Quality Assessment and Performance Improvement (QAPI) Program Evaluation

Medicaid and PeachCare for Kids®

Peach State Health Plan - 2016

Contents

Executive Summary for 2016

Since 2006, Peach State Health Plan (Peach State) has provided services for Medicaid, PeachCare for Kids® (Georgia's standalone Children's Health Insurance Program), and Planning for Healthy Babies members in Georgia. Our Quality Assurance and Performance Improvement (QAPI) Program philosophy continues to ensure a systematic, comprehensive, evidence-based, data-driven approach to care. We utilize an annual Quality Strategic Planning Process, including evaluation of lessons learned, an assessment of our member population, environmental scan, DCH goals, strength/weakness/opportunity/threat analysis, and a review of the DCH Quality Strategic Plan for Georgia Families and Georgia 360 to develop annual QAPI Program goals and objectives. Through the QAPI Program, Peach State supports and complies with the DCH Quality Strategic Plan for Georgia Families and Georgia 360. We utilize the Institute for Healthcare Improvement's (IHI) Triple Aim for Health Care Improvement as the framework for evaluating the success of our QAPI Program and ensuring we are improving the Quality of Care and Services rendered to Georgia Families members.

Through evaluation of our 2016 QAPI Program, as documented in this report, Peach State identified the following key achievements and lessons learned during 2016, and priorities for changes in the QAPI Program for 2017.

Achievements in 2016

- Peach State's continuing commitment to quality improvement enabled us to maintain NCQA commendable accreditation status and improve our rate in 47.5% of the performance measures.
- Peach State's provider recruitment activities succeeded in reducing the number of network access gaps by 21% compared to 2015.
- We reviewed and better aligned our QAPI Program with the DCH Quality Strategic Plan for Georgia Families and Georgia 360 (February 2016).
- We continued our integration of Quality throughout the organization by conducting training for all managers and above on measuring effectiveness.
- We lowered per capita costs by working with Phoebe Putney Memorial Hospital to decrease inappropriate emergency department visits by a relative 6.85%, increasing urgent care facility usage in the Atlanta region by 2% and working with Gwinnett Medical Center to decrease their all cause readmission rate by 2%.
- During 2016, Peach State added an additional 50 PCMH providers to the network covering an additional 20% of the membership.
- Peach State increased our focus on ensuring coordination of physical and behavioral health services and on access to medical homes, both critical for members with special or complex health care needs.
- Peach State utilized our DRAGG (Diagnosis, Race/ethnicity, Age, Gender, and Geography) analysis methodology and evaluation of cultural attributes and linguistic needs to enhance our understanding of our membership, to identify health disparities in specific populations, and to facilitate development of culturally appropriate interventions that target those disparities.
- We implemented interventions to address areas of dissatisfaction identified by analysis of member and provider satisfaction survey trends.

Lessons Learned from 2016

- We must strengthen our processes for the monitoring, analysis, and evaluation of the delivery, quality, and appropriateness of healthcare furnished to members in the areas of underutilization or receipt of chronic disease or preventive healthcare and services.
- We needed a better process for obtaining input from families and guardians of members into the quality management and performance improvement process and activities.
- Although progress has been made in the QAPI Program Description, we must continue to develop the QAPI Program to ensure that it follows the DCH-Required guidelines. Including detailed descriptions on methodologies, data sources, member and provider input, analysis of interventions, and evaluation of the results of QAPI activities.
- Our interventions need to be scalable and sufficiently resourced.
- We need to continue to train all employees on the PDSA cycle and improve our use of improvement methodology, particularly the planning phase and rapid cycle tests of change.
- Members in PCMHs and/or with providers in incentive programs were more likely to obtain needed services (preventive and routine) than those who were not.
- We need to further improve our ability to assist members to change their health behaviors.

Priorities for Change in 2017

- Continue our commitment to improving member outcomes, evaluated through the Triple Aim Framework, meeting our annual QAPI Program and supporting and complying with the Georgia Families and Georgia 360 strategic plan.
- Continue to enhance our Quality Strategic Planning process and develop a comprehensive QAPI Program Description with goals and objectives that are tightly linked to strategic planning and the Triple Aim framework; develop and prioritize strategies and potential interventions that are scalable and sustainable; improve our use of improvement methodology, particularly the planning phase and rapid cycle tests of change.
- Implement targeted population-specific outreach and interventions that are culturally appropriate and measurable in order to decrease regional, racial, and ethnic disparities in outcomes.
- Enhance our ability to assess members' readiness to change and to employ techniques such as motivational interviewing to encourage member behavior change appropriate for their level of readiness.
- Enhance the effectiveness of barrier analysis by engaging the Centene corporate market research team to conduct more structured member focus groups.
- Enhance processes to obtain input from families and guardians of members into quality management and performance improvement activities.
- Strengthen our processes for monitoring, analyzing, and evaluating the delivery, quality, and appropriateness of healthcare furnished to members in the areas of underutilization or receipt of chronic disease or preventive healthcare and services.
- Implement targeted outreach and care coordination for members identified as receiving services from multiple PCPs to facilitate their assignment to a medical home.
- Continue enhancing the number of Patient Centered Medical Homes in the network and implement Dental Homes as well as Behavioral Health Homes.

Introduction

Overview of QAPI Program

The Department of Community Health (DCH) implemented a full-risk mandatory Managed Care program called Georgia Families for Medicaid and PeachCare for Kids® (the state's standalone Children's Health Insurance Program or "CHIP" program) members in 2006. Peach State Health Plan (Peach State, the Plan) has been one of three Care Management Organizations (CMOs) responsible for covering members required to enroll in Georgia Families since its inception pursuant to its contract with the DCH. As of December 2016, Peach State provided healthcare coverage for approximately 419,289 people.

Peach State has maintained NCQA Commendable Accreditation status and is committed to providing a well-designed and effective QAPI Program. Peach State incorporates input from clinical and nonclinical staff as well as quality improvement staff at both a national and local level by collaborating with Centene corporate staff and its affiliate health plans across other states. The Plan also solicits and incorporates local provider and member input to ensure community involvement in the QAPI Program. The Plan uses nationally recognized evidence-based practices in its program and throughout the organization. For example, the Plan adopted the Institute for Healthcare Improvement (IHI) Triple Aim for Health Care Improvement which has also been adopted by the Centers for Medicare and Medicaid Services (CMS) as a framework for evaluating the success of health care programs. Many Peach State Health Plan staff have been trained in evidence-based improvement methodologies from IHI and Lean Six Sigma and use these tools to select areas of focus for improvement. The tools are then used to design, implement, and evaluate the effectiveness of the QAPI Program and other improvement initiatives.

The Plan's culture, systems, and processes are structured around its Triple Aim: to improve the health of all members and their experience of care at low per capita costs.

Continuous Quality Improvement

As a quality-driven organization, Peach State adopted Continuous Quality Improvement (CQI) as a core business strategy for the Plan. CQI begins with a clear vision of the transformed environment, identification of necessary changes to achieve that vision, and input from engaged team members who understand the needs for the practice. The desired future state involves a transformation of people, process, and technology.

Peach State Health Plan provides the resources necessary and employs staff that have the expertise needed to support and effectively carry out the operations of the QAPI Program. The Plan's Senior Leadership Team (SLT) play a key role in improving quality as they set priorities for the organization and support the structure required to achieve sustainable improvements. By modeling core values, promoting a learning atmosphere, and acting on staff recommendations, senior leadership also fosters an organizational culture that centers on CQI. The SLT are champions of quality improvement, guide the development of the overall mission and vision statements and direct the development, implementation, and evaluation of the QAPI Program.

Peach State's SLT encourages Directors, Managers and staff to use daily data-driven decision-making and demonstrate by their own example the value and applicability of improvement methodology. The Plan considers the quality of its business processes and of its members' health to be the responsibility of all staff.

Systemic Approach to Quality

The Peach State Health Plan QAPI Program applies a systematic approach to quality using reliable and valid methods of monitoring, analysis, evaluation, and improvement in the delivery of health care, systems and processes. Peach State uses the PDSA methodology which stands for the Plan, Do, Study, and Act process for performance improvement. This methodology, developed by the W. Edwards Deming Institute, is used to monitor performance and measure the effectiveness of the implemented initiatives. The process is based on the scientific approach and includes the following components:

PDSA
PLAN – identify an opportunity and plan for change
DO – implement the change on a small scale
STUDY – use the data to analyze results of the change and determine whether it made a difference
ACT – if the change was successful, implement it on a wider scale and continuously assess results. If the change did not work, begin the cycle again

In specific cases, Peach State Health Plan employs the Six Sigma methodology for performance improvement. This methodology is another commonly applied process for performance improvement and incorporates a rigorous use of data and statistical analysis to measure outcomes using the DMAIC model.

DMAIC
Define a problem or improvement opportunity
Measure process performance
Analyze the process to determine the root causes of poor performance and determine whether the process can be improved or redesigned
Improve the process by attacking root causes
Control the improved process to hold the gains

These systematic approaches provide a continuous cycle for improving the quality of care and service of our members.

Health Information Systems Used to Support the Collection, Integration, Tracking, Analysis and Reporting of Data

Peach State has methods for 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. The Plan staff use Centelligence™, a comprehensive family of integrated decision support and healthcare information system to support the collection, integration, tracking, analysis and reporting of data.

The analytic resources below allow key personnel the necessary access and ability to manage the data required to support the measurement aspects of the quality improvement activities and to determine intervention focus and evaluation. Peach State uses multiple information sources and systems to support the collection, integration, tracking, analysis and reporting of data for the QAPI Program. These systems include:

- **Centelligence™ Insight** – Web-based reporting and management KPI Dashboards capability. Includes advanced capabilities for provider practice pattern and utilization

reporting – supporting both QI staff and providers with summary and detailed views of clinical quality and cost profiling information. This capability gives providers the practice and peer level profiling information needed for continuous clinical quality improvement. Insight also supports both HEDIS and hybrid HEDIS reporting.

- **Centelligence™ Foresight** – Predictive modeling (PM) system combines PM applications with predictive modeling and care gap/health risk identification applications to identify and report potentially significant health risks at multiple population, provider, and enrollee levels. Foresight also powers online care gap notification functionality, allowing providers and enrollees to securely access care gaps and health alerts securely via web based provider and member portals.

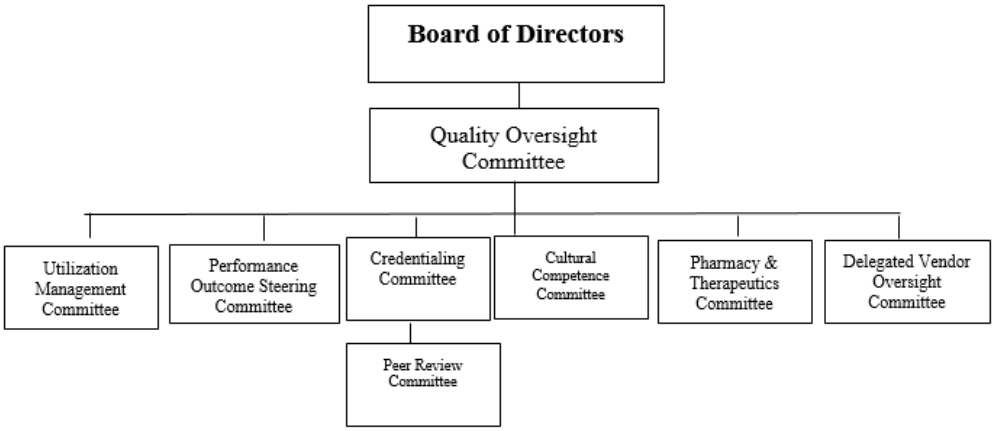
- **Quality Spectrum Insight (QSI) -** an Inovalon software system used to monitor, profile and report on the treatment of specific episodes, care quality and care delivery patterns. QSI is an NCQA-certified software; its primary use is for the purpose of building and tabulating HEDIS performance measures. QSI enables the Plan to integrate claims, member, provider and supplemental data into a single repository, by applying a series of clinical rules and algorithms that automatically convert raw data into statistically meaningful information. Additionally, the Inovalon product provides the Plan with an integrated clinical and financial view of care delivery, which enables the Plan to identify cost drivers, help guide best practices, and to manage variances in its efforts to improve performance. QSI is updated on a monthly basis by using an interface that extracts claims, member, provider and financial data. The data is mapped into QSI and summarized. Plan staff are given access to view standard data summaries and drill down into the data or create ad-hoc queries.

In addition, Peach State collects data from various state resources including the GAHIN, GRITS, the GMCF files, and enrollment files. Peach State uses the above software as well as member and provider feedback, plan knowledge/research and best practices from other Centene Plans to determine which interventions to implement to address barriers, opportunities and healthcare disparities. Interventions that are implemented are assessed regularly to determine if the initiatives should be abandoned, adapted or adopted prior to expansion. For additional systems used to support the QAPI Program, please refer to the CY 2017 QAPI Program Description.

QAPI Program Governance

Quality is integrated throughout Peach State Health Plan and represents the strong commitment to the quality of care and services for members. To this end, the Plan has established various committees, subcommittees and ad-hoc committees to monitor and support its QAPI Program. The Board of Directors (BOD) holds ultimate authority for the program and the Quality Oversight Committee (QOC) is the senior management lead committee reporting to the BOD. Additional committees may be developed based on distribution of membership. The Annual QAPI Program Description contains a complete description of the roles of each committee.

Peach State Health Plan QAPI Committee Structure, 2016



Peach State utilizes the annual QAPI Program Description, QAPI Program Evaluation and QAPI Work Plan documents to govern and maintain the structure of the QAPI Program. The QAPI Program Evaluation serves a key role in this process by summarizing and evaluating all quality improvement activities/data of the previous year including outcomes, barriers to improvement and recommendations for the following year, providing methodology for strategic planning for the following year's QAPI Program Description and QAPI Work Plan. The annual QAPI Program Documents are reviewed and approved by the Quality Oversight Committee (QOC) prior to the BOD final review and approval. These entities serve as the foundation for making recommendations based upon identified opportunities for improvement, implementing interventions, and ensuring follow-up for effectiveness of adopted recommendations.

Quality Framework

The Peach State Quality Strategic Planning Process, led by the Senior Leadership Team (SLT), includes an analysis of external driving forces; internal strengths, weaknesses, opportunities, and threats (SWOT); the DCH Strategic Plan; and lessons learned from evaluating the prior year's QAPI Program and, through a confirmation or revision of our mission, vision, and core values, leads the Plan to adopt high-level goals for improvement.

Peach State Health Plan took note of two key trends in its annual scan of its business environment for year-end 2015.

- Increased state and national focus on improving value and outcomes for Medicaid
- Increased state and national focus on decreasing healthcare disparities.

DCH Goals

Elements in the DCH Quality Strategic Plan for Georgia Families and Georgia Families 360 (February 2016)* that served as drivers for Peach State's Goals, Objectives, and Strategies for 2016 include, for example:

- Improving access to high quality physical, behavioral, and oral health care for all members
- Use of rapid cycle process improvement/plan-do-study-act principles
- A focus on decreasing healthcare disparities

- Decreasing inappropriate ED visits

SWOT Analysis

Our annual SWOT analysis at year-end 2015 helped direct the development of QAPI Program changes and the selection of QAPI Program goals and objectives for 2016.

2015 Year-end SWOT Analysis

Internal Analysis	
Strengths	Weaknesses
• A culture of quality throughout the organization from senior leadership to frontline associates. • An effective infrastructure to support quality improvement efforts. • This infrastructure includes multidisciplinary teams of subject matter experts, clinicians, and data analysts. • IHI's Triple AIM as framework for success. • Twenty-five Lean Six Sigma Certified associates, across the organization	• Evolving culture of quality plan wide • Improving effectiveness of member and provider engagement through targeted outreach and increasing focus on reducing regional, racial, and ethnic health disparities. • Linking the strategic Plan to the QAPI goals, objectives, strategies, and interventions • Sustaining improvement initiatives over time. • Fully understanding the demographics and disease burden of our member population. • Utilization of claims data to conduct population analysis instead of Impact Pro • Disciplined approach to documentation, data collection and interpretation.
External Analysis	
Opportunities	Threats
• Improved coordination of medical, BH, and social services and communication between medical and BH providers. • Increased member and provider awareness, engagement and acceptance of telemedicine as a viable mode of treatment in rural areas. • Increased engagement and collaboration with Department of Public Health on provision of preventive health services.	• Diminishing health professional, especially primary care, capacity in Georgia's rural and other shortage areas. • Increased prevalence of chronic conditions • No Medicaid expansion in Georgia

*https://dch.georgia.gov/sites/dch.georgia.gov/files/2016-Quality-Strategic-Plan-Final-6.17.16.pdf

Program Goals and Objectives for CY 2016

Goal	Objective	Met/Not Met	Summary
Improve Member Health	Improve health outcomes for women and children members through focused prevention and wellness programs so that select performance metrics for 2016 will reflect a relative two percentage point increase over 2015 rates, as reported in June 2017. Metrics: *Core Set*: CMS 416 Report screening rate, Dental Sealants (core set measure); *HEDIS*: Well Child Visits (Ages 3 – 6), Adolescent Well Care Visits.	CMS-416 Rate Met (↑5.97%) Dental Sealants Not Met (↓45.62%) W34 Met (↑5.52%) AWC Met (↑5.04%)	Three of four metrics experienced a relative two percent increase in CY 2016 rates over CY 2015.
	Improve members' self-management of their chronic conditions through member education for members plan-wide diagnosed with diabetes, mental illness, or ADHD such that identified measures of effectiveness demonstrate an absolute two percentage point improvement over 2015 rates. Metrics: *HEDIS*: Follow-Up Care for Children prescribed ADHD Medication (initial); Comprehensive Diabetes Care - HbA1c >9; 7-Day Follow-up after Mental Health Hospitalization	ADD (Int.) Not Met (↑1.85%) CDC HbA1c>9 Not Met (↑1.32%) (lower is better) FUH Not Met (↓5.02%)	None of the metrics for this objective demonstrated a two percentage point improvement over CY 2015 rates.
Improve Member & Provider Experience with Care	Improve member and provider satisfaction with the Plan by achieving a statistically significant increase in overall satisfaction with the plan from 2015 survey results to 2016 survey results. Metrics: CAHPS Child and provider satisfaction surveys	Child CAHPS Not Met CY 2015- 89.5%; Cy 2016 89.3%) Provider Satisfaction Not Met CY 2015- 78.7%; Cy 2016 73.1%	Neither the Child CAHPS scores nor the Provider Satisfaction scores achieved a statically significant increase in results from 2015 to 2016.

Goal	Objective	Met/Not Met	Summary
Lower per Capita Cost	Have smarter utilization of each dollar by improving select rates associated with appropriate utilization of emergency departments and all cause readmission by two percent when comparing 2015 rates to 2016 rates (reported in June 2017) Metrics: Atlanta Region urgent care facility count, avoidable emergency department (AED) visit rate at Phoebe Putney Memorial Hospital, All cause readmission rate at Gwinnett Medical Center	Atlanta Urgent Care Count Met (↑ Relative 5.5%) AED at PPMH Met (↓ Relative 6.85%) All Cause Readmission GMC Met (↓>4 percentage points)	Each of the metrics used to measure smarter utilization of each dollar improved by two percent when comparing 2015 to 2016 rates.

Program Changes for 2016

Peach State developed the following additional high-level changes for our QAPI Program for 2016 based on our annual Quality Strategic Planning Process, including lessons learned from our 2015 experience, population assessment, environmental scan, DCH goals, and SWOT analysis.

