members. Minutes from the committee's meeting reflected active engagement of healthcare professionals and providers, but limited involvement of the members that attended. During the compliance review interview, CMO staff discussed presenting outreach and other member materials during HEAC meetings to receive member feedback prior to implementation. The Medical Advisory Committee (MAC) included providers who were actively engaged in meeting discussions regarding quality of care and quality improvement. Amerigroup provided limited information which showed evidence that Amerigroup actively sought out member feedback, other than through a survey or participation in committees. During compliance review interviews, information was provided and discussed with staff, which indicated that the CMO sought limited input and feedback from community resources and agencies related to coordination of care activities.			
Required Actions: Amerigroup must identify additional opportunities to engage members in activities focused on quality improvement. Amerigroup must work with community organizations and resources related to quality improvement, in addition to its current processes that are focused on care coordination.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**

Standard II—Quality Assessment and Performance Improvement			
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: *42CFR438.240(b)(1) through (4)* *Contract:* *4.12.2.1Contract:* *4.12.1.2* a. Monitoring and evaluating its service delivery system and provider network, as well as its own processes for quality management and performance improvement. *Contract:* *4.12.2.2*			
Findings: Amerigroup provided documentation of the methods used to monitor and measure provider network accessibility. The QAPI Evaluation described that the CMO conducted surveys to determine availability of appointments and after-hours care. Amerigroup also regularly monitored and measured members' ability to access primary care, including high-volume specialists (e.g., obstetrics/gynecology) and provider types for which ongoing or regular care is needed (e.g., hematology and oncology). Amerigroup also used the CAHPS survey to measure member satisfaction with access to primary care and specialists. In addition, Amerigroup monitored complaints and grievances in relation to access to care concerns. Access to care surveys were conducted with behavioral health providers regarding appointment availability. Documentation submitted did not describe how Amerigroup monitored or evaluated its own processes for quality management and performance improvement. Monitoring and evaluation activities were focused primarily on external requirements.			
Required Actions: Amerigroup must continue to monitor and evaluate its service delivery system and provider network, as well as its own process for quality management and performance improvement.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**

Standard II—Quality Assessment and Performance Improvement			
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: *42CFR438.240(b)(1) through (4)* *Contract: 4.12.2.1* 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. *Contract: 4.12.2.2*			
Findings: Amerigroup included information from participating providers in the development and implementation of QAPI activities. For example, Amerigroup developed and implemented a PIP related to postpartum care. The project participants included a high-volume obstetrical group. The provider group was actively involved in identifying barriers, as well as in implementing interventions and activities to improve performance. In addition, the Health Education Advisory Committee (HEAC) membership included both members and providers. Meeting minutes reflected active involvement and discussion from participating providers; however, limited member involvement was identified. The QM Program Description referenced several committees with community or network provider participation, including the QMC, QIC, MAC, and Credentialing Committee. Member involvement was actively sought in case management activities. However, the CMO had limited evidence of processes to engage members, parents, guardians, and family members in activities focused on quality improvement.			
Required Actions: Amerigroup must identify additional opportunities to engage members, parents, guardians, and family members in activities focused on quality improvement.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**

Standard II—Quality Assessment and Performance Improvement

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 did not meet all of the DCH-established performance goals for CY 2014 and CY 2015. The CMO showed statistically significant increases in 22 measure rates. The CMO showed statistically significant decreases in 11 measure rates. The following results were noted:

Amerigroup Access to Care Results

Measure	CY 2014 Rate[1]	CY 2015 Rate[2]	Statistically Significant Improvement or Decline	2015 Performance Target[3]
Children and Adolescents' Access to Primary Care Practitioners				
12–24 Months	97.00%	96.61%	↔	NC
25 Months–6 Years	90.85%	89.42%	↓	NC
7–11 Years	92.99%	92.23%	↓	NC
12–19 Years	90.68%	89.92%	↓	93.50%
Adults' Access to Preventive/Ambulatory Health Services				
20–44 Years	79.69%	79.48%	↔	88.52%
Annual Dental Visit				
2–3 Years	47.54%	46.51%	↓	54.20%
4–6 Years	75.89%	75.11%	↓	NC
7–10 Years	78.32%	78.48%	↔	NC
11–14 Years	71.65%	71.85%	↔	NC
15–18 Years	60.07%	60.80%	↔	NC
19–20 Years	—	39.47%	NT	34.04%[4]
Total	68.78%	68.81%	↔	NC
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment				