- Enhanced our Quality Strategic Planning process: developed goals and objectives that are tightly linked to strategic planning and the Triple Aim framework. Developed and prioritized strategies and potential interventions that were scalable and sustainable. Improved our use of improvement methodology, particularly the planning phase and rapid cycle tests of change.
- Enhanced leadership and staff training, with support from and collaboration with IHI, focused on better aligning business planning with quality planning, on refining and expanding multidisciplinary CQI teams to develop targeted interventions, and on accurately measuring the effectiveness of each intervention.
- Implemented targeted population-specific outreach and interventions that are culturally appropriate and measurable in order to decrease regional, racial, and ethnic disparities in outcomes.
- Enhanced the effectiveness of barrier analysis by engaging the Centene corporate market research team to conduct more structured member focus groups.
- Enhanced our assessment of the disease burden of our membership by supplementing our current methodology with direct claims data analysis to confirm the most frequent disease categories for specific populations of our membership and to drill down to more specific conditions within those categories.

- Enhanced our ability to assess members' readiness to change and to employ techniques such as motivational interviewing to encourage member behavior change appropriate for their level of readiness.

Population Served

At least annually, Peach State analyzes key demographic characteristics including race, ethnicity, gender, regional and rural/urban distribution, and disease burden to identify health disparities and to ensure we are addressing the specific needs of our members. The goal is to identify target populations or sub-populations that could benefit from targeted interventions, or care management or disease management programs, as well as to set the direction for the upcoming year's QAPI program.

The findings from the December 2015 population analysis drove the QAPI program during 2016. Peach State conducted another population analysis in December 2016 to determine if any changes occurred. Peach State uses several data sources to complete the analysis including but not limited to:

- Member enrollment data
- Medical claims
- Pharmaceutical claims
- Readmission data
- Providers, members, caregivers
- Health Risk Assessments
- HEDIS® performance reports
- CAHPS® survey results
- Cultural needs and assessment reports
- Utilization data -top inpatient and outpatient diagnoses
- Census Bureau data.

Key Findings

Age, Regional Distribution and Gender

- In 2016, the membership composition based on age, regional distribution and gender was almost identical to that of 2015 even though the membership increased by 31,358. The significant increase in membership during 2016 is attributed to winning a full year of auto assignments based on quality performance.
- Consistent with 2015, over 85% of the Peach State population remained 20 years of age or younger and almost 56% were female.
- The majority of members (over 57%) continued to live in the Atlanta Region, followed by the Southwest Region with 20%, and the Central Region with 14.7%. The North, Southeast, and East Regions continue to have low membership.
- The majority of members in all regions were female, ranging from 55.44% in the Atlanta Region to 58.45% in the East Region.
- The proportion of members who were 21 years or older varied from 13.97% in the Atlanta Region to 20.42% in the East Region.
- Over 80% of the members resided in urban areas.

Race and Ethnicity

- Over 55% of Peach State members were Black or African American, over 36% were White, over 3% were Asian and the remainder were American Indian/Alaskan Native, Native Hawaiian and Other Pacific Islander, and those member who are unknown.
- Black or African Americans comprised a greater proportion of all members 21 years or older (61.39%) than of members 20 years or younger (54.71%). However, for males the reverse was true: Black or African Americans comprised a greater proportion of members 20 years or younger (54.20%) than of members 21 years or older (42.10%).
- Black or African Americans comprised a slightly higher proportion of all females (57.17 %) than of all males (53.79 %).
- The majority of members in four regions (Atlanta, Central, East, and Southwest) were Black or African American. The majority of members in the North Region were White. The Atlanta Region had the highest proportion of members in other racial categories.
- Almost 11.79% of members were Hispanic or Latino. Hispanic or Latino comprised a greater proportion of members 20 years of age or younger (13.10 %) than of members 21 years or older (4.04 %). A slightly higher proportion of males (13.00 %) than of females (10.83 %) were Hispanic or Latino. The Atlanta Region had the highest proportion of Hispanic or Latino members and the Central Region had the lowest.
- Like age, regional distribution and gender, there was not a significant change in 2016 in the Peach State membership population based on race and ethnicity when compared to 2015. The percentage of members with Unknown Race was 9.15% of the population in 2015 and decreased to 4.24% in 2016 (a 25% decrease). Members 20 years or younger accounted for most of the decrease in Unknown Race.

Disease Burden

- Peach State used Major Primary Risk categories, assigned by our predictive modeling suite of applications (ImpactPro) as a means to predict the future risk of healthcare utilization, to analyze the disease burden for our member population.
- The most frequent Major Primary Risk category was No Primary Risk Category, reflecting members who did not have a risk factor identified in 2 or more medical or pharmacy claims, lab results, the enrollment file, or risk assessment data that ImpactPro links to a Primary Risk category and uses to predict future risk. This category includes members with no claims.
- Like 2015, the proportion of members linked to No Primary Risk Category was higher for Black or African American (29.52% in 2015, 25.04% in 2016) and Asian (29.01% in 2015 and 22.46% in 2016) than for White (22.18% in 2015 and 16.98% in 2016) in members 20 years or younger, who are the vast majority of our members. The proportion of members linked to No Primary Risk Category was higher for Hispanic or Latino (30.23%) than for Non-Hispanic or Latino (22.36%) in members 21 years or older, but lower (17.70%) than for Non-Hispanic or Latino (22.33%) in members 20 years or younger. The proportion of members with No Primary Risk Category was highest in the Atlanta Region and lowest in the Southwest Region for both members 20 years of age and younger (24.16% and 15.90% respectively) and 21 and older (25.58% and 15.21% respectively). The proportion of members with No Primary Risk Category decreased in the 2016 analyses.
- For members 20 Years and younger:
    - No Primary Risk Category, Pulmonology, and ENT, were in the top three risk categories regardless of race for both 2015 and 2016. BH/MH/SA (the behavioral health Primary Risk Category) was among the top five risk categories for both Black or African American and White (and continued the upward trend in

members in this category from 2014, 2015 and 2016), but was not in the top 10 for Asian. No Primary Risk Category, Pulmonology, ENT and Dermatology were in the top five risk categories for both Hispanic or Latino and Non-Hispanic or Latino. BH/MH/SA was in the top five for Non-Hispanic or Latino but was 6th for Hispanic or Latino.
    - In 2015, No Primary Risk Category, Dermatology, ENT, BH/MH/SA, and Pulmonology were in the top five Risk Categories for all six regions. In 2016, No Primary Risk Category, Pulmonology, ENT, BH/MH/SA and Dermatology were in the top five for the Atlanta and Central Region but in the Southwest Region Gastroenterology replaced Dermatology in the top five.
- For members 21 Years or Older:
    - No Primary Risk Category, OB, and Endocrinology were in the top five risk categories for all three races in 2014, 2015 and 2016. The proportion of Black or African Americans linked to Gynecology in both 2015 and 2016 was almost twice that of Whites or Asians. Also, both in 2015 and 2016 the proportion of Asians linked to Endocrinology was about twice that for Black or African Americans or Whites. No Primary Risk Category, OB, and Endocrinology were in the top five risk categories for both ethnic categories. As with younger members, BH/MH/SA was in the top five for Non-Hispanic or Latino but not for Hispanic or Latino.
    - In 2015 and 2016, No Primary Risk Category, OB and Endocrinology were in the top five categories in all six regions.

Health Disparities

- Peach State's 2015 member demographic analysis identified race for 90.85% of members and ethnicity for 99.04% of members. A high level of identification is critical for valid disparity analysis. In our 2016 analysis, members with identified race increased to 97.23%, and members with identified ethnicity increased to 99.88%.
- Asthma: The number of members with Pulmonology as a Primary Risk Category increased to 22,100 in 2016. These members remained disproportionately male and aged 20 years or younger. Though still disproportionate, only 65.19% of these members were Black or African Americans. The Atlanta Region had the highest share of members linked with Pulmonology at 59.10%.
- HIV/AIDS: There were 250 members linked with HIV/AIDS as a Primary Risk Category, and remained disproportionately female (82.40%), Black or African Americans (87.60%), and aged 21 years of older (78.00%). These members continued to reside in all regions generally in proportion to the membership.
- Cancer: There were 949 members linked with the Cancer Primary Risk Category. These members continued to be disproportionately female (87.88% compared to 55.97% of all members), and older (80.82% compared to 14.51% of all members). Out of all the members linked with Cancer, 48.05% are Black or African American and 36.57% are White. These members continued to reside in all regions generally in proportion to the membership.
- Behavioral Health: The 39,480 members linked to the BH/MH/SA Primary Risk Category continued to be disproportionately male (55.13%) and Blacks/African American (49.76%) and reside in the Southwest and Atlanta Regions.
- Low and Very Low Birth Weight Births: The LBW and VLBW birth rates were higher for mothers 21 years or older than for younger mothers in 2014. In 2015, the VLBW birth rate remained higher for mothers 21 years or older, but the LBW birth rate was the same for both age groups. In 2016, the LBW and VLBW birth rate was almost equal for mothers 21 years or older and for mothers under the age of 21. The LBW and VLBW births continued to be disproportionately high for mothers who were Black or African

American. Women in the Atlanta region had the highest percentage of LBW and VLBW babies (48.78% and 49.03% respectively).

- Childhood Preventive Services: members in the Southeast and East Region had the lowest compliance among all regions in two of three key compliance metrics (well visits in first 15 months, adolescent well care, and childhood immunizations). For the three regions with sufficient data for analysis (Atlanta, Southwest, and Central), compliance was lower for Black or African American than White members for all three measures. Compliance was higher for Hispanic/Latino than Non-Hispanic/Latino in two of the three measures.

Basic Demographics

According to the Georgia Department of Community Health Fact Sheet dated April 2017 (Found online (https://dch.georgia.gov/sites/dch.georgia.gov/files/related_files/site_page/GaFam2017%20-%20Final%20Draft.pdf),the Georgia Families program serves approximately 1.3 million total enrollees in Medicaid, PeachCare for Kids® (PCK, the Children's Health Insurance Program for Georgia), and the Planning for Healthy Babies® (P4HB) Programs.

In December 2015, Peach State provided healthcare coverage to 387,931 members. The vast majority of our members (90.95 %) were enrolled in Medicaid (including P4HB). By December 2016, our overall membership had increased to 419,289, and the distribution by product was very similar to 2015.

Table 1: Membership by Product Type and Year as of 12/31

Year	Medicaid (including P4HB)	% of Total Membership	PCK	% of Total Membership	Total Membership
2016	381,355	90.95%	37,934	9.05%	419,289
2015	352,661	90.91%	35,270	9.09%	387,931

The following section presents a comparison of member demographics between December 2015 and December 2016. Member demographic data is derived primarily from the eligibility file Peach State receives regularly from DCH. We resolved inconsistencies in the data, such as changes in the race identified by a member over time, in a consistent, unbiased manner. The member demographic information collected is self-reported and voluntary, rather than mandatory.

Gender. Female members made up approximately 56% of the membership in 2015. There was no change in membership demographics by gender from 2015 to 2016.

Table 2: Membership by gender

Gender	Population by Gender 2015	% of Total	Population by Gender 2016	% of Total	Difference
Female	217,577	56.09%	234,668	55.97%	-0.12
Male	170,354	43.91%	184,621	44.03%	0.12
Grand Total	**387,931**	**100%**	**419,289**	**100%**	

Age. Over 85% of the Peach State membership was made up of members 20 years of age or younger. There was a minimal increase in that percentage in 2016.

Table 3: Membership by Age

Age Category	Population by Age 2015	% of Total	Population by Age 2016	% of Total	Difference
20 years of age or younger	330,851	85.29%	358,453	85.49%	0.20
21 years of age or older	57,080	14.71%	60,836	14.51%	-0.20
Grand Total	**387,931**	**100%**	**419,289**	**100.00%**	

Urban/Rural. Although a slight decrease was seen in the percent of members who lived in urban areas in 2016, in both 2015 and 2016 over 80% of members lived in an urban area.

Table 4: Membership by Urban/Rural

Rural vs. Urban	Population by Rural/Urban 2015	% of Total	Population by Rural/ Urban 2016	% of Total	Difference
Rural	71,771	18.50%	79,766	19.02%	0.52
Urban	315,901	81.43%	339,118	80.88%	-0.55
Unknown	259	0.07%	405	0.1%	0.03
Grand Total	**387,931**	**100%**	**419,289**	**100.00%**	

Region. In 2015, the Atlanta, Southwest, and Central Regions together accounted for 93.61% of Peach State's Medicaid membership. This decreased by approximately one percentage point in 2016 to 92.64% The Atlanta Region, our largest, had nearly 58% of all members and posted a minimal increase (0.47%) in members during 2016. There were minimal changes in membership by region in 2016.

Table 5: Membership by Region

Region	Population by Region 2015	% of Total	Population by Region 2016	% of Total	Difference
Atlanta	222,562	57.37%	242,528	57.84%	0.47
Southwest	81,530	21.02%	84,182	20.08%	-0.94
Central	59,047	15.22%	61,719	14.72%	-0.50
North	12,273	3.16%	14,744	3.52%	0.36
Southeast	8,414	2.17%	10,735	2.56%	0.39
East	4,105	1.06%	5,381	1.28%	0.22
Grand Total	**387,931**	**100%**	**419,289**	**100%**	

Race and Ethnicity. The Black or African American race category comprised the majority of members statewide in both 2015 and 2016 (53.77% and 55.68% respectively). White comprised the second highest in both years (34.00% in 2015 and 36.57% in 2016). The number of members who did not specify a race decreased by 4.91 percentage points to 4.24% in 2016, and there were also small increases in both Black or African American and White.

The Hispanic or Latino ethnicity category comprised 11.79% of members statewide in 2016, a 0.52 percentage point increase from 2015. The number of members who did not specify an ethnicity decreased by 0.82 percentage points to 0.14% in 2016. The Non-Hispanic/Latino ethnicity category increased by 0.38 percentage point when compared to 2015.

Table 6a: Membership by Race

Race	Population by Race 2015	% of Total	Population by Race 2016	% of Total	Difference
Black or African American	208,600	53.77%	233,461	55.68%	1.91
White	131,912	34.00%	153,354	36.57%	2.57
American Indian and Alaska Native	520	0.13%	580	0.14%	0.01
Asian	11,079	2.86%	13,116	3.16%	0.30
Native Hawaiian and Other Pacific Islander	309	0.09%	396	0.09%	0.00
Unknown	35,511	9.15%	17,799	4.24%	-4.91
Grand Total	**387,931**	**100%**	**419,289**	**100%**	

Table 6b: Membership by Ethnicity

Ethnicity	Population by Ethnicity 2015	% of Total	Population by Ethnicity 2016	% of Total	Difference
Non-Hispanic/ Latino	340,501	87.7%	369,301	88.08%	0.38
Hispanic or Latino	43,711	11.27%	49,414	11.79%	0.52
Unknown	3,719	0.96%	574	0.14%	-0.82
Grand Total	**387,931**	**100%**	**419,289**	**100%**	

In 2015 and 2016, Black or African Americans comprised the majority of members in both the 20 and younger and 21 and older age groups. The 21 years of age and older category had a higher proportion of Black or African American members (60.12% in 2015 and 61.39% in 2016) compared to the 20 and under age group (52.68% and 54.71% respectively). In 2016, there was a significant drop in the percent of members with an unknown race and ethnicity. Members in the 20 years or younger age category posted a 5.25 percentage point decrease in members with unknown race and ethnicity (from 10.19% to 4.94%); members 21 years or older also contributed to the decrease (from 3.15% to 1.12%).

The proportion of members identifying as Hispanic or Latino was much higher for 20 years of age and younger (13.10%) than for 21 years or older (4.04%). There were minimal changes in 2016 when compared to 2015.

Table 7a: Member Age by Race and Ethnicity

Race	% 20 years of age or younger 2015	% 20 years of age or younger 2016	Difference	% 21 years of age or older 2015	% 21 years of age or older 2016	Difference
Black or African American	52.68%	54.71%	2.03	60.12%	61.39%	1.27
White	34.04%	36.99%	2.95	33.79%	34.14%	0.35
Asian	2.89%	3.13%	0.24	2.67%	3.10%	0.43
American Indian and Alaska Native	0.13%	0.14%	0.01	0.18%	0.15%	-0.03
Native Hawaiian and Other Pacific Islander	0.08%	0.09%	0.01	0.09%	0.10%	0.01
Unknown	10.19%	4.94%	-5.25	3.15%	1.12%	-2.03
Grand Total	**100%**	**100%**		**100%**	**100%**	

Table 7b: Member Age by Ethnicity

Ethnicity	% 20 years of age or younger 2015	% 20 years of age or younger 2016	Difference	% 21 years of age or older 2015	% 21 years of age or older 2016	Difference
Non-Hispanic/ Latino	86.44%	86.78%	0.34	95.50%	95.71%	0.21
Hispanic or Latino	12.56%	13.10%	0.54	3.75%	4.04%	0.29
Unknown	1.00%	0.25%	-0.75	0.75%	0.25%	-0.50
Grand Total	**100%**	**100%**		**100%**	**100%**	

Black or African American comprised the majority of both genders in 2015 and 2016. Black or African American increased from 51.80% males in 2015 to 53.79% in 2016 and females increased from 55.32% to 57.17%. Unlike the Black or African American population where among females represented the highest proportion of membership, a higher proportion of males were White in both 2015 and 2016 compared to females (34.81% and 37.66% compared to 33.37% and 35.72% respectively).

Hispanic or Latino also comprised a slightly higher proportion among males (12.57% in 2015 and 13.00% in 2016) than females (10.24% and 10.83% respectively).

Table 8a: Member Gender by Race

Race	2015 % Among Male Population	2016 % Among Male Population	Difference	2015 % Among Female Population	2016 % Among Female Population	Difference
Black or African American	51.80%	53.79%	1.99	55.32%	57.17%	1.85
White	34.81%	37.66%	2.85	33.37%	35.72%	2.35
Asian	3.12%	3.42%	0.30	2.65%	2.89%	0.24
American Indian and Alaska Native	0.12%	0.13%	0.01	0.14%	0.15%	0.01
Native Hawaiian and Other Pacific Islander	0.07%	0.10%	0.03	0.08%	0.09%	0.01
Unknown	10.07%	4.9%	-5.14	8.44%	3.98%	-4.46
Grand Total	**100%**	**100%**		**100%**	**100%**	

Table 8b: Member Gender Ethnicity

Ethnicity	2015 % Among Male Population	2016 % Among Male Population	Difference	2015 % Among Female Population	2016 % Among Female Population	Difference
Non-Hispanic/Latino	86.45%	86.89%	0.44	88.81%	89.01%	0.20
Hispanic or Latino	12.57%	13.00%	0.43	10.24%	10.83%	0.54
Unknown Ethnicity	0.97%	0.11%	-0.86	0.94%	0.16%	-0.78
Grand Total	**100%**	**100%**		**100%**	**100%**	

Regional Analysis

Age and Sex. The proportion of members who were female varied from 55.43% in the Atlanta Region to 60.93% in the East Region during 2015. The proportion of members who were 21 years or older varied from 13.94% in the Atlanta Region to 23.65% in the East Region. This reflects the fact that more female members than male members were 21 years or older. There were minimal changes in 2016.

Race and Ethnicity. The majority of members in four regions (Atlanta, Central, East, and Southwest) were Black or African American, with the East Region having the highest proportion of Black or African Americans (57.25 %) and the North Region the lowest (20.89 %). The majority of members in the North Region (68.35 %) were White. The Atlanta Region had the highest proportion of members in other racial categories, for example 4.42% Asian and 2.90% Some Other Race. There were only minor changes in 2016.

The vast majority of members in all regions were Non-Hispanic/Latino. The Atlanta Region had the highest proportion of Hispanic or Latino members (15.19 %); the Central Region had the

lowest (3.32 %). However, for members 21 years or older, the North Region had the highest proportion of Hispanic or Latino members (7.42 %). Atlanta had the highest proportion of age 20 years or younger male Hispanic or Latino members. There were only minor changes in 2016.