Standard II—Quality Assessment and Performance Improvement

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

Initiation of AOD Treatment—Total	52.57%	36.94%	↓	43.48%
Engagement of AOD Treatment—Total	12.84%	8.23%	↓	14.97%
Care Transition—Transition Record Transmitted to Health Care Professional				
Care Transition—Transition Record Transmitted to Health Care Professional	0.00%	0.00%	↔	NC
Colorectal Cancer Screening				
Colorectal Cancer Screening	—	45.24%	NT	NC
Adult BMI Assessment				
Adult BMI Assessment	66.51%	71.46%	↔	85.23%

[1] CY 2014 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2014 through December 31, 2014.
[2] CY 2015 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2015 through December 31, 2015.
[3] CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.
[4] CY 2015 performance target is derived from previous CY 2014 rates, which included members age 19–21 years rather than 19–20 years.
↓ indicates a statistically significant decline in performance between CY 2014 and CY 2015.
↔ indicates no statistically significant difference in performance between CY 2014 and CY 2015.
— indicates that the CY 2014 rate was not presented in the previous year's technical report; therefore, this rate is not presented in this report.
NC (i.e., Not Compared) indicates that DCH did not establish a performance target for this indicator.
NT (i.e., Not Trended) indicates that statistical significance testing was not performed between CY 2014 and CY 2015.

Amerigroup Children's Health Results

Measure	CY 2014 Rate[1]	CY 2015 Rate[2]	Statistically Significant Improvement or Decline	2015 Performance Target[3]
Well-Child/Well-Care Visits				
Well-Child Visits in the First 15 Months of Life				
Six or More Well-Child Visits	65.97%	68.52%	↔	67.98%

Standard II—Quality Assessment and Performance Improvement				
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)				
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	73.84%	73.04%	↔	72.80%
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	53.01%	56.02%	↔	53.47%
Prevention and Screening				
Childhood Immunization Status				
Combination 3	79.12%	76.16%	↔	80.30%
Combination 6	43.39%	39.35%	↔	59.37%
Combination 10	38.05%	35.42%	↔	38.94%
Lead Screening in Children				
Lead Screening in Children	78.70%	80.09%	↔	75.34%
Appropriate Testing for Children with Pharyngitis				
Appropriate Testing for Children with Pharyngitis	80.92%	82.38%	↑	83.66%
Immunizations for Adolescents				
Combination 1 (Meningococcal, Tdap/Td)	80.20%	90.49%	↑	71.43%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Total	54.40%	67.75%	↑	45.86%
Counseling for Nutrition—Total	58.80%	63.57%	↔	60.58%
*Counseling for Physical Activity—Total**	53.47%	56.84%	↔	46.30%
Developmental Screening in the First Three Years of Life				
Total	38.19%	48.38%	↑	46.36%
Percentage Of Eligibles Who Received Preventive Dental Services				
Percentage Of Eligibles Who Received Preventive Dental Services	53.21%	52.34%	↓	58.00%

Standard II—Quality Assessment and Performance Improvement

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

Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk				
Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk	—	24.81%	NT	NC
Upper Respiratory Infection				
Appropriate Treatment for Children with Upper Respiratory Infection				
Appropriate Treatment for Children with Upper Respiratory Infection	85.92%	86.82%	↑	86.11%

[1] *CY 2014 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2014 through December 31, 2014.*

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

[3] *CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.*

** Due to changes in the technical measure specifications, use caution when comparing rates for this measure between CY 2014 and 2015.*

↑ *indicates a statistically significant improvement in performance between CY 2014 and CY 2015.*

↓ *indicates a statistically significant decline in performance between CY 2014 and CY 2015.*

↔ *indicates no statistically significant difference in performance between CY 2014 and CY 2015.*

— indicates that the CY 2014 rate was not presented in the previous year's technical report; therefore, this rate is not presented in this report.

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

NT (i.e., Not Trended) indicates that statistical significance testing was not performed between CY 2014 and CY 2015.

Amerigroup Women's Health Results

Measure	CY 2014 Rate[1]	CY 2015 Rate[2]	Statistically Significant Improvement or Decline	2015 Performance Target[3]
Prevention and Screening				
Cervical Cancer Screening				
Cervical Cancer Screening	66.40%	64.49%	↔	76.64%
Breast Cancer Screening				

Standard II—Quality Assessment and Performance Improvement				
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)				
Breast Cancer Screening	69.04%	67.84%	↔	71.35%
Chlamydia Screening in Women				
Total	56.96%	53.71%	↓	54.93%
Human Papillomavirus Vaccine for Female Adolescents				
Human Papillomavirus Vaccine for Female Adolescents	19.72%	29.17%	↑	23.62%
Prenatal Care and Birth Outcomes				
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	79.02%	78.09%	↔	89.62%
Postpartum Care	62.94%	64.10%	↔	69.47%
Cesarean Section for Nulliparous Singleton Vertex[4]				
Cesarean Section for Nulliparous Singleton Vertex	NR	21.79%	NT	18.08%
Cesarean Delivery Rate, Uncomplicated[4]				
Cesarean Delivery Rate, Uncomplicated	28.59%	21.59%	↑	28.70%
Percentage of Live Births Weighing Less Than 2,500 Grams[4]				
Percentage of Live Births Weighing Less Than 2,500 Grams	8.87%	9.34%	↔	8.02%
Behavioral Health Risk Assessment for Pregnant Women				
Behavioral Health Risk Assessment for Pregnant Women	4.57%	11.00%	↑	NC
Early Elective Delivery[4]				
Early Elective Delivery	NR	0.51%	NT	2.00%
Antenatal Steroids				
Antenatal Steroids	NR	3.27%	NT	NC
Frequency of Ongoing Prenatal Care				

Frequency of Ongoing Prenatal Care				
≥81 Percent of Expected Visits	48.02%	49.65%	↔	60.10%

[1] CY 2014 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2014 through December 31, 2014.

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

[3] CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.

[4] A lower rate indicates better performance for this measure.

↑ *indicates a statistically significant improvement in performance between CY 2014 and CY 2015.*

↓ *indicates a statistically significant decline in performance between CY 2014 and CY 2015.*

↔ *indicates no statistically significant difference in performance between CY 2014 and CY 2015.*

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

NT (i.e., Not Trended) indicates that statistical significance testing was not performed between CY 2014 and CY 2015.

NR (i.e., Not Reported) indicates that the CMO produced a CY 2014 rate that was materially biased or chose not to report results for this measure; therefore, the rate was not included in the performance calculation. The auditors confirmed that although the CMO calculated this measure properly and according to CMS specifications, due to limitations with CMS specifications, the eligible population could not be appropriately ascertained. The resulting rate, therefore, was considered biased and not representative of the population.

Amerigroup Chronic Conditions Results

Measure	CY 2014 Rate[1]	CY 2015 Rate[2]	Statistically Significant Improvement or Decline	2015 Performance Target[3]
Diabetes				
Comprehensive Diabetes Care*				
Hemoglobin A1c (HbA1c) Testing	85.37%	88.35%	↔	87.59%
HbA1c Poor Control (>9.0%)[4]	58.54%	53.22%	↔	44.69%
HbA1c Control (<8.0%)	35.02%	38.96%	↔	46.43%
HbA1c Control (<7.0%)	25.21%	28.93%	↔	36.27%
Eye Exam (Retinal) Performed	46.86%	49.74%	↔	54.14%
Medical Attention for Nephropathy	76.66%	92.87%	↑	80.05%
Blood Pressure Control (<140/90 mm Hg)	36.93%	50.78%	↑	61.31%
Diabetes Short-Term Complications Admission Rate (Per 100,000 Member Months)[4]				