Disease Burden

Peach State used our predictive modeling suite of applications (Impact Pro) as a means of segmenting the population into mutually exclusive population health categories representing the members' health status to predict the future risk of healthcare utilization and to analyze the disease burden for our member population. They are designated using condition identification, utilization, acute events, and predictive risk score for both future costs and likelihood of being admitted to a facility. Population health categories use the member's most recent 12 months of claims history and care opportunities (i.e. gaps in care) and are the basis to determine the Primary Risk category. The Primary Risk category is the risk marker with the highest percentage of total predicted cost. The Primary Risk categories are then grouped into Major Primary Risk categories representing major health conditions. The approach of this methodology requires that a member have at least 2 or more claims in the most recent 12 months to be considered as having a condition. Due to this conservative approach, there may be situations where a member had an episode of care for an indicated condition but did not qualify for the condition category. In this case they would be placed in the Healthy, Healthy at Risk, or Acute Episodic population health categories, as appropriate, within the Primary Risk category of unknown/demographics.

The following table presents the Primary Risk categories (conditions and therapies) and the member counts and percentages associated with each Primary Risk category within each Major Primary Risk category. The table is displayed in decreasing order by percent.

Impact Pro Primary Risk Categories for CY 2016			
Major Primary Risk Category	**Primary Risk Category**	**Member Count**	**Percent Total**
NO PRIMARY RISK CATEGORY	Unknown/demographics	91814	21.90%
PULMONOLOGY (Asthma, COPD)	COPD, including asthma	22100	5.27%
	Other pulmonology	12235	2.92%
	Acute bronchitis	7257	1.73%
	Pneumonia & bacterial lung infection	3050	0.73%
	Tuberculosis	25	0.01%
	Total	44667	10.66%
ENT	Otitis media, T&A, & pharyngitis	17479	4.17%
	Allergic rhinitis/acute & chronic sinusitis	13508	3.22%
	Other ENT	13200	3.15%
	Total	44187	10.54%
BH/MA/SA	Child psychiatric disorders	22079	5.27%
	Other mental health	8545	2.04%
	Mood disorder, depression	4424	1.06%

Impact Pro Primary Risk Categories for CY 2016			
	Mood disorder, bipolar	2006	0.48%
	Anxiety disorders/phobias	1220	0.29%
	Substance Abuse	690	0.16%
	Psychotic/schizophrenic disorders	516	0.12%
	Depression	0	0.00%
	Other Mental health/substance abuse	0	0.00%
	Total	39480	9.42%
DERMATOLOGY	Other dermatology	31292	7.46%
	Chronic skin ulcer	52	0.01%
	Total	31344	7.47%
GASTROENTEROLOGY	Other gastroenterology	18106	4.32%
	Other upper GI inflammation/infection	8188	1.95%
	Ulcers, gastritis/duodenitis	846	0.20%
	Other lower GI inflammation/infection	412	0.10%
	Total	27552	6.57%
ORTHOPEDIC/RHEUMATOLOGY	Orthopedic trauma, fracture or dislocation	10765	2.57%
	Other orthopedics	8404	2.00%
	Joint degeneration/inflammation	3407	0.81%
	Adult rheumatoid arthritis	144	0.03%
	Polymyositis	0	0.00%
	Total	22720	5.41%
NEUROLOGY (MS, CIPD, BRAIN, SC)	Other neurology	15997	3.82%
	Epilepsy	1512	0.36%
	Migraine headache	1187	0.28%
	Hereditary degenerative & Congenital CNS disorders	548	0.13%
	Multiple sclerosis & ALS	208	0.05%
	Alzheimer's disease`	2	0.00%
	CIPD	0	0.00%
	Multiple sclerosis	0	0.00%
	Major brain and spinal trauma	0	0.00%
	Total	19454	4.64%
OPHTHALMOLOGY	Other ophthalmology	16848	4.02%
	Glaucoma	357	0.09%
	Cataract	101	0.02%
	Diabetic retinopathy	14	0.00%

Impact Pro Primary Risk Categories for CY 2016			
	Total	17320	4.13%
NEONATAL	Other neonatal	16415	3.91%
	Neonatal	0	0.00%
	Total	16415	3.91%
OTHER	Isolated signs and symptoms	7922	1.89%
	Obesity	4847	1.16%
	Nutritional deficiency and dehydration	1352	0.32%
	Late effects and complications	802	0.19%
	Environmental trauma	512	0.12%
	Poisonings and toxic effects of drugs	228	0.05%
	Chromosomal anomalies	139	0.03%
	Deficiency/vitamin supplements	3	0.00%
	Electrolyte disorder agents	2	0.00%
	Parkinson's disease	0	0.00%
	Total	15807	3.76%
ENDOCRINOLOGY (DIABETES, CF)	Other endocrinology	9285	2.21%
	Diabetes	2410	0.57%
	Cystic fibrosis	27	0.01%
	Agents used to treat cystic fibrosis, Rx	0	0.00%
	Total	11722	2.79%
GYNECOLOGY	Other gynecology	9197	2.19%
OB	Obstetrics	8493	2.03%
	Late effects and late complications	0	0.00%
	Total	8493	2.03%
UROLOGY	Other urology	6686	1.59%
CARDIOLOGY	Other cardiology	2233	0.53%
	Cardiac congenital disorders	1697	0.40%
	Hypertension	1164	0.28%
	Heart failure/cardiomyopathy	241	0.06%
	Valvular disorders	199	0.05%
	Ischemic heart disease	119	0.03%
	CVA	52	0.01%
	Pulmonary heart disease	33	0.01%
	Atherosclerosis	17	0.00%
	Heart and/or lung transplant	1	0.00%

Impact Pro Primary Risk Categories for CY 2016			
	Atrial fibrillation/flutter	16	0.00%
	Congestive heart failure	0	0.00%
	Major arterial disease	0	0.00%
	Coronary artery disease	0	0.00%
	Total	5772	1.37%
HEMATOLOGY (HEMOPHILIA)	Anemia	1421	0.34%
	Other hematology	702	0.17%
	Sickle-cell anemia	360	0.09%
	Other higher cost hematology	213	0.05%
	Growth hormones	117	0.03%
	Hemophilia	26	0.01%
	Antihemophilic agents	0	0.00%
	Agents used to treat enzyme deficiency states	0	0.00%
	Non-neoplastic blood disease	0	0.00%
	Hematopoietic agents	0	0.00%
	Neoplastic blood disease	0	0.00%
	Total	2839	0.69%
INFECTIOUS DISEASE	Other infectious disease	1475	0.35%
	AIDS/HIV	250	0.06%
	Septicemia	53	0.01%
	Immunodeficiencies	33	0.01%
	Other major infectious disease	0	0.00%
	Total	1811	0.43%
CANCER	Malignant neoplasm of breast/female genital tract	666	0.16%
	Leukemia/neoplastic blood disease	115	0.03%
	Malignant neoplasm of the CNS	52	0.01%
	Malignant neoplasm, bone & connective tissue	31	0.01%
	Malignant genitourinary neoplasm	28	0.01%
	Malignant gastrointestinal neoplasm	14	0.00%
	Malignant pulmonary neoplasm	11	0.00%
	Malignant ENT neoplasm	10	0.00%
	Malignant neoplasm of the eye	7	0.00%
	Malignant hepatobiliary neoplasm	6	0.00%
	Malignant neoplasm of skin	5	0.00%

Impact Pro Primary Risk Categories for CY 2016			
	Malignant neoplasm of endocrine glands	4	0.00%
	Malignant neoplasm bone and connective tissue	0	0.00%
	Malignant neoplasm female genital tract	0	0.00%
	Malignant neoplasm of breast/female genital tract	0	0.00%
	Malignant neoplasm skin	0	0.00%
	Malignant neoplasm of the breast	0	0.00%
	Malignant gastro neoplasm	0	0.00%
	Total	949	0.22%
HEPATOLOGY	Other hepatology	365	0.09%
	Infectious hepatitis	139	0.03%
	Cirrhosis	0	0.00%
	Total	504	0.12%
NEPHROLOGY	Other nephrology	246	0.06%
	Acute and chronic renal failure	179	0.04%
	Kidney Transplant	0	0.00%
	Acute and chronic renal failure w/o ESRD	0	0.00%
	Total	425	0.10%
PHARMACY	Antineoplastics, Other Episodes	96	0.02%
	Hemostatic/Thrombolytic Agents	9	0.00%
	Ion-exchange resins, Rx	0	0.00%
	Interferon gamma	0	0.00%
	Agents used to treat MS, Rx	0	0.00%
	Immune serums, Rx	0	0.00%
	Ammonia detoxicants, Rx	0	0.00%
	Growth hormones, Rx	0	0.00%
	Total	105	0.02%
DME	Durable medical equipment	12	0.00%
GENERAL	Antishock vasopressors	7	0.00%
CHELATING AGENT	Chelating agent	0	0.00%
RENAL (ESRD)	Chronic renal failure, with ESRD	0	0.00%
SIGNIFICANT EPISODE CLUSTER ACTIVITY	Significant episode cluster activity	0	0.00%

Top 10 Major Primary Risk Categories

In 2015 and 2016 the top 10 Major Primary Risk categories were very similar. However the proportion of members with No Primary Risk decreased from 26.71% in 2015 to 21.9% in 2016. In addition, the "Other" category which was in the Top 10 Major Primary Risk categories in 2015 (3.33%) was not in the top 10 in 2016 and was replaced with Neurology, as it is higher in 2016 (4.64% with 19,454) compared to calendar year 2015 which didn't see Neurology in Top 10 Primary Risk categories. Other categories remained virtually unchanged except Ophthalmology, Neonatal and other which saw some increases.

Top 10 Characteristics of Major Primary Risk Categories				
Primary Risk Category	**2015 Members**	**2015 % of Total**	**2016 Members**	**2016 % of Total**
NO PRIMARY RISK CATEGORY	103613	26.71%	91814	21.90%
PULMONOLOGY (Asthma, COPD)	40051	10.32%	44667	10.66%
ENT	39603	10.21%	44187	10.54%
BH/MA/SA	35023	9.03%	39480	9.42%
DERMATOLOGY	29296	7.55%	31344	7.47%
GASTROENTEROLOGY	25246	6.51%	27552	6.57%
ORTHOPEDIC/RHEUMATOLOGY	20822	5.37%	22720	5.41%
NEUROLOGY	**	**	19454	4.64%
OPHTHALMOLOGY	13750	3.54%	17320	4.13%
NEONATAL	12973	3.34%	16415	3.91%
OTHER	12915	3.33%	**	**

**Not in top 10 Major Primary Risk categories for given year

No Primary Risk Category

In every member group assessed in 2014, 2015 and again in 2016, the most frequent Major Primary Risk category was No Primary Risk Category, reflecting members who did not have a risk factor in any medical or pharmacy claims, lab result, enrollment file, or risk assessment data that ImpactPro links to a primary risk category. In 2016, the No Primary Risk category accounted for 21.9% of the membership. This category includes members who had fewer than two claims for the same diagnosis as well as those who may not have had claims at all.

Members with no primary risk fall into one of three categories: 01: Healthy, 02: Acute episodic and 03: Healthy at risk. In 2016, 90,140 (98.14%) members with a risk category of no primary risk fell into the healthy category; 1,670 (1.85%) members were in the acute episodic category in 2016, and (0.00%) members were in the Healthy at risk category.

These categories are defined below:

1. Healthy category consists of members who meet all of the following criteria:
   - No claims OR
   - No chronic conditions
   - No behavioral health conditions
   - Risk of future costs for the next 12 months for age < 65 is less than 2 and for >= 65 is less than 4.
   - Risk of an admission in the next 12 months is less than 10%
   - No inpatient stays regardless of reason in the last 12 months
   - No emergency room visits regardless of the reason in the last 12 months
   - No medication adherence gaps
   - No 'clinically important' care gap opportunities
   - No Drug Safety care opportunities
2. Acute Episodic category consists of members who meet all of the following criteria:
   - No chronic conditions AND either
   - 1 or more emergency department visits regardless of the reason in the last 12 months OR
   - 1 or more inpatient stays regardless of reason in the last 12 months
3. Healthy at risk category consists of members who meet all of the following criteria:
   - No chronic conditions AND NOT IN 1: Healthy OR 2: Acute Episodic.

Analysis of Major Primary Risk Categories

By Age. As expected, the top Major Primary Risk categories were different by age group. For example, Pulmonology (likely to be predominantly asthma in the younger age group) and ENT ranked high for 0-20 years, while Obstetrics and Gynecology ranked high for 21 years or older, a population that was 89.5% female.

By Race. This analysis is limited to the three largest race categories because of the small numbers of members in the remaining race categories.

20 Years or Younger: In both 2015 and 2016 No Primary Risk, Pulmonology, and ENT accounted for the top three Major Primary Risk categories for all races in members 20 years of age or younger. Black or African American had the highest proportion of members (29.52% in 2015 and 25.04% in 2016) of the three largest races with No Primary Risk. White had the lowest (22.18 % in 2015 and 16.98% in 2016). In 2015, ENT was highest among White (13.63%) followed by Black or African American (10.10%) and remained so in 2016 (13.89% for White vs. 10.47% for Black or African American). Pulmonology (asthma) was also a top category for both races, but 12.18% of Black or African American in 2015 were linked to Pulmonology (asthma) compared to only 10.86% of White. In 2016 Black or African American continued to have a higher percentage of members linked to Pulmonology (asthma) 12.95% compared to 10.94% among White. The top ten risk categories for the three largest races are as follows:

Top 10 Major Primary Risk Categories By Race Ages 20 Years Or Younger				
Primary Risk Category	**2015 Members**	**% Of Total**	**2016 Members**	**% Of Total**
BLACK OR AFRICAN AMERICAN				
NO PRIMARY RISK CATEGORY	51443	29.52%	49116	25.04%
PULMONOLOGY	21226	12.18%	25403	12.95%
ENT	17606	10.10%	20536	10.47%
DERMATOLOGY	15282	8.77%	16750	8.54%
BH/MH/SA	14912	8.56%	17663	9.01%
GASTROENTEROLOGY	10673	6.12%	12100	6.17%
ORTHOPEDIC/RHEUMATOLOGY	8886	5.10%	10120	5.16%
OPHTHALMOLOGY	6916	3.97%	9063	4.62%
NEONATAL	6141	3.52%	8176	4.17%
OTHER	5835	3.35%	7330	3.74%
WHITE				
NO PRIMARY RISK	24977	22.18%	22518	16.98%
ENT	15346	13.63%	18418	13.89%
BH/MA/SA	12639	11.22%	15145	11.42%
PULMONOLOGY (Asthma, COPD)	12229	10.86%	14503	10.94%
GASTROENTEROLOGY	9418	8.36%	11037	8.32%
DERMATOLOGY	9406	8.35%	11101	8.37%
ORTHOPEDIC/RHEUMATOLOGY	6345	5.63%	7800	5.88%
OTHER	4178	3.71%	5641	4.25%
OPHTHALMOLOGY	4109	3.65%	5507	4.15%
NEUROLOGY (MS, CIPD, BRAIN, SC)	3074	2.73%	4640	3.50%

Top 10 Major Primary Risk Categories By Race Ages 20 Years Or Younger				
Primary Risk Category	**2015 Members**	**% Of Total**	**2016 Members**	**% Of Total**
ASIAN				
NO PRIMARY RISK	2772	29.01%	2523	22.46%
ENT	1372	14.36%	1752	15.60%
PULMONOLOGY Asthma, COPD)	1138	11.91%	1273	11.33%
DERMATOLOGY	728	7.62%	971	8.65%
GASTROENTEROLOGY	692	7.24%	836	7.44%
OPHTHALMOLOGY	540	5.65%	720	6.41%
OTHER	454	4.75%	438	3.90%
ORTHOPEDIC/RHEUMATOLOGY	405	4.24%	661	5.89%
NEONATAL	298	3.12%	468	4.17%
ENDOCRINOLOGY (DIABETES, CF)	296	3.10%	360	3.21%

21 Years or Older. No Primary Risk category, OB, and Endocrinology were in the top five risk categories for all three races in 2015 and 2016 for members 21 years or older. The proportion of members with No Primary Risk category was similar for Black or African American, White, and Asian in 2015 with over 29% of each race falling into the category. Although No Primary Risk remained the number one Major Primary Risk category in 2016 for all three races, the percent of members in this category dropped for all three races below 24%. The proportion of Black or African American linked to Gynecology in both 2015 and 2016 (8.58% and 8.25% respectively) was higher than for White (4.63% and 4.17 %) or Asian (3.67% and 3.40 %). Also, both in 2015 and 2016 the proportion of Asian (16.47 % and 19.42%) linked to Endocrinology was about twice that of Black or African American (8.63% and 9.28%), or White (6.35% and 7.05%). Please see the following table. Likewise, both in 2015 and 2016 the proportion of White linked to BH/MH/SA (13.15% and 12.53%) was more than twice that of Black or African American (5.37% and 5.31%). BH/MH/SA was not among the top 10 risk categories for Asian.

Top 10 Major Primary Risk Categories By Race Ages 21 Years Or Older				
Primary Risk Category	**2015 Members**	**% Of Total**	**2016 Members**	**% Of Total**
BLACK OR AFRICAN AMERICAN				
NO PRIMARY RISK CATEGORY	10211	29.76%	8393	22.47%
OB	3819	11.13%	4489	12.02%
GYNECOLOGY	2945	8.58%	3080	8.25%
ENDOCRINOLOGY	2868	8.36%	3466	9.28%
ORTHOPEDIC/RHEUMATOLOGY	2077	6.05%	1964	5.26%
BH/MH/SA	1841	5.37%	1982	5.31%

Top 10 Major Primary Risk Categories By Race Ages 21 Years Or Older				
Primary Risk Category	**2015 Members**	**% Of Total**	**2016 Members**	**% Of Total**
CARDIOLOGY	1502	4.38%	1571	4.21%
GASTROENTEROLOGY	1282	3.74%	1438	3.85%
NEUROLOGY	2410	7.02%	4871	13.04%
PULMONOLOGY	842	2.45%	921	2.47%
WHITE				
NO PRIMARY RISK CATEGORY	5901	30.59%	4794	23.08%
BH/MA/SA	2537	13.15%	2602	12.53%
OB	1966	10.19%	2208	10.63%
NEUROLOGY (MS, CIPD, BRAIN, SC)	1837	9.52%	3474	16.72%
ENDOCRINOLOGY (DIABETES, CF)	1225	6.35%	1464	7.05%
ORTHOPEDIC/RHEUMATOLOGY	1172	6.08%	1111	5.35%
GYNECOLOGY	894	4.63%	866	4.17%
GASTROENTEROLOGY	716	3.71%	782	3.76%
PULMONOLOGY (Asthma, COPD)	496	2.57%	541	2.60%
CARDIOLOGY	466	2.42%	495	2.83%
ASIAN				
NO PRIMARY RISK	500	32.81%	409	21.70%
ENDOCRINOLOGY (DIABETES, CF)	251	16.47%	366	19.42%
OB	151	9.91%	199	10.56%
GASTROENTEROLOGY	73	4.79%	122	6.47%
ORTHOPEDIC/RHEUMATOLOGY	71	4.66%	94	4.99%
OTHER	63	4.13%	64	3.40%
NEUROLOGY (MS, CIPD, BRAIN, SC)	56	3.67%	130	6.90%
GYNECOLOGY	56	3.67%	64	3.40%
CARDIOLOGY	45	2.95%	50	2.65%
INFECTIOUS DISEASE	38	2.49%	33	1.75%

By Ethnicity

20 years or younger. In both 2015 and 2016, No Primary Risk Category, Pulmonology, ENT, and Dermatology were in the top five risk categories for both Hispanic or Latino and Non-Hispanic or Latino. BH/MH/SA was in the top five for Non-Hispanic or Latino but not for Hispanic or Latino. Hispanic or Latino had a somewhat lower proportion of members with No Primary Risk Category (22.45% and 17.70 %) than did Non-Hispanic or Latino (26.72% and 22.33%). Both proportions decreased in 2016. Please see the following table.