Standard II—Quality Assessment and Performance Improvement

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

Diabetes Short-Term Complications Admission Rate	14.87	13.46	NT	--
Respiratory Conditions				
Asthma in Younger Adults Admission Rate (Per 100,000 Member Months)[4]				
Asthma in Younger Adults Admission Rate	7.39	4.42	NT	--
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Per 100,000 Member Months)[4]				
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	37.71	30.22	NT	--
Pharmacotherapy Management of COPD Exacerbation				
Systemic Corticosteroid	—	79.07%	NT	74.94%
Bronchodilator	—	83.72%	NT	83.82%
Cardiovascular Conditions				
Heart Failure Admission Rate (Per 100,000 Member Months)[4]				
Heart Failure Admission Rate	6.44	4.11	NT	--
Controlling High Blood Pressure				
Controlling High Blood Pressure	29.07%	42.72%	↑	56.46%
Persistence of Beta-Blocker Treatment After a Heart Attack				
Persistence of Beta-Blocker Treatment After a Heart Attack	—	93.75%	NT	NC

[1] CY 2014 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2014 through December 31, 2014.

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

[3] CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.

[4] A lower rate indicates better performance for this measure.

** Due to changes in the technical measure specifications, use caution when comparing rates for this measure between CY 2014 and 2015.*

↑ indicates a statistically significant improvement in performance between CY 2014 and CY 2015.

Standard II—Quality Assessment and Performance Improvement

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

↔ *indicates no statistically significant difference in performance between CY 2014 and CY 2015.*

-- 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.

— indicates that the CY 2014 rate was not presented in the previous year's technical report; therefore, this rate is not presented in this report.

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

NT (i.e., Not Trended) indicates that statistical significance testing was not performed between CY 2014 and CY 2015.

Amerigroup Behavioral Health Results

Measure	CY 2014 Rate[1]	CY 2015 Rate[2]	Statistically Significant Improvement or Decline	2015 Performance Target[3]
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase	45.04%	46.42%	↔	53.03%
Continuation and Maintenance Phase	59.36%	61.59%	↔	63.10%
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up	51.01%	50.40%	↔	63.21%
30-Day Follow-Up	70.29%	67.73%	↔	80.34%
Antidepressant Medication Management				
Effective Acute Phase Treatment	46.99%	57.03%	↑	54.31%
Effective Continuation Phase Treatment	31.83%	39.89%	↑	38.23%
Screening for Clinical Depression and Follow-Up Plan				
Screening for Clinical Depression and Follow-Up Plan	2.33%	2.34%	↔	NC
Adherence to Antipsychotic Medications for Individuals with Schizophrenia*				
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	44.57%	40.57%	↔	61.37%

Use of Multiple Concurrent Antipsychotics in Children and Adolescents				
Total	—	2.82%	↔	NC

[1] *CY 2014 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2014 through December 31, 2014.*

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

[3] *CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.*

** Due to changes in the technical measure specifications, use caution when comparing rates for this measure between CY 2014 and 2015.*

↑ *indicates a statistically significant improvement in performance between CY 2014 and CY 2015.*

↔ *indicates no statistically significant difference in performance between CY 2014 and CY 2015.*

— *indicates that the CY 2014 rate was not presented in the previous year's technical report; therefore, this rate is not presented in this report.*

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

Amerigroup Medication Management Results

Measure	CY 2014 Rate[1]	CY 2015 Rate[2]	Statistically Significant Improvement or Decline	2015 Performance Target[3]
Annual Monitoring for Patients on Persistent Medications				
Annual Monitoring for Members on ACE Inhibitors or ARBs	88.67%	88.67%	↔	88.00%
Annual Monitoring for Members on Diuretics	89.47%	88.14%	↔	87.90%
Total	88.86%	88.32%	↔	88.25%
Medication Management for People With Asthma				
Medication Compliance 50%—Ages 5–11 Years	47.33%	53.31%	↑	NC
Medication Compliance 50%—Ages 12–18 Years	42.68%	50.69%	↑	NC
Medication Compliance 50%—Ages 19–50 Years	50.00%	53.25%	↔	NC
Medication Compliance 50%—Ages 51–64 Years	NA	NA	NT	NC
Medication Compliance 50%—Total	45.73%	52.54%	↑	NC
Medication Compliance 75%—Ages 5–11 Years	21.27%	27.16%	↑	32.32%
Medication Compliance 75%—Ages 12–18 Years	19.60%	24.22%	↑	NC
Medication Compliance 75%—Ages 19–50 Years	21.43%	33.73%	↑	NC

Medication Compliance 75%—Ages 51–64 Years	NA	NA	NT	NC
Medication Compliance 75%—Total	20.80%	26.58%	↑	NC

[1] CY 2014 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2014 through December 31, 2014.