Top 10 Major Primary Risk Categories By Ethnicity Ages 20 Years Or Younger				
Primary Risk Category	**2015 Members**	**% Of Total**	**2016 Members**	**% Of Total**
NON HISPANIC OR LATINO				
NO PRIMARY RISK CATEGORY	76404	26.72%	69446	22.33%
PULMONOLOGY (Asthma, COPD)	33064	11.56%	37779	12.15%
ENT	32022	11.20%	36133	11.62%
BH/MA/SA	27677	9.68%	31725	10.20%
DERMATOLOGY	24158	8.45%	26081	8.39%
GASTROENTEROLOGY	18915	6.61%	20769	6.68%
ORTHOPEDIC/RHEUMATOLOGY	15091	5.28%	16768	5.39%
NEONATAL	12282	4.29%	14399	4.63%
OPHTHALMOLOGY	10625	3.72%	13553	4.36%
OTHER	9482	3.32%	11738	3.77%
HISPANIC OR LATINO				
NO PRIMARY RISK CATEGORY	9334	22.45%	8311	17.70%
ENT	5875	14.13%	6715	14.30%
PULMONOLOGY (Asthma, COPD)	5087	12.24%	5372	11.44%
GASTROENTEROLOGY	3940	9.48%	4416	9.41%
DERMATOLOGY	3701	8.90%	4191	8.93%
BH/MA/SA	2397	5.77%	3081	6.56%
OTHER	2220	5.34%	2716	5.78%
ORTHOPEDIC/RHEUMATOLOGY	2200	5.29%	2751	5.86%
OPTHALMOLOGY	2194	5.28%	2707	5.77%
NEUROLOGY (MS, CIPD, BRAIN, SC)	930	2.24%	1248	2.66%

21 Years or Older. No Primary Risk Category, OB, and Endocrinology were in the top five risk categories for both ethnic categories. For this age group, the proportion of members with No Primary Risk Category was higher for Hispanic or Latino (30.23%) than for Non-Hispanic or Latino (22.36%). Again BH/MH/SA was in the top five for Non-Hispanic or Latino but not for Hispanic or Latino. Please see the following table.

Top 10 Major Primary Risk Categories By Ethnicity Ages 21 Years Or Older				
Primary Risk Category	**2015 Members**	**% Of Total**	**2016 Members**	**% Of Total**
NON HISPANIC OR LATINO				
NO PRIMARY RISK CATEGORY	16235	29.78%	13010	22.36%
OB	5884	10.79%	6678	11.48%
BH/MA/SA	4411	8.09%	4548	7.8%
ENDOCRINOLOGY (DIABETES, CF)	4274	7.84%	5131	8.82%

Top 10 Major Primary Risk Categories By Ethnicity Ages 21 Years Or Older				
Primary Risk Category	**2015 Members**	**% Of Total**	**2016 Members**	**% Of Total**
NEUROLOGY (MS, CIPD, BRAIN, SC)	4271	7.84%	8290	14.25%
GYNECOLOGY	3869	7.10%	3892	6.69%
ORTHOPEDIC/RHEUMATOLOGY	3314	6.08%	3081	5.30%
GASTROENTEROLOGY	2060	3.78%	2268	3.90%
CARDIOLOGY	1998	3.67%	2070	3.56%
PULMONOLOGY (Asthma, COPD)	1352	2.48%	1454	2.50%
HISPANIC OR LATINO				
NO PRIMARY RISK	828	38.66%	743	30.23%
OB	283	13.21%	309	12.57%
ENDOCRINOLOGY (DIABETES, CF)	179	8.36%	208	8.46%
GYNECOLOGY	152	7.10%	162	6.59%
NEUROLOGY (MS, CIPD, BRAIN, SC)	130	6.07%	247	10.05%
ORTHOPEDIC/RHEUMATOLOGY	88	4.11%	118	4.80%
BH/MA/SA	80	3.73%	115	4.68%
GASTROENTEROLOGY	70	3.27%	93	3.78%
CARDIOLOGY	46	2.15%	57	2.32%
PULMONOLOGY (Asthma, COPD)	46	2.15%	51	2.07%

By Region

20 years or younger. In 2015, for members aged 20 years or younger, No Primary Risk Category, Pulmonology and BH/MH/SA were in the top five Major Primary Risk categories for all six regions. In 2016, No Primary Risk, Dermatology, ENT, BH/MH/SA, and Pulmonology were in the top five risk categories for all six regions.

In 2015, the proportion of members with No Primary Risk Category was highest in the South East Region (39.62 %) and lowest in the Southwest Region (20.27%), both of which decreased into 2016. In 2015, Neonatal was highest in the North Region (5.14 %) and lowest in the Atlanta Region (3.55%).BH/MH/SA was highest in the Southwest Region (12.97%) and lowest in the East Region (7.15%); minimal changes were observed in 2016. In 2015, Pulmonology was highest in the Southwest Region (12.30%) and lowest in the Southeast Region (7.78%), and that pattern continued in 2016.

The top 10 Major Primary Risk Categories for members aged 20 years or younger in our three largest regions (Atlanta, Central, and Southwest) are presented in the table below.

Top 10 Primary Risk Categories By Region Ages 20 Years Or Younger				
Primary Risk Category	**2015 Members**	**% Of Total**	**2016 Members**	**% Of Total**
ATLANTA				
NO PRIMARY RISK	54357	28.38%	50416	24.16%
PULMONOLOGY (Asthma, COPD)	22951	11.98%	24800	11.89%
ENT	22100	11.54%	25019	11.99%
DERMATOLOGY	16147	8.43%	17535	8.40%
BH/MA/SA	14417	7.53%	16974	8.14%
GASTROENTEROLOGY	11887	6.21%	13154	6.30%
ORTHOPEDIC/RHEUMATOLOGY	9970	5.21%	11241	5.39%
OPHTHALMOLOGY	8337	4.35%	10597	5.08%
OTHER	7385	3.86%	8977	4.30%
NEONATAL	6807	3.55%	8795	4.22%
CENTRAL				
NO PRIMARY RISK	11143	22.43%	9204	17.60%
ENT	6291	12.66%	6686	12.78%
BH/MA/SA	5569	11.21%	6053	11.57%
PULMONOLOGY (Asthma, COPD)	5240	10.55%	6392	12.22%
DERMATOLOGY	4572	9.20%	4734	9.05%
GASTROENTEROLOGY	3882	7.81%	4114	7.87%
ORTHOPEDIC/RHEUMATOLOGY	2848	5.73%	3203	6.12%
NEONATAL	2357	4.74%	2633	5.03%
OPHTHALMOLOGY	1699	3.42%	1957	3.74%
OTHER	1515	3.05%	1751	3.35%
SOUTHWEST				
NO PRIMARY RISK	14183	20.27%	11513	15.90%
BH/MA/SA	9074	12.97%	9845	13.59%
PULMONOLOGY (Asthma, COPD)	8603	12.30%	9402	12.98%
ENT	7768	11.10%	8078	11.15%
GASTROENTEROLOGY	6090	8.70%	6249	8.63%
DERMATOLOGY	6084	8.70%	6108	8.43%
ORTHOPEDIC/RHEUMATOLOGY	3733	5.34%	4039	5.58%
NEONATAL	2786	3.98%	2992	4.13%
OTHER	2339	3.34%	2972	4.10%
OPHTHALMOLOGY	2337	3.34%	2777	3.83%

21 years or older: In 2015 and 2016, for the 21 years or older age group, No Primary Risk Category and OB were in the top five categories in all six regions.

In 2015, the proportion of members with No Primary Risk Category was highest in the Southeast Region (41.56 %), and lowest in the Southwest Region (22.32%). The proportion of

members linked to OB varied a bit, highest in the North Region (14.39 %) and lowest in the Southwest Region (9.75 %). Gynecology was highest in the Atlanta Region (7.43 %) and lowest in the Southeast Region (4.27 %) during 2015 with minimal changes in 2016.

The top ten Major Primary Risk Categories for members aged 21 years or older for our three largest regions (Atlanta, Central, and Southwest) are shown in table below.

Top 10 Major Primary Risk Categories By Region Ages 21 Years Or Older				
Region	**2015 Members**	**% Of Total**	**2016 Members**	**% Of Total**
ATLANTA				
NO PRIMARY RISK CATEGORY	10142	32.69%	8670	25.58%
OB	3476	11.21%	4117	12.15%
GYNECOLOGY	2304	7.43%	2402	7.09%
ENDOCRINOLOGY (Diabetes, CF)	2310	7.45%	2822	8.33%
ORTHOPEDIC/RHEUMATOLOGY	1715	5.53%	1704	5.03%
BH/MH/SA	2080	6.71%	2218	6.54%
NEUROLOGY (MS, CIPD, BRAIN, SC)	2258	7.28%	4108	12.12%
GASTROENTEROLOGY	1002	3.23%	1176	3.47%
CARDIOLOGY	1091	3.52%	1121	3.31%
PULMONOLOGY (Asthma, COPD)	781	2.52%	864	2.55%
CENTRAL				
NO PRIMARY RISK	2415	25.79%	1722	18.28%
OB	976	10.42%	1018	10.81%
BH/MA/SA	814	8.69%	937	9.95%
ENDOCRINOLOGY (DIABETES, CF)	791	8.45%	794	8.43%
NEUROLOGY (MS, CIPD, BRAIN, SC)	788	8.41%	1463	15.53%
GYNECOLOGY	672	7.18%	590	6.26%
ORTHOPEDIC/RHEUMATOLOGY	595	6.35%	533	5.66%
GASTROENTEROLOGY	439	4.69%	415	4.41%
CARDIOLOGY	399	4.26%	407	4.32%
PULMONOLOGY (Asthma, COPD)	254	2.71%	257	2.73%
SOUTHWEST				
NO PRIMARY RISK	2580	22.32%	1789	15.21%
BH/MA/SA	1220	10.55%	1050	8.92%
OB	1127	9.75%	1153	9.80%
ENDOCRINOLOGY (DIABETES, CF)	1094	9.46%	1335	11.35%

Top 10 Major Primary Risk Categories By Region Ages 21 Years Or Older				
Region	**2015 Members**	**% Of Total**	**2016 Members**	**% Of Total**
NEUROLOGY (MS, CIPD, BRAIN, SC)	1039	8.99%	2226	18.92%
ORTHOPEDIC/RHEUMATOLOGY	852	7.37%	667	5.67%
GYNECOLOGY	838	7.25%	778	6.61%
GASTROENTEROLOGY	565	4.89%	548	4.66%
CARDIOLOGY	446	3.86%	452	3.84%
ENT	272	2.35%	244	2.07%

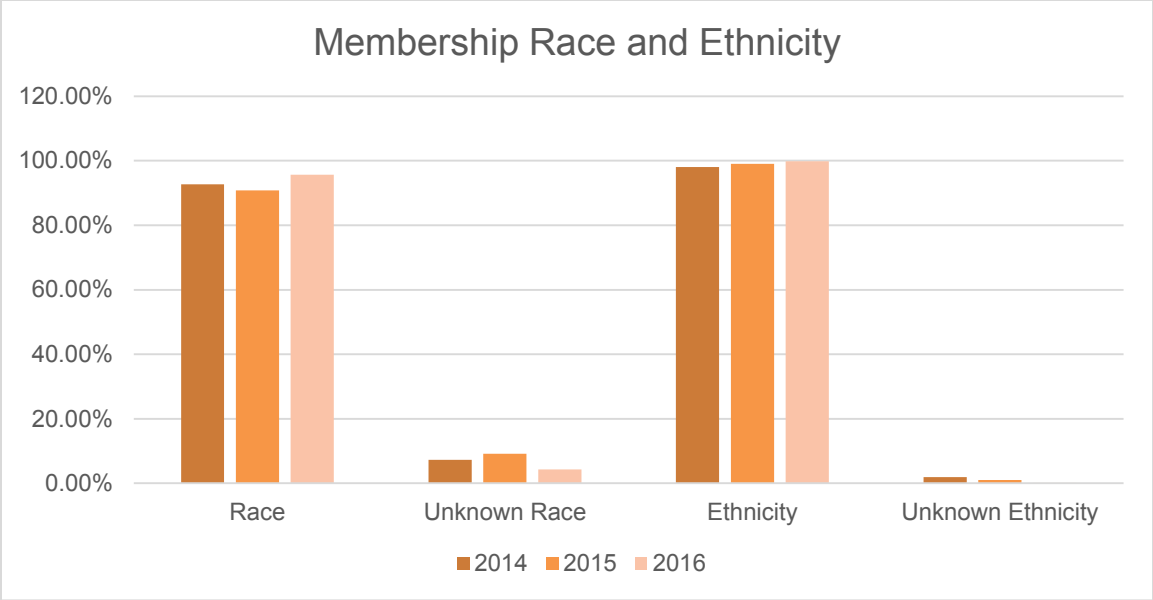
Health Disparities

As defined by the Kaiser Family Foundation (KFF)[1] a "health care disparity" typically refers to differences between groups in health insurance coverage, access to and use of care, and quality of care. Disparities in health care not only affect the groups facing disparities, but also limit overall improvements in quality of care and health for the broader population and result in unnecessary costs. The KFF further stated that many groups face significant disparities in access to and utilization of care. People of color generally face more access barriers and utilize less care than Whites.

The Georgia Department of Community Health through the contract with Peach State Health Plan and the DCH Quality Strategic Plan for Georgia Families and Georgia Families 360 (February 2016) holds Peach State accountable for reducing health care disparities. Peach State is required to identify the population we serve, including race and ethnicity, gender, rural and urban characteristics and to implement population specific outreach activities.

In order for Peach State Health Plan to better understand the needs of our membership, identify health care disparities, and appropriately tailor programs to address these needs and disparities, we followed a deliberate and structured process to identify and assess health disparities across racial and ethnic groups. The plan's first priority was to obtain accurate and complete demographic data for its members. Peach State's 2014 member demographic analysis identified race for 92.70% of members and ethnicity for 98.06% of members. In our 2015 analysis, members with identified race decreased to 90.85%, but members with identified ethnicity increased to 99.04%. In 2016, the number of members with identified race increased to 95.64% and members with identified ethnicity increased to 99.87%.

1. http://www.kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/



In 2014, Peach State implemented data analytic and reporting tools that enabled us to report on all datasets, including Healthcare Effectiveness Data and Information Set (HEDIS) measures and Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefit use; focused on individual member, provider and population levels; and stratified by Diagnosis, Race, Age, Gender and Geographic location (DRAGG). This was done in order to identify populations that experienced obstacles to health care access based on their race, ethnicity, or geographic area and to target member and provider interventions to correct those disparities.

Addressing health care disparities in the Plan's population aligns with the Plan's goals to improve member outcomes; improve provider and member experience with care and lower per capita cost. The increased prevalence in several conditions noted by the Plan based on HEDIS 2017/CY 2016 data follow.

Asthma

- In 2014, data showed that the subpopulation of 21,993 members linked with the Pulmonology Major Primary Risk Category were disproportionately male (56.5%) compared with the percentage of males (43.9%) in our entire membership. They were also disproportionately Black or African American (62.4% compared to 54.9% of all members), disproportionately under the age of 20 (96.5% compared to 84.5% of all members), and resided disproportionately in the Atlanta and Southwest Regions. For this age mix, Pulmonology is likely to be predominantly asthma.
- In 2015, the number of members linked with Pulmonology decreased slightly to 20,364. These members remained disproportionately male and aged 20 years or younger. Though still disproportionate, only 61.0% of these members were Black or African Americans, a decrease of 1.4 percentage points from 2014. The Atlanta Region had the highest share of members linked with Pulmonology at 60.0%.
- In 2016, the number of members in the Asthma subpopulation (Primary Risk Category of COPD), increased to 22,100. These members remained disproportionately male and aged 20 years or younger. Though still disproportionate,

only 65.19% of these members were Black or African Americans. The Atlanta Region had the highest share of members linked with Asthma at 59.10%.

HIV/AIDS

- In 2014, data showed that the 197 members linked with the HIV/AIDS Major Primary Risk category were disproportionately female (88.3% compared to 56.1% of all members). They also were disproportionately Black or African American (88.3% compared to 54.9% of all members), and 21 years of age or older (79.2% compared to 15.5% of all members). The members resided in all regions generally in proportion to the membership. Only 1.5% of these members were Hispanic, compared to 11.3% of all members.
- In 2015, 203 members were linked with the HIV/AIDS Major Primary Risk category, and remained disproportionately female (81.28%), Black or African Americans (84.73%), and aged 21 years or older (71.43%). These members continued to reside in all regions generally in proportion to the membership.
- In 2016, 250 members were linked with the HIV/AIDS Major Primary Risk category, and remained disproportionately female (82.40%), Black or African Americans (87.60%), and aged 21 years of older (78.00%). These members continued to reside in all regions generally in proportion to the membership.

Cancer

- In 2014, data showed the 822 members linked with the Cancer Major Primary Risk Category identified were disproportionately female (91.36% compared to 56.21% of all members). They also were disproportionately White (38.44% compared to 34.55% of all members), and 19 years of age or older (86.01% compared to 15.5% of all members) as expected due to enrollment of women in the Medicaid Breast and Cervical Cancer Program category of aid. They resided in all regions generally in proportion to the membership.
- In 2015, there were 815 members linked with the Cancer Major Primary Risk category, similar to 2014. These members continued to be disproportionately White (36.07% compared to 34.00% of all members), female (89.08% compared to 56.09% of all members), and older (83.56% aged 21 years or older compared to 14.71% of all members). These members continued to reside in all regions generally in proportion to the membership.
- In 2016, there were 949 members linked with the Cancer Major Primary Risk category. These members continued to be disproportionately female (87.88% compared to 55.97% of all members), and older (80.82% compared to 14.51% of all members). Out of all the members linked with Cancer, disproportionately 48.05% are Black or African American and 36.57% are White. These members continued to reside in all regions generally in proportion to the membership.

Behavioral Health

- In 2014, data showed that the 30,083 members linked with the BH/MH/SA Major Primary Risk category (7.8% of our membership) were disproportionately male (55.6% compared to 43.9% of all members). The age distribution of these members was similar to that for all members (86.1% aged 20 years or younger compared to 84.5% of all members). They also were disproportionately White (45.5% compared to 34.7% of all members), and resided disproportionately in the Southwest and Central Regions. Only 6.5% of these members were Hispanic, compared to 11.3% of all members. Data also showed

that Attention Deficit Hyperactivity Disorder (ADHD) constituted 20.9%, and depression 15.4%, of all behavioral health diagnoses given to these members. The BH/MH/SA Major Primary Risk Category includes: Anxiety disorders/phobias, Mood Disorders including Bipolar disorder, Depression, Substance Abuse, Childhood psychiatric disorders, and Psychotic/schizophrenic disorders.

- In 2015, the 35,023 members linked to the BH/MH/SA Major Primary Risk Category continued to be disproportionately male (54.98%) and Black or African American (47.83%) and to reside in the Southwest and Atlanta Regions.
- In 2016, the 39,480 members linked to the BH/MH/SA Major Primary Risk category continued to be disproportionately male (55.13%) and Blacks/African American (49.76%) and to reside in the Southwest and Atlanta Regions.

Low and Very Low Birth Weight Births

- In 2014, data showed 9.0% of pregnant mothers delivered a low birth weight (LBW – between 1500g and 2500g) baby and another 1.9% were very low birth weight (VLBW - <1500g). The LBW and VLBW birth rates were higher for mothers 21 years or older than for younger mothers. In addition, the rates for Black or African American mothers (11.2% of live births) were 72.6% higher than White mothers (6.5% of live births) for LBW births and 123.1% higher for VLBW births. The rate for LBW births was 23.3% lower for Hispanic than Non-Hispanic mothers. The Southwest Region had rates of LBW births 72.6% higher, and VLBW births 515.7% higher, than the Central Region.
- In 2015, 9.1% of pregnant mothers delivered a low birth weight baby and another 2.9% were very low birth weight. The VLBW birth rate remained higher for mothers 21 years or older than for younger mothers, but the LBW birth rates were similar. In addition, the rates for Black or African American mothers (10.8% of live births) were only 64.1% higher than White mothers (6.6% of live births) for LBW births (an improvement over 2014) and 131.2% higher for VLBW births (an increase from 2014). The rate for LBW births was 38.5% lower for Hispanic than Non-Hispanic mothers. The Southwest Region had rates of LBW births 13.5% higher, and VLBW births 66.7% higher, than the Central Region, an improvement for both rates over 2014).
- Peach state had 20,588 members who gave birth during 2016. Members 21 years of age and older accounted for 84.33% of the deliveries (17,362). Those members 20 years of age and under accounted for delivered 15.67% of all deliveries (3,226). Of all pregnant members in 2016, 9.33% delivered a low birth weight baby and another 2.25% were very low birth weight. When comparing the LBW and VLBW for all deliveries (20,588), members 21 years of age and older had a greater percentage of LBW (7.89%) and VLBW (1.88%) deliveries compared to the 20 and under age category (1.44% and 0.37% respectively). However, when comparing LBW and VLBW deliveries between both populations, LBW and VLBW birth rate were almost equal for mothers 21 years or older (11.6%) and for mothers under age 21 years old (11.5%). In addition, the rates for Black or African American mothers who delivered a LBW baby (6.06%) higher than White mothers (2.56%). The Black or African American mothers who delivered a VLBW baby was higher than for White mothers (Black or African American mothers 1.52%; White mothers 0.45%). The rate for LBW births was 8.80% for Non-Hispanic mothers and 0.35% for Hispanic mothers. Of the mothers who delivered a LBW and VLBW baby, Atlanta had the highest percentage (48.78% and 49.03%, respectively).

Child Preventive Services. Through the DRAGG analysis, the data revealed significant regional variation in the percentage of members receiving recommended preventive care services. The Southeast Region was the lowest performing of all regions in two of three key

child preventive service measures in 2015. It has more poverty, lower health literacy, and less access to healthcare compared to the other regions. Please see the Effectiveness Section of this Evaluation for a description of related activities such as targeted outreach and incentives for members due for 12 and 15 month well visits.

Note—the tables below use the following abbreviations.

- W15—Percentage of eligible children who received six or more well-child visits in the first 15 months of life
- CIS10—Percentage of eligible children who received all recommended immunizations by age two
- AWC—Percentage of eligible adolescents 12-21 years of age who had one comprehensive well-care visit with PCP or OB/GYN in the measurement year

In 2016, the Southeast Region was still the lowest performing region for Adolescent Well-Care exams but the East Region is now the lowest performing region for Well-child 15 months.

Regional Performance on Three Childhood Preventive Care Service Measures

2015	W15	CIS10	AWC
Highest Performing Region	Central (56.9%)	East (38.0%)	Atlanta (47.1%)
Lowest Performing Region	Southeast (45.1%)	Central (29.3%)	Southeast (28.3%)
Statewide Totals	**53.4%**	**31.2%**	**45.2%**

2016	W15	CIS10	AWC
Highest Performing Region	Southwest (57.5%)	Southwest (26.0%)	Atlanta (50.0%)
Lowest Performing Region	East (40.2%)	Central (15.6%)	Southeast (30.3%)
Statewide Totals	**53.6%**	**20.2%**	**48.2%**

The analysis of regional distribution of child preventive services by race and ethnicity is limited to those regions with large enough populations for the findings to be statistically valid (Atlanta, Central, and Southwest). In 2015 (and again in 2016) the ethnicity categories show similar patterns for all regions with Hispanic/Latino having higher levels of performance for CIS10 and AWC but lower levels of performance for W15 than Non-Hispanic/Latino.

Regional Performance on Three Childhood Preventive Care Service Measures by Ethnicity

2015	W15		CIS10		AWC	
	Hispanic/ Latino	Non-Hispanic/ Latino	Hispanic/ Latino	Non-Hispanic/ Latino	Hispanic/ Latino	Non-Hispanic/ Latino
Atlanta Region	34.6%	54.4%	44.3%	27.0%	58.9%	44.8%
Central Region	46.7%	57.2%	53.9%	28.2%	47.1%	43.7%
Southwest Region	46.3%	53.8%	39.4%	35.3%	50.5%	43.0%
Statewide Totals	**37.4%**	**54.6%**	**44.1%**	**29.4%**	**57.0%**	**43.6%**

2016	W15		CIS10		AWC	
	Hispanic/ Latino	Non-Hispanic/ Latino	Hispanic/ Latino	Non-Hispanic/ Latino	Hispanic/ Latino	Non-Hispanic/Latino
Atlanta Region	35.6%	53.9%	30.2%	17.0%	63.5%	47.2%
Central Region	43.9%	55.6%	20.8%	15.4%	54.7%	46.2%
Southwest Region	43.7%	58.4%	29.7%	25.6%	52.3%	46.7%
Statewide Totals	**36.7%**	**55.1%**	**29.5%**	**18.8%**	**60.9%**	**46.4%**

The analysis of regional distribution of child preventive services by race showed a higher level of performance for White in all regions for W15 and CIS10, with Black or African American scoring slightly higher only in the Central Region for AWC.

Regional Performance on Three Childhood Preventive Care Service Measures by Race, 2015

2015	W15		CIS10		AWC	
	Black or African American	White	Black or African American	White	Black or African American	White
Atlanta Region	52.2%	49.6%	22.7%	36.5%	43.9%	47.7%
Central Region	55.7%	57.3%	24.6%	34.9%	43.6%	43.1%
Southwest Region	50.1%	59.4%	34.8%	37.8%	43.1%	43.2%
Statewide Totals	**52.0%**	**54.0%**	**26.2%**	**36.3%**	**43.4%**	**44.7%**

Regional Performance on Three Childhood Preventive Care Service Measures by Race, 2016

2016	W15		CIS10		AWC	
	Black or African American	White	Black or African American	White	Black or African American	White
Atlanta Region	52.2%	47.4%	13.5%	25.8%	45.9%	54.1%
Central Region	51.3%	61.6%	14.7%	16.3%	46.6%	46.0%
Southwest Region	56.9%	58.9%	25.8%	25.9%	48.0%	45.7%
Statewide Totals	**52.8%**	**53.3%**	**16.7%**	**23.9%**	**46.3%**	**49.3%**

Staff combined results such as these with other operational data including GeoAccess Reports, Call Center volumes, and call categories including translation requests in order to obtain a nuanced understanding of Peach State's membership and the factors leading to disparities.

Collecting Provider, Member, and Community Perceptions

Peach State continues to collect and analyze data gathered regarding providers', members', and communities' experiences and perceptions concerning obstacles to health including racial and ethnic treatment disparities. Sources of this information include:

- Annual Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey results
- Peach State's Provider Advisory Committee (PAC) and other committees with provider membership. The Provider Advisory Committee (PAC) is a Plan committee comprised of physician providers and Peach State staff. The providers represent all Georgia Families regions and are either primary care or specialty doctors. At least two providers on the Committee maintain practices that predominantly serve Medicaid beneficiaries. This group has at least quarterly meetings to discuss a wide range of topics related to health plan operations, initiatives, barriers to care and opportunities, and provides input and recommendations to inform and/or direct the QAPI Program.
- Member Advisory Committee – The Member Advisory Committee is a Plan committee comprised of current and past members and/or authorized representatives and representatives from community agencies. The committee discusses issues pertinent to Peach State membership and their input and recommendations are employed to inform and direct the quality improvement activities and policy and operational changes.

CAHPS Survey

On an annual basis, Peach State Health Plan contracts with an NCQA certified vendor to conduct the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys for our enrolled child and adult population as required by contract and as identified in the DCH Quality Strategic Plan for Georgia Families and Georgia 360 (February 2016).

The purpose of the survey is to assess the members' perspectives about the quality and appropriateness of care they received during the prior year. The data obtained is used to identify and develop improvement efforts for the areas that do not meet goal. As indicated in the DCH Quality Strategic Plan for Georgia Families and Georgia 360, the CAHPS Child

Survey results provide information about children including those with special health care needs (those children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who require health and related services of a type or amount beyond that required by children generally). The CAHPS surveys include four global rating measures:

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often

They also include five composite measures as follows:

- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Customer Service
- Shared Decision Making

In addition, the CAHPS Adult survey includes three performance measures: Flu Shot for Adults ages 18-64; Medical Assistance with Smoking Cessation and Aspirin Use and Discussion. For additional information on the CAHPS survey findings and initiatives, refer to the "Effective Member Communication Strategies" section of this document.

The Plan's CAHPS member satisfaction survey methodology captures member characteristics such as race and ethnicity allowing us to trend satisfaction results in a way that aligns rates with racial and ethnic health disparities. A comparison of year over year data from 2015 to 2016 Child CAHPS survey results identified some changed over the period. The results shown represent the percentage of members who provided a rating of 8, 9 or 10.

The Health Promotion and Education Composite Score

The Health Promotion and Education composite score for Hispanic/Latino members in CY 2016 was 61.6% and was essentially unchanged from the 2015 survey results. The Health Promotion and Education composite score for Non-Hispanic/Latino was 72.1% which was a decrease from CY 2015 of 3.3 percentage points. Health Promotion and Education for Hispanics/Latinos was 10.5 percentage points lower than Non-Hispanic/Latino in CY 2016 and 14.1 percentage points lower in CY 2015.

CY 2015		CY 2016	
Hispanic/Latino	Non-Hispanic/Latino	Hispanic/Latino	Non-Hispanic/Latino
61.3%	75.4%	61.6%	72.1%

The Health Promotion and Education composite score for White members in CY 2016 was 69.7% (3.2 percentage points higher than CY 2015- 66.5%) and for Black or African American members it was 74.1% (6.3 percentage points lower than CY 2015 - 80.4%). The CY 2016 scores for White members was 4.4% lower than scores for Black or African American members.

The difference was smaller than the 13.9 percentage difference in CY 2015. The Health Promotion and Education composite score for 'Other' members decreased from 62.6% in CY 2015 to 57.6% in CY 2016 (5 percentage points).

CY 2015			CY 2016		
White	Black or African American	*Other	White	Black or African American	*Other
66.5%	80.4%	62.6%	69.7%	74.1%	57.6%

"Other" includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native and respondent who answered "Other".

The Shared Decision Making Composite Score

The CY 2016 Shared Decision Making score for Hispanic/Latino was 69.6% which had decreased by 15.6 percentage points when compared to CY 2015. The CY 2016 Shared Decision Making score for Non-Hispanic/Latino was 78.0 which was 1.1 percentage points lower than CY 2015. In CY 2015, the Hispanic/Latino Shared Decision Making Composite score was 6.1 percentage points *higher* than Non-Hispanic/Latino. In CY 2016, the Hispanic/Latino Shared Decision Making Composite score was 8.4 percentage points *lower* than Non-Hispanic/Latino.

CY 2015		CY 2016	
Hispanic/Latino	Non-Hispanic/Latino	Hispanic/Latino	Non-Hispanic/Latino
85.2%	79.1%	69.6%	78.0%

The Shared Decision Making Composite scores for 'Other' members decreased by 3.29 percentage points from CY 2015 (76.2%) to CY 2016 (72.3%). The Shared Decision Making Composite scores for White members decreased by 3.2 percentage points from CY 2015 (84.3%) to CY 2016 (81.1%). The Shared Decision Making Composite scores for Black or African American members decreased by 6.5 percentage points from CY 2015 (77.6%) to CY 2016 (77.1%). The Black or African American members' scores were 6.7 percentage points lower than White members' scores in 2015, but dropped to 10 percentage points lower in CY 2016.

CY 2015			CY 2016		
White	Black or African American	*Other	White	Black or African American	*Other
84.3%	77.6%	76.2%	81.1%	71.1%	72.3%

Overall Rating of the Health Plan

The CY 2016 Overall Rating of the Health Plan score for Hispanic/Latinos was 90.5%, which was 4.6 percentage points lower than CY 2015 (95.1%). The CY 2016 Overall Rating of the

Health Plan score for Non-Hispanic/Latinos was 88.7%, which was 1.8 percentage points higher than CY 2015 (86.9%). The rate difference between Hispanic/Latino and Non-Hispanic/Latino on Overall Rating of the Health Plan decreased in CY 2016 when compared to CY 2015 (1.8 percentage points versus 8.2 percentage points).

CY 2015		CY 2016	
Hispanic/Latino	Non-Hispanic/Latino	Hispanic/Latino	Non-Hispanic/Latino
95.1%	86.9%	90.5%	88.7%

The CY 2016 Overall Rating of the Health Plan scores for Black or African American and White members were the same. However, Black or African American member's ratings improved by 2.3 percentage points from CY 2015 (87.8%) to CY 2016 while White member's ratings decreased by 0.7 percentage points during the same time period. The Overall Rating of the Health Plan scores for 'Other' members decreased by 1.3 percentage points from CY 2015 (87.1%) to CY 2016 to (85.8%).

CY 2015			CY 2016		
White	Black or African American	*Other	White	Black or African American	*Other
90.9%	87.8%	87.1%	90.2%	90.1%	85.8%

"Other" includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native and respondent who answered "Other".

Population-Specific Outreach Activities Implemented in CY16 to Assist in Achieving QAPI Goals and Objectives

In 2016, Peach State conducted several population-specific outreach activities primarily focused on preventive health services (well visits) that addressed potential regional, ethnic, and racial health disparities. Evaluation.

Region Focused

- Peach State monitored monthly administrative performance measure rates. Monthly monitoring indicated that the Southeast Georgia Families Region had lower compliance rates for HEDIS children's and adolescents well visits than any other region in Georgia. The Plan emailed 404 non-compliant members in the Southeast Region encouraging them to receive their preventive visit for a nominal incentive. Twenty-three members (5.7%) completed their well visit within 90 days of the email.

Ethnicity Focused

- Southern Crescent Pediatrics services a high volume of Hispanic/Latino members and had a low compliance rate for well child visits (ages 3-21). The Plan contacted 63 members and scheduled 27 member appointments (42.86%). There were 22 scheduled members (81.48%) who completed their well visit appointment.

Race Focused

- Monthly administrative rates indicated that Black or African American males in the Southwest Region had the lowest rate for adolescent well-care (AWC) visits of all regions. The Plan performed live outreach to caregivers of 391 Black or African American males in the Southwest Region. There were 58 appointments scheduled (14.83%) and 43 appointments completed (approximately 74% of all scheduled appointments).

Each of the preceding examples correlates to a detailed description in the Effectiveness of Care section of this Program Evaluation.

Network Resources

Network Resources Compared to Population Served - Assessing Network Needs

Peach State maintains a comprehensive statewide network of primary care providers, specialists, and facilities to meet the health needs of its populations. In 2016, Peach State conducted formal assessments of network adequacy on a regular basis to ensure all required services were available and accessible to our members. Peach State evaluated network adequacy in accordance with established standards for distance, specialty distribution, provider to member ratios, and provider quality. Throughout 2016, the Plan submitted quarterly reports to DCH and used the results of the network assessments and audits to monitor the effectiveness of the recruitment work plan in addressing coverage gaps and ensuring members received needed care. Finally, understanding that Georgia has many rural and underserved areas, 2016 saw continued emphasis on meeting members' needs in rural and Health Provider Shortage Areas (HPSAs) as Peach State continued to close gaps with the addition of new providers, single case agreements, and providing access to out of county providers. In 2016, Peach State's provider recruitment activities succeeded in reducing the number of network access gaps by 21% compared to 2015.

In 2016, DCH conducted an audit of the 2015 quarterly reports and placed Peach State on a corrective action plan for miss identifying the correct provider type and specialties. As such a remediation was conducted and providers were assigned to the correct category. This remediation resulted in a decrease in primary care physicians and pediatricians by 2, 266 and an increase in specialists by 3,313. As a result of correcting the providers in Peach States systems to accurately reflect their specialty, some network gaps were closed and additional gaps identified. The results of this can be seen below.

Routine assessments conducted throughout 2016 to identify and respond to new and emerging network deficiencies, and monitor the effectiveness of the work plan, included analysis of:

- County level GeoAccess reports
- Network Adequacy and Capacity Reports, including availability of PCPs and key specialty types
- Provider profiling to evaluate the quality of the existing network
- Utilization trends by region and county and the attributable causes as a means of anticipating and promptly responding to network needs
- Out of network utilization and requests for Single Case Agreements as a mechanism for identifying gaps as well as Providers to target for recruitment
- Member complaint and grievance reports to identify issues related to access and provider quality
- Provider complaint reports and Provider exit survey feedback related to access
- Provider satisfaction survey results to identify opportunities for improvement in Provider satisfaction and retention
- Closed Panel reports and Appointment Availability audits to identify and resolve access issues
- Credentialing data to identify providers able to meet identified needs such as specific area of clinical expertise, cultural competence, or non-English language capabilities
- Input and Oversight. The Quality Oversight Committees (QOC), which includes Providers who are currently participating in the Peach State network is responsible for the oversight and monitoring of quarterly network adequacy assessments and audits and

reporting findings to the Board of Directors. The QOC, Provider Advisory Committee (PAC), and Joint Operating Committee (JOC) meetings, meetings held with our key providers and subcontractors on a monthly basis, provided meaningful insight into the 2016 Provider Recruitment Strategy and Work Plan.

- The PAC and JOCs helped identify access issues at the local level and recommended certain providers and/or provider groups to approach to help close access gaps.
- These groups also help us identify areas of health deserts within Georgia where there are no providers. These areas tend to be very rural and are located in less densely populated agricultural areas of the state.

Maintaining Access and Addressing Identified Deficiencies

Peach State Health Plan's Provider Services staff engaged in ongoing activities to support the existing network and retained and incentivized providers to ensure timely access. Equally important were the efforts made to maintain strong relationships with specialized providers such as Emory Medical Care Foundation, Grady Memorial Hospital and Health Centers (the region's premier level 1 trauma center), and Morehouse Medical Associates (whose physicians are world-renowned for their clinical expertise and compassion in serving diverse populations) to ensure that the network continued to adequately meet the needs of members with complex healthcare requirements. Peach State continued to require providers who wished to participate in the provider incentive programs to maintain an open panel for our members.

Actions taken in 2016 to resolve network deficiencies identified in the quarterly GEO reports and/or improve access to care included:

- Peach State Health Plan used the Georgia Health Partnership (GHP) Portal, hospital websites, other CMO provider directories and targeting providers who were recently approved through the state's new credentialing process and who appear on the weekly roster of approved providers were tactics used to identify available providers for recruitment in shortage areas. Using these tactics, Peach State was able to successfully recruit 26 individual practitioners and 8 large group practice with specialties in Behavioral Health, Hematology/Oncology and Therapy services.
- Use of the State 7400 file to identify and attempt to recruit non-participating providers
- Provider Relations staff continued to conduct outreach to PCPs in identified shortage areas to encourage them to offer non-traditional hours by educating them on the additional reimbursement available when billing the after-hours add-on CPT codes.
- The Plan continued funding partnerships to expand access in underserved rural areas.
- In 2015, Peach State awarded a substantial grant of $100,000 to expand critically needed obstetrical services in Sumter and surrounding counties in partnership with a long-time participating provider, Dr. Ajay Gehlot, CEO, of Southwest Georgia Healthcare (SWGHC) to construct a 6,000 square feet new facility. The construction was completed on June 20, 2016 with 16 exam rooms, 2 procedure rooms and 2 ultrasound rooms. Since opening, this facility has seen an increase of 16% of Peach State Health Plan patients.
- In 2016, Peach State also included an additional hospital in the north region, Mountain Lakes Medical Center and a School Based Health Center in Wheeler County.

Availability of Primary Care Services

In 2016, Peach State evaluated the availability of primary care services using multiple methods described in detail below.