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

[3] CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.

↑ indicates a statistically significant improvement in performance between CY 2014 and CY 2015.

↔ indicates no statistically significant difference in performance between CY 2014 and CY 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.

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

NT (i.e., Not Trended) indicates that statistical significance testing was not performed between CY 2014 and CY 2015.

Amerigroup Utilization Results

Measure	CY 2014 Rate[1]	CY 2015 Rate[2]	Statistically Significant Improvement or Decline	2015 Performance Target[3]
Ambulatory Care (Per 1,000 Member Months)—Total				
ED Visits—Total[4]	56.83	56.35	NT	52.31
Outpatient Visits—Total	314.23	306.89	NT	NC
Inpatient Utilization—General Hospital/Acute Care—Total				
Total Inpatient—Average Length of Stay—Total	3.42	3.36	NT	NC
Total Inpatient—Average Length of Stay—<1 Year	—	8.05	NT	NC
Medicine—Average Length of Stay—Total	3.62	3.54	NT	NC
Medicine—Average Length of Stay—<1 Year	—	4.59	NT	NC
Surgery—Average Length of Stay—Total	7.96	7.44	NT	NC
Surgery—Average Length of Stay—<1 Year	—	16.53	NT	NC
Maternity—Average Length of Stay—Total	2.70	2.77	NT	NC
Mental Health Utilization—Total				
Any Service—Total—Total	9.14%	9.69%	NT	NC
Inpatient—Total—Total	0.52%	0.54%	NT	NC

Standard II—Quality Assessment and Performance Improvement

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

Intensive Outpatient or Partial Hospitalization—Total—Total	0.14%	0.14%	NT	NC
Outpatient or ED—Total—Total	9.04%	9.59%	NT	NC
Plan All-Cause Readmission Rate[4]				
Age 18–44	—	11.26%	NT	NC
Age 45–54	—	17.07%	NT	NC
Age 55–64	—	6.58%	NT	NC
Age 18–64—Total	—	12.11%	NT	NC
Age 65–74	—	NA	NT	NC
Age 75–84	—	NA	NT	NC
Age 85 and Older	—	NA	NT	NC
Age 65 and Older—Total	—	NA	NT	NC

[1] *CY 2014 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2014 through December 31, 2014.*

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

[3] *CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.*

[4] *A lower rate indicates better performance for this measure.*

— indicates that the CY 2014 rate was not presented in the previous year's technical report; therefore, this rate is not presented in this report.

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.

NT (i.e., Not Trended) indicates that statistical significance testing was not performed between CY 2014 and CY 2015.

Amerigroup Health Plan Descriptive Information Results

Measure	CY 2014 Rate[1]	CY 2015 Rate[2]	Statistically Significant Increase or Decrease	2015 Performance Target[3]
Weeks of Pregnancy at Time of Enrollment				

Standard II—Quality Assessment and Performance Improvement				
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)				
<0 Weeks	10.32%	10.70%	↔	NC
1–12 Weeks	7.35%	13.68%	↑	NC
13–27 Weeks	57.47%	52.53%	↓	NC
28+ Weeks	16.74%	15.03%	↓	NC
Unknown	8.11%	8.06%	↔	NC
Race/Ethnicity Diversity of Membership				
Total—White	46.67%	47.41%	↑	NC
Total—Black or African American	44.67%	44.87%	↔	NC

[1] CY 2014 rates reflect CMO-reported and audited data for the measurement year, which is January 1, 2014 through December 31, 2014.

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

[3] CY 2015 performance targets reflect the DCH-established CMO performance targets for 2015.

↑ *indicates a statistically significant rate increase between CY 2014 and CY 2015.*

↓ *indicates a statistically significant rate decrease between CY 2014 and CY 2015.*

↔ *indicates no significant change between CY 2014 and CY 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.

Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date

Standard II—Quality Assessment and Performance Improvement			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
7. The CMO has an ongoing QAPI program for the services it furnishes to its members. *42CFR438.240(a)* *Contract: 4.12.5.1*			
Findings: Amerigroup 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 is described in the QM Program Description. The QAPI Evaluation did not provide an in-depth analysis or an evaluation that indicated the CMO used its QAPI Program related to the services it furnished to members. The QAPI Program Description also did not logically connect the program goals and the program objectives. The documents primarily addressed regulatory requirements. During compliance review interview sessions, the CMO indicated that it had created two new positions (a strategic planning position and a technical writer position) to assist in enhancing program descriptions and program evaluations, and in refining its strategy for quality improvement. One goal for the new positions was to enhance the program descriptions and evaluations to include a more thorough description of the QAPI interventions and activities. Amerigroup would strengthen its processes by considering redesigning the content of the various program evaluations to include detailed discussions on methodologies, data sources, member and provider input, analysis of interventions, and a more comprehensive evaluation of the results of quality improvement activities.			
Required Actions: Amerigroup 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.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**

Standard II—Quality Assessment and Performance Improvement			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
8. The CMO's QAPI Program is based on the latest available research in the area of quality assurance. *Contract: 4.12.5.2*			
Findings: Amerigroup'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 service. Amerigroup did not provide evidence of its use of the latest available research in the area of quality assurance in its QAPI Program. During the compliance review interviews, the CMO discussed its work to train staff in Lean Six Sigma. The CMO also described use of IHI's Science of Quality Improvement principles in quality improvement work.			
Required Actions: Amerigroup must document its use of the latest available research in the area of quality assurance/improvement in its QAPI Program.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**

Standard II—Quality Assessment and Performance Improvement			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
9. The CMO's QAPI program includes mechanisms to detect both underutilization and overutilization. *42CFR438.240(b)(3)* *Contract: 4.12.5.2*			
Findings: The CMO's QM Program Description did not specifically address mechanisms to detect underutilization. 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. However, documentation provided did not identify other mechanisms used by the CMO to identify underutilization (e.g., for chronic disease or adult preventive health). The CMO did not have processes in place to identify underutilization or overutilization of services.			
Required Actions: The CMO must develop mechanisms to detect underutilization and overutilization and include a description of these mechanisms in its QAPI Program Description.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**

Standard II—Quality Assessment and Performance Improvement			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
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. *42CFR438.240(b)(4)* *Contract: 4.12.5.2*			
Findings: Amerigroup stated in its QM 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 QM Program Description also referenced, in the data collection methodology section, that there were mechanisms 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 QM Program Description did not clearly connect indicators, data collected, or the methodology to mechanisms that were implemented to assess the quality of care furnished to all members. 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 whose needs were complex and/or who were in case management.			
Required Actions: Amerigroup must define mechanisms to assess the quality and appropriateness of care furnished to its members with special healthcare needs.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**

Standard II—Quality Assessment and Performance Improvement			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
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. *Contract: 4.12.5.2*			
Findings: Amerigroup'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 that would be used to detect underutilization or overutilization. The QM Program Description did not specifically address mechanisms to detect both underutilization and overutilization. Goal 4.0 in the Health Care Management Medical Management Program 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 would be achieved through CMO-wide approaches to providing high-quality care. The QAPI Evaluation also addressed actively engaging providers in patient management, implementing and monitoring standardized processes, and using identified trends to further develop UM activities. During the compliance review interview, staff discussion described the CMO's quality improvement efforts to more fully describe its work through its QM Program Description, including hiring a strategic planner and a technical writer to tell the Amerigroup Quality Improvement story. The CMO also discussed its focus and work to implement the Triple Aim, the IHI's Science of Quality Improvement, and Lean Six Sigma.			
Required Actions: Amerigroup 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.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**

Standard II—Quality Assessment and Performance Improvement			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
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. *Contract: 4.12.5.2*			
Findings: Amerigroup's QM Program Description scope provided key areas of focus that included service utilization and 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 (1) ensuring the provision of appropriate access to care by monitoring practitioner and provider access and availability reports, and (2) monitoring and assessing the effectiveness of Disease Management and Case Management programs to ensure the programs 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 QAPI Evaluation stated that quality indicators were tracked and trended across the CMO and reported periodically through established committees. The HCMS Program Evaluation stated that the Amerigroup Georgia Managed Care Company, Inc. (AGP) Health Care Management (HCM) Utilization and Case Management Program scope included the evaluation of the quality and appropriateness of healthcare services (e.g., diagnostic and therapeutic services, and technology assessment). Objectives outlined in the HCMS Program Evaluation aligned with the scope and discussed designing, implementing, monitoring, and evaluating, through standardized processes. The QM Program Description and the HCMS Program Evaluation included a description of quality assessment, utilization management, and continuous quality improvement. Amerigroup described goals and objectives for quality assessment, utilization management, and continuous quality improvement. However, Amerigroup had limited documentation demonstrating that it had developed and implemented policies that clearly stated how it conducts quality assessment, utilization management, and continuous quality improvement activities. Specific policies and procedures that would indicate implementation of the scope, goals, and objectives of the program were not provided. Amerigroup should consider redesigning the content of the various program evaluations to include 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. The evaluation documents should be thorough so that they may be used by Amerigroup in developing its quality roadmap and quality improvement plans.			
Required Actions: Amerigroup 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.			

Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date

Standard II—Quality Assessment and Performance Improvement			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
14. The CMO's QAPI program includes reports that are evaluated, indicated recommendations that are implemented, and feedback provided to providers and members. *Contract: 4.12.5.2*			
Findings: The Amerigroup QM Program Description included goals for tracking and trending data over time, developing effective methods for measuring the outcomes of care and services provided to members, and interventions to achieve continuous measureable improvements using a Continuous Quality Improvement (CQI) approach. Amerigroup developed provider report cards which were mailed to all practices with panels greater than 250 members. Amerigroup sent reports at least quarterly via email to primary care practices with greater than 900 members. 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. This enabled the practice to see trended data demonstrating improvement or declines over time. Amerigroup's QM Program Description described goals and objectives to track, trend, and report data and outcomes; however, the QM Program Description did not include information on how, as a result of data analysis or evaluation, indicated recommendations were implemented.			
Required Actions: The QAPI Program Description must also include information on how, as a result of data analysis or evaluation, indicated recommendations are implemented.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**

Standard II—Quality Assessment and Performance Improvement			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
15. The CMO's QAPI Program includes a methodology and process for conducting and maintaining provider profiling. *Contract: 4.12.5.2*			
Findings: Amerigroup 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. The 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. During the compliance review interview, documentation and discussion did not indicate that Amerigroup had a process to use information such as trends from grievances, complaints, prescribing, quality of care, or utilization for provider profiling.			
Required Actions: Amerigroup must develop provider profiling activities that include information such as tracked and trended data regarding utilization, complaints and grievances, prescribing, and member satisfaction. Implementation or use of provider profiling information by Amerigroup must be included in the QM Program Description to guide decisions in network development.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**

Standard II—Quality Assessment and Performance Improvement			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
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*			
Findings: Amerigroup used the QAPI Evaluation as its process for reporting on the evaluation completed on the impact and effectiveness of the QAPI Program. The QAPI Evaluation included a summary, results, and conclusions from the QAPI Program activities including performance measures, PIPs, and satisfaction surveys. The 2015 QAPI Evaluation included broad statements indicating that areas of the QAPI Program not meeting goals were analyzed and activities directed toward resolving identified barriers. The QAPI Evaluation did not provide an in-depth analysis or an evaluation that indicated the CMO used its data to understand opportunities for quality improvement or specific outcomes from quality improvement work (e.g., disease and case management) exist as a result of implementing CPGs.			
Required Actions: Amerigroup must write the QAPI Program Evaluation based on DCH specifications. The QAPI Program Evaluation must be approved by DCH. The QAPI Program Evaluation must also include in its QM Program Description 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, disease management, case management, care coordination, member and provider input). In addition, the CMO must include the identification of quality improvement opportunities and gaps in care or service delivery. Quality improvement initiatives must meet regulatory requirements and also reflect an understanding of the population served; use data to understand where opportunities exist; and include the results of 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 QAPI work.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**