Regional Geographic Access Analysis

Peach State's provider network includes more than 21,000 providers in over 40,000 locations across all six regions of the state. The Plan's overall statewide network of approximately 4,800 PCPs met or exceeded the DCH access standards of 90% of members having access to a PCP within the distance standards set by DCH in combined urban and rural areas of all regions for 2016.

Percentage of Members with Required Geographic Access to PCPs (as of Q4, 2016)

Adult PCP, Q4 2016

	Atlanta	Central	SW	North	East	SE
URBAN	98.0%	94.1%	89.6%	93.9%	95.2%	93.1%
RURAL	100.0%	99.5%	98.7%	99.9%	98.4%	98.0%

Pediatrics, Q4 2016

	Atlanta	Central	SW	North	East	SE
URBAN	98.0%	90.8%	92.2%	93.0%	94.1%	91.2%
RURAL	100.0%	96.1%	92.8%	97.3%	78.5%	95.5%

County-Level Analysis

During 2016 period, Peach State saw changes from our 2015 data in our overall regional coverage percentages for PCP, Pediatric providers and specialists. This can be attributed to a data validation and clean-up projects undertaken in Q1 of 2016 as well as multiple recruitment exercises. As a result of the provider validation and clean-up projects, as well as the addition of large groups the total number of PCPs and pediatricians year over year decreased by 2266 practitioners. We contribute the change to the provider validation process as well as continuous cycle of providers who exit our network because they are deceased, have retired or who have left the service areas. The change in PCPs and Pediatricians by county can be seen in the table below:

Change in Pediatricians and PCPs from 2015 to 2016

Region	Q4 2015 Pediatrician County	Q4 2016 Pediatrician County	Difference	Q4 2015 PCP Count	Q4 2016 PCP Count	Difference
Atlanta	1	0	-1	0	0	0
Central	1	5	4	1	1	0
East	0	4	4	0	1	1
North	1	3	2	1	2	1
SE	4	6	2	3	3	0
SW	5	6	1	4	4	0
Total	12	24	12	9	11	2

Quarterly, the Plan conducted drill down analysis to identify any gaps at the county level. The tables below show, the counties in each region with an access gap (under the 90% target) for either adult and family PCPs or pediatricians (PED), the percentage of members in the county with required access as of December 31, 2016, and the status of closing the gaps as of submission of this Evaluation. All Medicaid enrolled providers within the counties described below are currently participating in the Peach State network. Practitioners located within the county or adjacent areas provide needed services while the Plan continues to identify and recruit available Providers. Peach State uses the state's weekly Credentialing Verification Organization (CVO) file to recruit newly enrolled Medicaid providers to continue to close gaps on an ongoing basis.

Atlanta Region:

As noted above in the Population Analysis section, Peach State won auto assignments in resulting in a 3.7% increase in the membership in the Atlanta region. We were able to reduce the number of overall gaps seen in Atlanta from seven as of December 31, 2015 to five as of December 31, 2016. In addition, there were no PCP or Pediatric gaps identified for the Atlanta Region.

Central Region:

In 2016, Peach State noted a small increase in membership of 0.6% and the overall gaps seen in the Central Region decreased from 58 as of December 31, 2015 to 47 as of December 31, 2016. The PCP and Pediatrician gaps for the Central Region are noted in the table below.

CENTRAL			
Provider Type	**County**	**% With Access**	**Providers Being Recruited**
PCP	Laurens	71.5%	There are no additional providers in Laurens County. Our members receive care from Reese Family Healthcare and Community Health Systems
Pediatrics	Laurens	74.5%	There are no additional providers in Laurens County. Our members receive care from Southeast Georgia Healthcare and Dr. Bill's Practice.
Pediatrics	Marion	88.2%	The Plan is pursuing contract opportunities with Dr. Quaison Dey. Despite the contracting of Dr. Dey, a gap still exists. Therefore, we are pursuing contract opportunities with Dr. Craig Smith (Albany). Our member receive care from St. Francis Health Systems and Southwest Georgia Health
Pediatrics	Talbot	57.1%	A gap was created during 2016 due to population changes within the county. This deficiency was closed as of the 03.31.17 Q1 2017 quarterly GEO submission.
Pediatrics	Twiggs	80.3%	A gap was created during 2016 due to population changes within the county as well as the resignation of a network pediatrician. There are no additional providers to recruit. Our members receive care from

CENTRAL			
			Southeast Georgia Healthcare and Dr. Bill's pediatric practice.
Pediatrics	Wilkinson	81.8%	A gap was created during 2016 due to population changes within the county This gap was closed as of 03.31.17 Q1 2017 quarterly GEO submission

East Region:

Although Peach State recognized a 22.4% increase in membership in the East Region during 2016, we were able to reduce the number of gaps from 55 as of December 31, 2015 to 37 as of December 31, 2016. The PCP and Pediatrician gaps for the East Region are noted in the table below.

EAST			
Provider Type	**County**	**% With Access**	**Providers Being Recruited**
Pediatrics	Burke	27.50%	Increased membership in the East region have created gaps in Burke County. There are no additional providers to recruit. Our members may receive care from Pediatric Partners of Augusta. Peach State has recently entered in to an agreement with University Health Link in Augusta, Ga. This contract will greatly increase our service footprint within the region.
Pediatrics	Glascock	66.70%	Increased membership in the East Region have created gaps in Glascock County. This gap was closed as of the 03.31.17 Q1 2017 quarterly GEO submission. Peach State has recently entered in to an agreement with University Health Link in Augusta, Ga. This contract will greatly increase our service footprint within the region.
Pediatrics	Taliaferro	0.00%	There are no additional providers to recruit. Our members may receive care from Pediatric Partners of Augusta. Peach State has recently entered in to an agreement with University Health Link in Augusta, Ga. This contract will greatly increase our service footprint within the region.
Pediatrics	Wilkes	13.20%	There are no additional providers to recruit. Our members may receive care from Pediatric Partners of Augusta. Peach State has recently entered in to an agreement with University Health Link in Augusta, Ga. This contract will greatly increase our service footprint within the region.

North Region:

Peach State recognized a 20.9% increase in membership in the North Region during 2016. However, we were able to reduce the number of gaps from 77 as of December 31, 2015 to 62 as of December 31, 2016. The PCP and Pediatrician gaps for the East Region are noted in the table below.

NORTH			
Provider Type	**County**	**% With Access**	**Providers Being Recruited**
PCP	Murray	80.0%	The gap will be closed with the addition of GA Mountains Health Services, Chatsworth GA in Q2 2017. Peach State is pursuing an agreement Hidden Valley Physician Group and Harbin Clinic which will increase our overall geographic footprint in the northern region. Our members receive care from Floyd Primary Care and Gordon Physicians Group
PCP	Walker	85.2%	The Plan determined this gap to be closed with the addition of FQHC - Primary Healthcare locations in Trenton, Walker County, Peach State Health Plan is pursuing agreements with Hidden Valley Physicians Group and Harbin Clinic which will increase our overall geographic footprint in the northern region. Our members receive care from Floyd Primary Care and Gordon Physicians Group
Pediatrics	Murray	81.2%	The gap will be closed with the addition of GA Mountains Health Services, Chatsworth GA in Q2 2017. Additionally, Peach State has reached an agreement with Floyd Medical Center And is pursuing agreements with Hidden Valley Physician Group, Fannin Regional Medical Center, and Harbin Clinic which will increase our overall geographic footprint in the northern region. Members treated by providers from Whites Pediatrics (Whitefield County) and AGC Pediatrics (Gordon County)
Pediatrics	Walker	85.4%	The Plan determined this gap to be closed with the addition of FQHC - Primary Healthcare locations in Trenton, Walker County. Peach State Health Plan is pursuing agreements with Hidden Valley Physicians Group and Harbin Clinic which will improve access in the northern region. Members treated by providers from Whites Pediatrics (Whitefield County) and AGC Pediatrics (Gordon County)
Pediatrics	Morgan	54.2%	The Plan expects this gap to be closed with the addition of Madison Medical Associates (expected contract date of 9.1.17).

Southeast Region:

Peach State recognized a 13.0% increase in membership in the Southeast Region during 2016. However, we were able to reduce the number of gaps by 21 from 103 as of December 31, 2015 to 82 as of December 31, 2016. The PCP and Pediatrician gaps for the East Region are noted in the table below.

SOUTHEAST			
Provider Type	**County**	**% With Access**	**Providers Being Recruited**
PCP	Bulloch	85.0%	This gap will be closed with addition of East Georgia Healthcare Center in Q2 2017
PCP	Charlton	84.2%	This gap will be closed as of the 03.31.17 Q1 2017 quarterly GEO submission
Pediatrics	Bulloch	83.6%	This gap will be closed with addition of East Georgia Healthcare Center in Q2 2017
Pediatrics	Camden	88.0%	This was a newly created gap from what was reported in 2015 however, this gap will be closed with the addition of Southeast Georgia Health Systems Camden Campus in Q2 2017
Pediatrics	Effingham	87.4%	This was a newly created gap from what was reported in 2015 however, this gap will be closed with the addition of Effingham Health Systems Q2 2017
Pediatrics	Charlton	76.7%	There are no additional providers in the service area or covering areas to recruit.
Pediatrics	McIntosh	72.6%	There are no additional providers in the service area or covering areas to recruit.
Pediatrics	Screven	82.7%	There are no additional providers in the service area or covering areas to recruit.

Southwest Region:

Peach State recognized a small increase in membership in the Southwest Region (0.01%) during 2016 and were able to close 25 network gaps. As of December 31, 2015 there were 131 network gaps as of December 31, 2016 there were 106 gaps. The PCP and Pediatrician gaps for the East Region are noted in the table below.

SOUTHWEST			
Provider Type	**County**	**% With Access**	**Providers Being Recruited**
PCP	Coffee	78.2%	There are no additional providers in the service area or covering areas to recruit. Our members may receive care from Coffee Regional First Care (Coffee County) and Phoebe Physician Group, Inc. (Ben Hill County
PCP	Colquitt	80.6%	There are no additional providers in the service area or covering areas to recruit. Our members may receive care from Tift Regional Medical Center (Tift County) and (Colquitt Regional Primary Care)
PCP	Thomas	81.6%	There are no additional providers in the service area or covering areas to recruit. Our members may receive care from Archbold Medical Group Inc. (Grady County) and Phoebe Physician Group (Colquitt County)
PCP	Seminole	88.1%	There are no additional providers in the service area or covering areas to recruit. Our members may receive care from Bainbridge Medical Associates PC (Decatur County)
Pediatrics	Coffee	74.2%	There are no additional providers in the county to recruit. Our members may receive care from Southern Pediatric Clinic LLC (Lowndes County) and Valdosta Children's HC (Lowndes County)
Pediatrics	Colquitt	88.6%	There are no additional providers in the county to recruit. Our members may receive care from Southern Pediatric Clinic LLC (Lowndes County) and Valdosta Children's HC (Lowndes County)
Pediatrics	Thomas	87.5%	There are no additional providers in the county to recruit. Our members may receive care from Southern Pediatric Clinic LLC (Lowndes County) and Valdosta Children's HC (Lowndes County)
Pediatrics	Clay	31.7%	The provider originally identified as a recruitment target declined participation. There are no additional providers in the county to recruit. Our members may receive care from Southern Pediatric Clinic LLC (Lowndes County) and Valdosta Children's HC (Lowndes County)
Pediatrics	Echols	80.0%	There are no additional providers in the county to recruit. Our members may receive care from Southern Pediatric Clinic LLC (Lowndes County) and Valdosta Children's HC (Lowndes County)

* Providers include nurse practitioners and other physician extenders.

Summary

During 2016, Peach State was able to reduce the overall number of gaps in the network from quarter four 2015 to quarter four 2016 by 21%. Although we saw our PCP and Pediatrician network decrease by 2,266 practitioners, we were able to add 3313 ancillary specialists including Behavioral Health Facilities (31), Pharmacies (96), Outpatient Labs (131), Dialysis centers (49), DME providers (110), and therapy and rehab services (656). We were also able to add practitioners with specialties in Cardiology (210), Hematology (391), Ob/GYN (228) and Orthopedics (192).

Open Panel Analysis

Peach State also evaluated primary care availability by monitoring the rate of PCPs and Pediatricians accepting new patients by region. The Plan conducted quarterly evaluations and an annual overall analysis to identify any regions in which the percentage of PCPs or pediatricians with open panels fell below 55%. (This Peach State threshold is higher than the US national average of 41.5% of PCPs accepting all or most new Medicaid patients.)[2]

If the percentage of PCPs or pediatricians in the region with open panels fell below 55%, Peach State outreached to the practices with capacity to request they open their panels to new members to increase availability. To encourage providers to maintain open panels, Peach State required provider groups to maintain at least 80% open panels to remain eligible to participate in the Plan's incentive programs. The table below indicates that as of Q4 2016, the percentage of adult PCPs and of pediatricians with open panels was well above the 55% threshold in each region.

Percentage of PCPs with Open Panels in 2016

2016 Annual Average		
Region	**PCP**	**Pediatrician**
Atlanta	84.23%	81.63%
Central	87.13%	85.77%
East	91.37%	92.10%
North	86.10%	89.77%
Southeast	89.40%	92.03%
Southwest	85.57%	92.60%
Total	87.30%	88.98%

Other Methods Used to Evaluate Primary and Prenatal Care Availability

Appointment Availability Audits.

Peach State conducts quarterly provider appointment availability audits on Primary Care and Obstetrics providers based on DCH contract requirements and access standards. Peach State contracts with SPH Analytics, an NCQA-certified Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey vendor. In 2016, Peach State added Telephonic quarterly surveys to address the 2015 deficiency based on CAHPS and Member Grievances not being the best methodology for determining member accessibility. SPH Analytics was contracted to conduct the provider appointment accessibility audits as well.

Peach State sends SPH Analytics a spreadsheet of all contracted PCPs and Obstetricians and SPH Analytics randomly selects a statistically valid sample (no less than 411 completes) of practitioners to audit. Practitioners are only surveyed once during the year unless they fail the audit. SPH Analytics use an established survey tool to conduct the survey to ascertain the next

[2] Center for Studying Health System Change, ***2008 Health Tracking Physician Survey***. http://www.hschange.com/CONTENT/1192/#ib4

available appointment for a routine, sick/urgent, or pediatric health check visit as appropriate. Appointment audits focus on appointment availability for:

- Adult: Primary Care - Routine
- Adult: Primary Care - Urgent
- Child: Primary Care - Routine
- Child: Primary Care - Urgent
- Child: Annual Physical (Preventive Care) Exam
- Pregnant Women: Initial visit

Peach State conducts ongoing monitoring of compliance with appointment access standards to ensure members can receive appointments within DCH required timeframes 90% of the time. Providers who fail to meet the appointment wait time standard are educated and remain in the audit sample and continue to be monitored/audited until they successfully meet the standards. Providers who fail to meet the standard after the second audit are placed on a corrective action plan, which is submitted to the Plan Medical Director for peer-to-peer discussion and/or Peer Review Committee recommendation. Provider Relations continued face-to-face visits and education with the provider and office staff until the provider meets the appointment availability requirements. In 2016, no providers progressed to a corrective action plan.

Provider Type	DCH Standard	Q1	Q2	Q3	Q4	2016 Results
PCP Adult Sick	24 hours	99%	100%	100%	100%	100%
PCP Pediatric Sick	24 hours	100%	100%	100%	100%	100%
PCP Adult Routine	14 calendar days	99%	99%	99%	100%	99%
PCP Pediatric Routine	14 calendar days	100%	99%	99%	97%	99%
Initial Pediatric Preventive Care (no more than 90 days)	90 days	99%	100%	100%	100%	100%
OB – pregnant women, initial visit	Within 14 days of enrollment	100%	99%	99%	100%	100%

After-Hours Access Measurement Methodology

SPH Analytics also monitors after-hours care for primary care services for Peach State by contacting PCPs after-hours and on weekends to ensure primary services are available timely. A random sample is selected from the universe of participating PCPs quarterly. Peach State assesses after-hours access to care through analysis of the responses to the following survey questions:

- If a patient needed to speak with a physician, could Dr. [Name here] or an on-call physician return a call within 1 hour? (Routine call response)
- Can Dr. [Name here] or an on-call physician return a call regarding an urgent matter within 20 minutes? (Sick/Urgent call response)

Call Type	DCH Standard	Q1	Q2	Q3	Q4	2016 Results	Goal
PCP-Urgent calls	Shall not exceed twenty (20) minutes	91%	91%	100 %	87%	92%	90%
PCP-Other calls	Shall not exceed one (1) hour	97%	91%	100 %	100%	97%	90%
Ob-Urgent calls	Shall not exceed twenty (20) minutes	100 %	88%	100 %	80%	92%	90%
Ob-Other calls	Shall not exceed one (1) hour	100 %	88%	100 %	83%	93%	90%

As a result of the first quarter and second quarter results, Peach State received a CAP for after-hours accessibility. Peach State implemented the following process in Q2, 2016 to ensure all PCPs and Obstetrics providers are compliant with the requirements.

Providers receive a Pass/Fail for each question based on the standards of routine call response within one hour and urgent/sick call response within 20 minutes. Should a practitioner not pass appointment and/or after-hours time elements, Peach State initiates the following corrective action:

- Practitioners are educated within fourteen (14) days via an onsite face to face visit conducted by the practitioner's Peach State Provider Relations Representative.
- Follow-up audits are conducted during the next quarter and tracked to ensure compliance with the standards.
- Within seven (7) days from the date of notification of failure to pass the follow-up audit, a written corrective action plan (CAP) must be implemented by the provider to address the deficiency.
- Practitioners who do not correct the identified deficiency are subject to peer review.

The PCPs that did not pass in Q4 2016 were resurveyed in Q1 of 2017. No providers progressed to a corrective action plan in 2016.

Member Grievances:

- In 2016, there were 18 grievances in the category Access to Care. Of these, 17 were related to primary care access but only 4 were related to appointment accessibility. Of the reported 4, none were substantiated and there were no provider trends noted. Customer Service staff assisted each of the 17 members with accessing required services. The Plan's Network team took these grievances into account in evaluating primary care availability but the number of grievances was too low to reveal a pattern for any shortage area or region.
- Member Satisfaction:
- Peach State compared scores from its annual 2015 and 2016 CAHPS Adult and Child Member Satisfaction Surveys to identify trends and areas with opportunity for improvement in 2016. During the review, Peach State identified an increase in Adults' and Children's routine appointment access ("Obtained an appointment for care as soon as needed"). However, the rate for urgent appointment access declined in both Adults and Children ("Obtained needed care right away"). Peach State selected the following opportunities for improvement:
- Educate all PCP offices on the requirements for after-hours sick/urgent access standards.
- Educate members on the appointment accessibility requirements.

- Educate members on the advantage of TeleHealth (increased appointment access)
- In addition, the Peach State Member Satisfaction Workgroup reviewed the results of the 2016 CAHPS survey results for “Getting Needed Care” and “Getting Care Quickly” composites. There were no statistically significant differences identified during the year over year comparison between 2015 and 2016.

Comparison of 2015 and 2016 CAHPS results showed:

- Improvement in the Adult Survey Getting Needed Care composite score from 2015 (78.8%) to 2016 (80.5%)
- Improvement in the Adult Getting Care Quickly composite score from 2015 (76.4%) to 2016 (77.3%)
- No change in the Child Survey Getting Needed Care composite score from 2015 (83.6%) to 2016 (83.6%)
- No change in the Child Survey Getting Care Quickly composite score from 2015 (87.5%) to 2016 (87.5%)

Additional discussion of CAHPS findings is included in the Effectiveness of the QAPI Program section.

Areas of Shortages and Impact on Inappropriate Utilization

To identify any impact that primary care shortages may have had on inappropriate utilization, Peach State compared the percentage of members in each of the shortage counties identified earlier in the County-Level Deficiency Analysis section with at least one PCP visit, ER visit, and Non-Emergent ER visit in 2016 and compared it to Peach State’s statewide percentages in all counties. Behavioral health related ER and Non-Emergent ER visits are included in this analysis since members with BH conditions who are engaged in effective medical homes often demonstrate lower ER/Non-Emergent ER utilization.

Geographic Area		% of all ER visits in Deficient Counties		
		% of Members with at least one Emergent ER Visits	% of Members with at least one Non-Emergent ER Visits	% of Members with PCP Visits
Peach State's Statewide Average		**23.93%**	**76.07%**	**74.50%**
Central	Laurens	24.51%	75.49%	75.76%
	Marion	21.51%	78.49%	76.75%
	Talbot	23.19%	76.81%	75.89%
	Twiggs	21.66%	78.34%	71.79%
	Wilkinson	27.17%	72.83%	75.00%
Southwest	Clay	13.11%	86.89%	77.81%
	Coffee	22.82%	77.18%	75.38%
	Colquitt	24.27%	75.73%	80.80%
	Echols	28.30%	71.70%	77.73%
	Seminole	21.90%	78.10%	74.49%
	Thomas	24.81%	75.19%	78.01%
North	Morgan	20.22%	79.78%	67.66%
	Murray	26.15%	73.85%	65.99%
	Walker	24.30%	75.70%	60.39%
East	Burke	23.21%	76.79%	64.24%
	Glascock	18.18%	81.82%	72.22%
	Taliaferro	46.15%	53.85%	50.00%
	Wilkes	20.00%	80.00%	50.00%
Southeast	Bulloch	24.84%	75.16%	60.43%
	Camden	20.47%	79.53%	54.36%
	Charlton	12.50%	87.50%	58.04%
	Effingham	26.42%	73.58%	46.93%
	McIntosh	20.51%	79.49%	58.93%
	Screven	27.12%	72.88%	60.51%

We identified three main patterns, described below in relation to the statewide percentages:

1. Higher PCP, Lower ER, and Higher Non-emergent ER (Four counties: Marion, Talbot, Clay, and Coffee) This pattern suggests that primary care was likely to be sufficiently available, since they had higher than average PCP Visit rates, although higher than statewide non-emergent ER visits suggested the potential need for additional after hours availability and urgent care centers.

2. Lower PCP, Higher ER, and Lower Non-emergent ER (Five counties: Murray, Taliaferro, Bulloch, Effingham, and Screven.) Of the three identified patterns, this one was most suggestive of lack of primary care availability and a possibly higher acuity level. These counties had lower than average PCP Visit rates and higher than average ER Visit rates. The network gaps were closed in Screven County by early 2016. Please refer to the

County Level Deficiency Analysis for the recruiting strategies to address lack of primary care in these counties.

3. Higher PCP, Higher ER, and Lower Non-emergent ER (Five counties: Laurens, Wilkinson, Colquitt, Echols, and Thomas.) This pattern suggests an issue with higher acuity levels of the members in the area which will be further explored in 2017.

During 2016, Peach State attempted to recruit available urgent care centers in the underserved areas above. Unfortunately, we were not successful in contracting and CVS nor Walgreens have clinics in these communities either.

In cases where delivery system or network gaps could not be resolved through network recruitment, Peach State:

- Assisted members in identifying and accessing needed care from providers within the closest covering counties when there were no available providers within the county.
- Completed Single-Case Agreements with non-participating providers and attempted to recruit those providers into the Peach State network. Peach State executed 179 SCAs in 2016 and, of those providers, the Plan was able to recruit 7 providers into the network.

Proposed for 2017: In 2017, Peach State will continue to recruit available urgent care centers in the shortage areas and partner with our primary care offices by offering incentives for extended and after-hours coverage to improve access and thereby reduce the Non-emergent ER utilization. The 2017 recruitment Work Plan will focus on primary care shortage areas in an effort to close gaps and improve access. Peach State will also analyze trends in the third pattern in 2017 to determine if the high ER utilization might be related to PCP effectiveness. Peach State may also explore acuity levels and risk in the 3rd pattern counties to determine if the pattern is attributed to membership versus primary care shortages.

Meeting Cultural Needs of the Population Served

Contracting with Diverse Providers

Peach State continually monitored its network in 2016 using member demographic information (described in more detail below), types of providers needed, historic and projected enrollment, travel distances, regional infrastructure, and special needs of those served. This allowed the Plan to identify specific gaps in linguistic, cultural, or disease or disability-related expertise, such as endocrinology, nephrology and rheumatology, to meet member needs and target network recruitment accordingly. Peach State's data continues to show that the majority of Spanish-speaking members resided in the five counties in the Atlanta Region: Clayton, Cobb, DeKalb, Fulton and Gwinnett. In comparing PCP-to-member ratios for all members against ratios of Spanish-speaking PCPs to Spanish Speaking members (as described further below), the Plan was able to ensure access to linguistically competent care for its Spanish-speaking members that are comparable to access for all members.

Traditional Medicaid Providers

Health disparities relate not only to the level of cultural competency in delivering care, but also to sufficient physical access to providers. Peach State continually monitors and maintains the provider network to ensure access for all members including those living in the 138 medically underserved areas of the state designated by the US Health Resources Services Administration. In 2016, Peach State maintained a strong network that included safety net and essential providers that typically serve Medicaid members. By partnering with Federally Qualified Health Centers (FQHCs), Regional Health Centers, County Health Departments, and Community Mental Health Centers that typically employ providers with experience in addressing the cultural and health care needs of their communities, the Plan helped ensure regional pools of providers who share its commitment to culturally competent, patient-centered care.

In addition to the activities described above, Peach State ensured its network met the cultural needs of the population through other efforts such as:

- Tracking and analyzing member demographic information, including race, ethnicity and primary language, to identify cultural factors that could impact health status. This included population demographic analysis (see Population Served section, above) as well as Peach State's annual Cultural Competency Assessment to identify where the Plan may need to refine the network based on the specific needs of the membership.
- Collecting and analyzing information about provider, member, and community experiences and perceptions concerning obstacles to health including racial and ethnic treatment disparities. Sources of this information included: Annual CAHPS Survey results; feedback from the Plan's Provider Advisory Committee and other committees with provider membership; the Plan's Cultural Competency Committee; the Plan's Member and Community Advisory Boards; and direct member feedback via New Member Orientations, 1st Birthday parties," Parent Nights, Peach State Days, member focus groups conducted at least every two years (even years) and ongoing analysis of member grievances.
- Providing Cultural Competency training to all providers as a component of the New Provider Orientation as well as additional education throughout the year to ensure providers were sensitive to the cultural differences of its membership. This education included but was not limited to information about compliance with the Americans with Disabilities Act (ADA) and the Civil Rights Act of 1964.

- Ensuring diverse provider representation on the Plan's committees to bring a variety of cultural perspectives to Peach State's evaluation and decision-making.

Meeting Language Needs

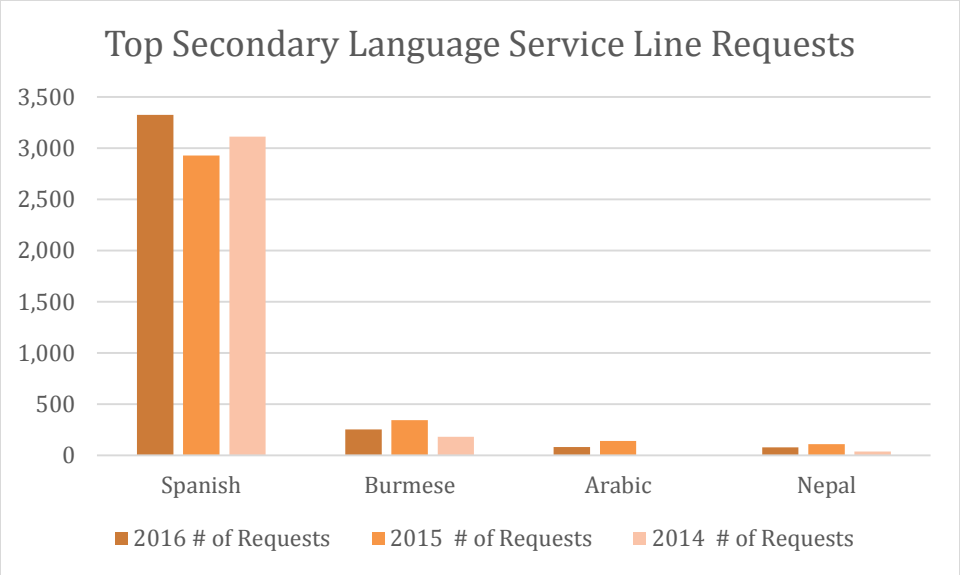
Annually, Peach State Health Plan analyzes key demographic characteristics including race, ethnicity, gender, regional and rural/urban distribution, and language preference to ensure the current provider network meets the needs of our members.

Member cultural, ethnic, racial and linguistic needs and preferences are assessed through:

- Data supplied on the monthly member enrollment files from the Georgia Department of Community Health
- CAHPS survey results on respondent race and ethnicity
- US census data on resident language preference and race distribution for the health plan's service area
- Data on member linguistic needs based on customer service language translation requests
- Member expressed needs regarding practitioners who meet their ethnic, racial, cultural or linguistic needs through analysis of member complaints

Top Language Service Line Requests for CY2016

Language	2016 # of Requests	2016 % of Total	2015 # of Requests	2015 % of Total	2014 # of Requests	2014 % of Total
Spanish	3,325	88.93%	2,930	81.01%	3,113	90.81%
Burmese	253	6.77%	345	9.54%	184	5.37%
Arabic	81	2.17%	142	3.93%	n/a	n/a
Nepal	80	2.14%	111	3.07%	40	1.16%
Vietnamese	n/a	n/a	n/a	n/a	41	1.20%
Chin	n/a	n/a	n/a	n/a	10	0.30%
Karen	n/a	n/a	n/a	n/a	9	0.26%
Farsi	n/a	n/a	43	1.19%	n/a	n/a
Amharic (Ethiopia)	n/a	n/a	46	1.27%	31	0.90%
Total	**3,739**	**100.00%**	3,617	100.00%	3,428	100.00%



Based upon analysis of the available data, Peach State members' most prominent secondary language is Spanish followed by Burmese, Arabic and Nepal. The percentage of Spanish calls increased 7.92 percentage points from 2015 to 2016. The data continues to show that members have a cultural and linguistic need for practitioners who speak Spanish. Peach State also employs Spanish-speaking staff to assist members calling the Member Services Call Center.

Based on the above data, Peach State conducted further analysis to evaluate the availability of providers who offered Spanish language capabilities in the five counties with the highest percentage of Spanish-speaking members. The Plan compared the Spanish-capable provider to Spanish-speaking member ratio to the 1:2500 PCP ratio standard set by the Quality Oversight Committee. Results, shown in the table below, indicated that the PCP network in those five counties was well within both the PCP ratio standards and thus adequately met member Spanish language needs.

Spanish-Capable PCPs to Spanish-Speaking Members, in Top Five Spanish-Speaking Counties

April 1, 2015-March 31, 2016

County	Ratio PCP to Total Members	Region	Total Members	Total Spanish Speaking Members	% Spanish Speaking Members	Total PCPs	Total PCPs who speak Spanish	PCP to Member Ratio (Spanish)
Clayton	1:198	Atlanta	24,121	1,818	7.5%	122	12	**1:152**
Cobb	1:46	Atlanta	14,418	2,781	19.3%	314	17	**1:164**
DeKalb	1:95	Atlanta	48,435	2,296	4.7%	510	30	**1:77**
Fulton	1:42	Atlanta	37,451	2,035	5.4%	884	40	**1:51**
Gwinnett	1:109	Atlanta	43,935	7,221	16.4%	403	33	1:219

Based on the analysis of the available data, Peach State's network practitioners most prominent secondary language is Spanish in all six (6) regions of the state of Georgia. Peach State has concluded the network adequacy for providers who speak Spanish has been met as there were no complaints during the measurement period related to needing a Spanish speaking physician. However, Peach State does not have any providers in the network who report speaking Burmese, or Nepal, which are in the top four most requested languages on the interpretation line. As such, Peach State is investigating opportunities to identify and recruit providers who speak any of those two languages. To ensure member linguistic needs are met, Peach State continues to provide interpretation services to members for physician appointments.

Other Targeted Network Initiatives That Addressed Cultural/Population Issues or Medically Underserved Areas

In 2016, Peach State implemented several network partnerships designed to expand access to culturally appropriate care or to address medically underserved areas of the state. For example:

- Georgia Association for Primary Healthcare (GAPHC). Peach State maintained a strong relationship with GAPHC and with the local FQHCs, which cover the organization's membership. In 2016, the Plan's strong partnership with GAPHC and its members enabled Peach State to accomplish the following:
  - In an attempt to incentive providers in the medically underserved areas, Peach State brought together Choice IPA, Provider Health Link and Southwest GA Healthcare and included them in the development of the 2016 HEDIS PCP incentive program that would increase utilization in underserved areas. Continuous feedback from these groups was instrumental to ensure success of the incentive program for the FQHCs.
  - Peach State implemented two full time positions for HEDIS Nurse Educators who met with 100% of the FQHC network to explain in detail HEDIS measures and reporting.
  - The HEDIS Push Program which identified specific members with targeted HEDIS gaps was initiated in June 2016. Lists of the members were given to all targeted FQHC's and additional incentive funds will be distributed in spring 2017 for each gap closed.
  - Choice IPA, Provider Health Link, and Southwest GA Healthcare received monthly care gap reports in 2016 that identified all members with gaps in care for each FQHC. Also, quarterly incentive reports were distributed so each entity would know their standings on the number of HEDIS measures met.
  - Peach State Days were held at Americus Family Practice and Oakhurst Medical Center to close HEDIS gaps for cervical cancer screenings. Incentives were given to each member who participated in the screenings. There were fourteen of the forty-five members who were scheduled and received the screening which closed their care gap.
  - In CY 2017, Peach State plans to build on the relationship with GAPHC to continue the focus on HEDIS education. The plans include:
    - Coordinate with GAPHC, Choice IPA, Provider Health Link and Southwest Georgia Healthcare to develop the 2017 incentive contract.
    - Hold quarterly FQHC Practice Manager Advisory Group meetings to include HEDIS education

- Hire two additional HEDIS Nurse Educators to meet face-to-face with groups

Continue to provide monthly gap reports and quarterly incentive result reports to Choice IPA, Provider Health Link and Southwest GA Healthcare

Telemedicine

- In 2016, Peach State Health Plan supported existing TeleHealth sites through additional funding, technical support, and marketing.
- Georgia Partnership for TeleHealth (GPT) - The goal for 2016 was to identify provider and community champions to promote education and support of TeleHealth services. Throughout 2016 Peach State Health Plan worked with local provider and community champions to promote TeleHealth and highlight the opportunity it provides for their community. Representative Jimmy Pruett of District 149 (Wheeler & Telfair), was an advocate and champion for TeleHealth and was instrumental in working to install TeleHealth in the schools in his district. He was an integral part of the conversations held with Superintendent Mark Davidson before the contracts were signed with Peach State Health Plan to partner on this initiative. Dr. Jeffrey Dowdis of Clayton, Georgia is also a strong supporter of TeleHealth and will be a provider champion who will promote and encourage TeleHealth services to his patients and community moving forward. In 2016, Peach State expanded our TeleHealth sponsorship funding to Mountain Lakes Medical Center, a critical access hospital in the north region, and Wheeler County Local Education Agency (LEA) in the central region.
- In 2016, the TeleHealth Workgroup completed the development and implementation of a comprehensive redesigned strategy to address barriers identified in 2015 incurred during and after installation of the TeleHealth units. The table below indicates the updated 2016 and proposed 2017 strategies.

Location	Launch Date	Status (2016 Update)	2017 Strategy
Edison Medical Center (Calhoun county)	August 2015	The 2016 goal for Edison Medical Center was to market and support this existing site to bring awareness to both the provider community and the membership in the catchment area. During the year, interventions included letters to providers in the area describing the service, an educational flyer for members and outdoor signage for the site announcing availability of TeleHealth services.	The goal for 2017 is to sponsor a media event at this location highlighting the TeleHealth equipment and how it provides access in rural southwest Georgia.

Location	Launch Date	Status (2016 Update)	2017 Strategy
South Central Primary Care (Irwin County)	August 2015	This location initially experienced infrastructure and resource issues. In October 2016, a decision was made to move the TeleHealth equipment to their Pediatric FQHC office since the pediatrician is a provider champion and advocate for TeleHealth. TeleHealth appointments are currently being scheduled.	The goal for 2017 is to increase awareness of TeleHealth by placing letters to providers in the area describing the service, an educational flyer for members and outdoor signage for the site announcing availability of TeleHealth services.
Mountain Lakes Medical Center (Rabun County)	November 2016	Peach State Health Plan is committed to supporting Critical Access Hospitals with services and identified Mountain Lakes Medical Center in Rabun county (North) due to geographic need and lack of other TeleHealth services in the county. The TeleHealth equipment was installed in the facility and training has taken place as of November 2016.	The goal for 2017 is to increase awareness of TeleHealth by placing letters to providers in the area describing the service, an educational flyer for members and outdoor signage for the site announcing availability of TeleHealth services.
Wheeler County School-Based Health Center (SBHC)	December 2016	The Peach State Health Plan strategy is dedicated to select diverse sites. This is the first SBHC where Peach State has sponsored TeleHealth equipment. The equipment will be installed in December 2016 and training will take place in January 2017.	The goal for 2017 is to increase awareness of TeleHealth by including an educational flier for students in their school packets, outdoor signage for the site announcing availability of TeleHealth services and facilitating TeleHealth presentation at PTO/new student orientation meetings.

The Peach State 2016 TeleHealth strategy included new and innovative ideas on how to increase access for the membership. One key initiative was to have the Peach State Health Plan Community Medical Director, Dr. Alan Joffe, assume the role of a Clinical TeleHealth Champion to educate providers and promote the program. Dr. Alan Joffe is a member of the Peach State TeleHealth Workgroup and has spoken with OBGYN physicians across the state about Telemedicine and how it can improve outcomes for high-risk pregnant members. By utilizing the telemedicine equipment, high-risk members in the rural areas are able to connect to maternal fetal medicine providers which increases access while reducing the cost and travel burden.

Peach State Health Plan was actively working with Georgia Partnership for TeleHealth throughout 2016 to identify interested sites, overlaying these sites with geographic access needs and Peach State member populations. Peach State identified two potential sites based on the feedback from Georgia Partnership for TeleHealth and an analysis of the access needs of our members. One site that was chosen was a school based health center in Wheeler County. This county is extremely rural and has no access to primary care other than a health department. The other site chosen was a critical access hospital, Mountain Lakes Medical Center, in north Georgia where specialty and behavioral health access is needed. In 2016, Peach State Health Plan:

- Partnered with GPT and considered donating TeleHealth equipment for a mobile unit to provide school based medical services in Catoosa, Dade and Walker Counties (North Region). Unfortunately, Peach State Health Plan did not move forward with this project as there were other locations that were better suited to sponsor the equipment due to the provider champions in those areas.
- Peach State Health Plan partnered with Wheeler County Board of Education (September 2016), which is located in the central region of Georgia, to offer telemedicine services in their school based clinic. In this extremely rural area, there is limited access to primary, specialty and behavioral healthcare. Peach State worked with Superintendent Mark Davidson, who was excited about the opportunity Peach State Health Plan could provide to his school system and is an avid supporter of this medical technology. There are 1232 students, teachers and administrators in this school system to access TeleHealth services. Training on the use of the equipment is to occur in early 2017.
- Expanded its partnerships with School Based Clinics in North and Central Regions to include the Local Education Agencies (LEA). Peach State Health Plan began working closely with the LEAs to submit test claims and provided operational and educational support on claims and billing requirements.
    - In November 2016, Peach State Health Plan was the title sponsor for the Georgia Partnership for TeleHealth School Based Health Conference where the Plan presented on school based telemedicine and how to enroll with Peach State Health Plan as an LEA. Prior to the meeting, Peach State piloted with Ware County School system to ensure proper configuration and claims processing. In 2017, Peach State Health Plan will continue to assist LEAs with load processes and monitor their success.
- Enhanced member education on TeleHealth through:
    - Presenting TeleHealth videos during parent/teacher conferences. Due to the late installation and training for the TeleHealth equipment, Peach State will be facilitating a presentation with Georgia Public Television on the TeleHealth videos during the parent/teacher conferences in 2017 at Wheeler county schools.
    - Including TeleHealth videos on the member web portal. In 2017, the provider and member secure portals will be redesigned to include a specific telemedicine section.
    - Incorporating TeleHealth education fliers in new member educational packages. Currently the Medicaid Member handbook includes a section on Telemedicine. The handbook is mailed to all new members and posted to our website for existing members.