Standard II—Quality Assessment and Performance Improvement			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
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. *Contract: 4.12.9.1*			
Findings: Amerigroup included its process to address member concerns or complaints regarding clinical care and nonclinical care in its Quality Management (QM) Patient Safety Plan. The QM Patient Safety Plan was written in a manner that may cause confusion between grievances (expressions of dissatisfaction) and the grievance process. 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 cases which would be reviewed by the Peer Review Committee.			
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.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**

The following pages are for Amerigroup's use in preparing its corrective action plan (CAP) for the elements scored *Not Met* in the "Follow-Up on Reviews From Previous Noncompliant Review Findings" section of this report. The elements that follow retain the numbering and labeling that were used when the elements were originally scored for the CMO's ease in comparing to prior years' reports.

Standard V—Grievance System
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)
Resolution and Notification: Grievances and Appeals: *42CFR438.408(e), Contract: 4.14.5.2* 27. The written notice of adverse action shall meet the language and format requirements as specified in Section 4.3 and includes: • 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.
Findings: **August 2016 Re-review Findings:** Amerigroup 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 reading level of the fifth grade; however, the review also identified that the CMO letters included references to policies or utilization management tools that would not be understood by the member. CMO staff indicated that the letters were written for use in responding 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.
August 2016 Required Actions: Amerigroup must ensure that the rationale for upholding a denial is written in easily understood language in its administrative review resolution letters. The CMO must write a separate letter for the provider and a separate letter for the member.

Evidence/Documentation Submitted by the CMO			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**

Standard II—Furnishing of Services			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
1. August 2016 Required Actions: Timely Access: *42CFR438.206(c)(1)* The CMO meets and requires its providers to meet DCH standards for timely access to care and services, taking into account the urgency of need for services according to the following standards: (f) **Timelines—Returning Calls After-Hours:** *Contract 4.8.14.4* The CMO ensures that provider response times for returning calls after-hours do not exceed the following: • Urgent Calls—Twenty minutes • Other Calls—One hour			
August 2016 Re-review Findings: Audit findings for Quarter 3 of 2015 through Quarter 2 of 2016 indicated that the goal of providers returning urgent calls within 20 minutes and routine calls within one hour being achieved 90 percent of the time was not met. Amerigroup developed an Access and Availability Standards Blast that was sent to providers that stated the requirements for after-hours return call timeframes. Amerigroup provided documentation of a corrective action notification that was provided to one provider that did not meet the requirements for timely returning of member calls.			
August 2016 Required Actions: Amerigroup must continue to apply current and new interventions with providers until the goal of returning urgent calls within 20 minutes and routine calls within one hour is achieved 90 percent of the time.			
Evidence/Documentation Submitted by the CMO			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**

Standard II—Furnishing of Services
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)

5. Geographic Access: *Contract 4.8.13.1*

The CMO meets the following geographic access standards for all members:

	Urban	Rural
PCPs	Two within eight miles	Two within 15 miles
Specialists	One within 30 minutes or 30 miles	One within 45 minutes or 45 miles
General Dental Providers	One within 30 minutes or 30 miles	One within 45 minutes or 45 miles
Dental Subspecialty Providers	One within 30 minutes or 30 miles	One within 45 minutes or 45 miles
Hospitals	One within 30 minutes or 30 miles	One within 45 minutes or 45 miles
Mental Health Providers	One within 30 minutes or 30 miles	One within 45 minutes or 45 miles
Pharmacies	One 24/7 hours a day, seven (7) days a week within 15 minutes or 15 miles	One 24/7 hours a day (or has an after-hours emergency phone number and pharmacist on call) seven days a week within 30 minutes or 30 miles

August 2016 Re-review Findings: The documentation submitted indicated that Amerigroup continued to recruit providers to fill network gaps or deficiencies. Network Access Analysis reports indicated compliance in counties for many provider types; however, Amerigroup did not meet geographic requirements consistently in all counties and for all provider types.

August 2016 Required Actions: Amerigroup must meet the geographic standards for both urban and rural areas for PCPs, specialists, oral health providers, mental health providers, and pharmacies. Amerigroup must continue its efforts to close its network adequacy gaps by implementing new network strategies, and must keep DCH informed of its progress.

Evidence/Documentation Submitted by the CMO			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**