Plans for 2017: In 2017, Peach State Health Plan plans to solidify and expand our telemedicine program by:

- Continue collaboration with GPT to identify providers with telemedicine capabilities for display in our online and print directory.
- Market TeleHealth for South Central Primary Care, Mountain Lakes Medical Center and Wheeler County Schools
- Consider sponsoring additional School Based Health Centers
- Explore options of Video Medicine
- Potential partnership with Dr. Nicholas Martyak in Augusta, Georgia
- Continue working with the LEAs to promote TeleHealth and assisting with testing and billing claims
- The Telemedicine committee will be reaching out to primary care, pediatric, school based health clinics and FQHCs in the rural areas to form TeleHealth partnerships and create access to deficient specialties.

Other Partnership Programs:

Georgia OB/GYN Society (GOGS) Partnership: Building on the Plan's strong relationship with GOGS, Peach State Health Plan, GOGS, and Emory University have partnered to promote effective, evidence-based contraception to address teen pregnancy rates. The Peach State Long Acting Reversible Contraception (LARC) Program is the key driver of this initiative.

LARC supports appropriate birth spacing for the wellbeing of mothers (particularly teens) and their children when offered immediately postpartum. Because of LARC's effectiveness, GOGS leadership approached Dr. Alan Joffe, Peach State Community Medical Director, to request support in developing a LARC educational program for all OB providers statewide. In addition to funding program development, Peach State provided ongoing education and support to providers, the GOGS and the Georgia Department of Public Health (GDPH) to promote and expand training and awareness. In 2015, Peach State expanded this program statewide through these initiatives:

- Provided training to providers all perinatal centers in the state
- Conducted face-to-face LARC training for approximately 100 providers across the state
- Developed a training webinar available to interested providers
- Participated in the GOGS Annual Meeting and donated LARC training pelvic models and training manuals to five OBGYN residency programs in order to help sustain year over year training in LARC to incoming OBGYN residents
- Continued to provide technical assistance to providers on LARC billing to address the low rate of clean claims received in 2015

As of the end of CY 2015, the training portion of the LARC initiative was completed. Peach State continues to work with DCH, GOGS and GHA on identifying barriers, with the most significant barrier being the process for billing. Peach State, along with its partners, understood that the key to improving LARC rates was to design a successful method for hospital coders across Georgia to bill both an inpatient procedure and device. The small hospitals do not have the resources to pull the automated bills when an IUD or implant is placed postpartum to add the DCH required J code and HCPCS. The result is that hospitals are not being reimbursed which discourages the hospital pharmacies from having LARCs in stock for their doctors to insert. During 2016, Peach State developed a LARC Billing Guide for hospitals and physicians that provided specific instructions on how to bill the device and insertion. The Guide was published in March 2017 and Peach State is currently monitoring its effectiveness in improving reimbursement rates.

Efforts to Address Shortcomings

Peach State continually reviews information and data to identify opportunities for improvement, including opportunities to partner with providers to improve the ability of the network to meet cultural needs.

Planned Network Initiatives to Address Language, Age, Race, Ethnicity, and Medically Underserved Needs of Membership

In addition to the analyses related to language and medically underserved areas, Peach State also identified several cultural/treatment disparities in 2016 which are being addressed through targeted initiatives. Some highlights include:

- Innovative Medical Home Solutions to Address Health Disparities: Peach State has implemented a PCMH provider strategy to encourage practices to obtain NCQA PCMH Site Recognition through financial incentives. Peach State also provides incentives for providers to achieve NCQA PCMH recognition through the PCMH incentive program, which has contributed to a 92% increase in PCMH practice sites in the network since 2014. In 2015, the Peach State provider network included 189 Patient Centered Medical Home practice sites. This program incorporates multiple elements that incentivize providers to achieve and maintain NCQA PCMH recognition, which promotes quality, access, and effective coordination of care. By the end of 2016, Peach State's provider network included 239 Patient Centered Medical Home practice sites covering 20% of the membership.
- In September 2016, Peach State Health Plan revised the PCMH Implementation Plan to include a Behavioral Health Home (BHH) model which will serve Members who have both significant Behavioral Health conditions as well as physical health needs. The focus of this effort is to better integrate physical health and behavioral health. Key elements of this process include:
    - An algorithm to identify members with severe persistent mental illness
    - For members with severe persistent mental illness as a primary diagnosis, a psychiatrist/BHH may serve as the member's PCP, if the psychiatrist to assume this role. Although the psychiatrist may not be able to provide or have available all services typically available in a traditional medical home, the provider must ensure that the full array of primary and behavioral health care services are accessible/available and are integrated/coordinated. This provider may be a practitioner in a certified PCMH or serve as the enrollee's medical home, even though he/she is not practicing as a traditional primary care specialist.
    - Contracting or re-contracting with Behavioral Health Providers who could serve in a PCP role

In 2017, Peach State Health Plan will continue to expand these efforts to promote PCMH and enroll members in a primary dental home.

MyHealthDirect

In 2016, Peach State continued its program using the MyHealthDirect tool to schedule appointments for members. MyHealthDirect is a tool that equips Peach State staff who have interaction with members, with online access to provider networks for scheduling in real time. In addition, if the member elects to opt into the appointment reminder process, MyHealthDirect automatically either texts or sends a reminder call depending on the member's preference.

The MyHealthDirect goal for 2016 was to increase the number of participating provider sites to 200 by the end of the year and to monitor the effectiveness in increasing PCP utilization. Peach State successfully recruited, trained and obtained appointment availability for 167 sites, representing 263 unique providers. During 2016, Peach State's THINC team contacted over 1,800 members regarding EPSDT services and scheduled appointments using the MyHealthDirect tool. In addition, Peach State also added a transportation scheduling function through the MyHealthDirect tool in 2016 and scheduled 23 transports.

To evaluate the effectiveness of the MyHealthDirect scheduling tool, Peach State Health Plan conducted an analysis of the claims data on members who were contacted by Peach State and scheduled through the tool compared to members who scheduled their own appointments directly with their providers. Members were contacted regarding Adolescent Well-Care, Well-child 15 months and Well-child 34. HEDIS performance was compared among providers with access to MyHealthDirect and those providers with no access. The Plan recognizes that other factors are likely impacting the results but analysis shows that providers enrolled in the MyHealthDirect program performed better on all six HEDIS measures when compared to providers that were not using the tool, and in five instances the difference was statistically significant. In 2017, the Plan will continue to promote the tool with its provider network and pursue additional opportunities to expand the reach of the program.

HEDIS Measure	MHD Provider			Other Providers			Difference	Stat. Sig.
	Num	Den	Rate	Num	Den	Rate		
Adolescent Well-Care	11768	22560	52.2%	25340	52978	47.8%	4.3%	Yes
Well-child 15 months	1664	3072	54.2%	3848	7166	53.7%	0.5%	No
Well-child 34	11270	16190	69.6%	25025	36718	68.2%	1.5%	Yes
WCC – BMI	27257	45707	59.6%	55917	105096	53.2%	6.4%	Yes
WCC – Nutrition	24244	45707	53.0%	50308	105096	47.9%	5.2%	Yes
WCC - Activity	10666	45707	23.3%	17236	105096	16.4%	6.9%	Yes

Provider Utilization of Electronic Health Records

Improving the quality and safety of care delivered by providers is a central purpose of the Plan's QAPI Program. To this end, Peach State encourages all providers to use Electronic Health Records (EHRs). EHRs provide quick access to complete and accurate patient information, which improves patient safety and quality of care by supporting the providers' ability to make well-informed, timely decisions about care.

Percentage of Providers Using EHRs

In 2013, Peach State surveyed its provider network to evaluate provider EHR utilization and better understand the network's current use of EHR or Electronic Medical Record (EMR) technology. Survey results also helped determine how the Plan could best assist providers with increasing EHR usage and promote the benefits of this technology as a vehicle for providing quality health care. Survey results indicated that 69% of surveyed providers were using an EHR or EMR.

In 2014, Peach State developed a comprehensive and intuitive online provider survey, which is conducted each year. In 2016, the EMR/HER survey was targeted to Peach State Health Plan providers who are registered with the Peach State Health Plan Secure portal and the survey was conducted in December 2016. Peach State noted a 3.4% return rate on the survey. The results of the 2016 survey are below.

- The percentage of respondents reporting that they are currently using an EMR/EHR increased to 87% from the initial surveys since 2013. Of the providers who reported using an EMR/EHR, the vast majority (79%) have submitted Adopt, Implement, Upgrade (AIU) or Meaningful Use attestations and 87% have received incentive payments.
- Less than one fourth (14%) of respondents reported that they are certified Patient-Centered Medical Homes (PCMH) and 4% were in the process of becoming PCMH certified, which is a drop from the 2015 results. As noted previously Peach State monitors the number of PCMH's on routine basis and by the end of 2016 Peach State's provider network included 239 Patient Centered Medical Home practice sites covering 20% of the membership compared to 189 at the end of 2015.
- Thirty-nine percent of respondents have made use of an electronic Health Information Exchange (HIE), which is a 6% increase over 2015 results.
- The vast majority of the providers surveyed (81%) reported that they have submitted quality measures via the Physician Quality Reporting System and/or have reported Clinical Quality Measures. This is a decrease however from the 87% reporting they had submitted quality measures in 2015.

The EHR/EMT survey will be repeated in 2017.

Use of EHRs/EMRs Compared to Rural/Urban Member Demographics

Of the 2015 survey respondents who reported using an EHR/EMR, 78% were located in urban areas of the State. This proportion was closely aligned with the percentage of the membership residing in urban areas statewide at the time of the survey (82.1% as of 12/31/14). In the 2016 survey, 70% of respondents who reported using HER/EMR, were located in urban areas of the State. This proportion of provider respondents using EMR/EHR is slightly lower than the percentage of membership residing in urban counties (81.5% as of Q1 2016). Further breakdown in 2015 by rural and urban areas within each region, however, showed that in three areas, the percentage of providers using EHRs is smaller than the percentage of Plan

membership in the area. In the most recent survey, the breakdown of rural and urban areas within in each region showed that in four areas, the percentage of providers using EMR is smaller than the membership residing in those counties. Targeted outreach to educate and encourage EMR usage is addressed in the following section: Efforts to Increase Provider EHR Usage.

REGION	Urban		Rural	
	% all EHR Providers	% Membership in Urban Counties	% all EHR Providers	% Membership in Rural Counties
Atlanta	45%	49.9%	0%	7.8%
Central	22.5%	8.3%	40%	6.2%
East	7.5%	1.0%	10%	0.9%
North	2.5%	1.2%	10%	2.0%
Southeast	15%	1.4%	30%	1.0%
Southwest	7.5%	8.4%	10%	12.0%

Efforts to Increase Provider EHR Usage

Over the past several years, Peach State has conducted a variety of provider education initiatives and activities to increase the percentage of the network using EHR technology, including the following:

- Incorporated the DCH Fact Sheet “Medicaid EHR Incentive Program” as a standard tool in the Peach State Provider Tool Kit and education strategy.
- Outreached to all FQHCs to determine utilization. 100% of FQHCs reported using an EHR or electronic medical records (EMR).
- Conducted two Technology Focus Groups with providers in which the Plan educated Providers on the benefits of using an EHR.
- Placed educational articles in the provider newsletter and on the provider website promoting:
    - Benefits of EHR
    - Differences between EHR and EMR
    - Medicaid Incentives available to providers who implement EHR
    - Links to DCH EHR educational material

Peach State is developing additional strategies for 2017 to encourage provider adoption and use of an EHR. The Plan is targeting those providers who reported that they are not currently using an EMR/EHR for outreach and education. Peach State will repeat the survey in 2017 to measure the impact of these efforts on network adoption of EHR.

Provider Participation in Quality Improvement Initiatives

Outreach Activities and Resources to Educate Providers on Quality Initiatives

- In 2016, Peach State's Quality Clinical Nurse Liaison (CNL) continued to support the Provider Relations team by visiting provider offices to discuss Care Gap reports, quality initiatives, and HEDIS measures, and to serve as a resource to the practices for questions regarding the quality program. In CY 2017, the number of CNL staff will increase from two to six.
- The Provider Relations (PR) team also provided member-specific performance measure compliance summaries, clinical practice guidelines, and tips and tools to help engage the member in primary and preventive care. They also provided education and support on addressing gaps in care; HEDIS measure requirements, and proper HEDIS coding during office visits.
- PR and Quality staff provided education about Plan quality initiatives and performance measures at such events as Practice Management Advisory Group meetings, monthly Joint Operating Committee meetings with key provider groups, provider conferences, and other provider meetings.
- Peach State provided information to PCPs bi-annually and OB/GYNs annually on their performance related to selected metrics compared to Peach State benchmarks and the performance of their peers (described in more detail below in the section on Provider Report Cards). The Plan utilized Provider Report Cards to identify outliers for in-person education and follow-up from the PR Team and Medical Directors. In person sessions included discussion of individual performance as well as education on applicable quality initiatives and related goals.
- Peach State's secure Provider Portal provided a care gap alert for every member due or past due for required services every time a provider accessed an online member health record. PR Representatives educated and encouraged provider office staff to generate lists of all members tagged with care gap alerts to target them for appointments and ensure that care gaps are addressed during any office visit.
- Peach State provided written and online information about its QI initiatives, including goals for provider performance and the support available through Plan staff.

Strategies to Encourage Provider Participation in QI Activities

All Peach State network providers are contractually required to participate in QI initiatives. However, experience has shown effectively engaging providers in quality activities requires the ability to clearly communicate measurable goals and desired outcomes, solicit provider input into the QAPI, provide education, training, and tools, and reward positive performance with provider incentives. In addition to the education, outreach, and resources described above to engage providers in quality programs, Peach State's strategies for engaging providers in quality during 2016 included:

- Expanding Provider Advisory Committee. Peach State expanded the Provider Advisory Committee to additional specialties to ensure greater diversity in representation and enable more physicians and other providers to have input into Peach State's continuous quality improvement processes. In CY 2017, a five provider Pediatric subgroup will be implemented as the majority of our population is pediatric.
- Remediating Quality Outliers. In 2016, Dr. Alan Joffe, the Plan's Community Medical Director, conducted provider remediation with 22 PCP and 14 OB/GYN provider groups who were identified as outliers based on Impact Intelligence Software cost and quality

indicators. Of these, approximately 77% achieved a cost improvement and 50% achieved an improvement in quality scores following remediation. Dr. Joffe continued to monitor those who did not achieve improvement and facilitated follow up calls to determine barriers and provide support. This activity will continue in 2017.

- Offering Provider Incentive Programs. Peach State has offered provider incentive programs since 2010. The incentive programs actively engage and reward providers for delivering high quality, cost effective patient care. The Plan's incentive programs also align with its goal to optimize member health care outcomes, while effectively managing health care costs.
  - In 2016, 66 provider groups participated in one of Peach State's provider incentive programs, compared to 54 provider groups in 2015. Overall, these providers served 66% of Plan membership, slightly higher than the 63% served by providers in an incentive program in 2015. As shown in the table below, Peach State achieved improvements from 2015 to 2016 in several measures for which the Plan provided incentives. Peach State attributed some of that success to the fact that more providers participated in incentive programs in 2016.

HEDIS Clinical Performance Measures CY 2015 and CY 2016

Measure	CY2015 Rate	CY2016 Rate	Diff.	P-value	Statistically Significant
Adolescent Well-Care visits	46.2%	49.1%	2.9%	0.000	Yes
Asthma Management 5-11 75% Compliance	20.9%	20.3%	-0.7%	0.578	No
Asthma Management 12-18 75% Compliance	16.6%	19.8%	3.2%	0.027	Yes
Childhood Immunization Combo 10	12.4%	12.2%	-0.2%	0.681	No
Comp Diabetes - Eye exam	51.6%	52.4%	0.9%	0.604	No
Comp Diabetes - Nephropathy	89.1%	88.8%	-0.4%	0.757	No
Comp Diabetes - A1C testing	79.8%	80.4%	0.6%	0.656	No
Comp Diabetes - Poor Control A1c>9*	78.7%	76.6%	-2.2%	0.111	No
Developmental Screening	46.2%	50.6%	4.4%	0.000	Yes
ADD-Initiation Phase	43.8%	45.7%	1.8%	0.092	No
ADD-Continuation Phase	58.8%	59.8%	1.0%	0.726	No
Preventive Dental Services	51.5%	46.1%	-5.3%	0.000	Yes
WCC-BMI	43.9%	55.1%	11.2%	0.000	Yes
WCC-Nutrition	36.8%	49.4%	12.7%	0.000	Yes
WCC-Activity	27.2%	18.5%	-8.7%	0.000	Yes
Well-Child Visits in the first 15 month	52.9%	53.7%	0.8%	0.264	No
Well-Child Visits in 3rd, 4th, 5th, and 6th yr.	67.6%	68.6%	1.0%	0.001	Yes

Comparison of Performance Measures Between Incentive Groups and Non-Incentive Groups

HEDIS Measure		HEDIS Incentive Groups (Admin)	Groups without HEDIS Incentives (Admin)	Diff	p-value	Statistically Significant
AWC	Adolescent Well care	53.20%	41.60%	11.60%	0.000	Yes
CIS10	Immunization- Combo 10	21.10%	19.20%	1.90%	0.051	No
A1C	Diabetes - A1C testing	81.60%	79.30%	2.30%	0.226	No
EYE	Diabetes- Eye	52.70%	52.20%	0.50%	0.819	No
Neph	Diabetes- Nephropathy	89.50%	88.00%	1.50%	0.312	No
CDC9	Comp Diabetes - Poor Control A1c>9* **Lower is better*	80.20%	72.80%	-7.40%	0.000	Yes
DVS	Developmental Screening	55.40%	37.00%	18.40%	0.000	Yes
ADD-Initiation	Follow-up Care for Children Prescribed ADHD medication - Initiation	45.50%	46.10%	-0.60%	0.711	No
ADD-Continuation	Follow-up Care for Children Prescribed ADHD medication - Continuation	59.50%	60.70%	-1.20%	0.858	No
MMA	Medication Management- Asthma 5 to 11 75%	20.40%	19.80%	0.60%	0.780	No
MMA	Medication Management- Asthma 12 to 18 75%	20.00%	19.20%	0.80%	0.779	No
PDS	Preventive Dental Services	47.80%	42.80%	5.00%	0.000	Yes
WCC-BMI	BMI Assessment	60.70%	42.10%	18.60%	0.000	Yes
WCC-Nutrition	Nutritional Counseling	55.20%	35.70%	19.50%	0.000	Yes
WCC-Activity	Physical Activity	22.00%	10.20%	11.80%	0.000	Yes
W15	Well child 15 months	56.40%	46.30%	10.10%	0.000	Yes
W34	Well child 3rd-6th years	71.70%	61.40%	10.30%	0.000	Yes

Of the 17 measures used in the 2016 provider incentive program:

- Fourteen (14) measures were higher for Incentive Groups and eight (8) of those were statistically significant
- Three (3) measures were lower (including Diabetes poor control in which a higher results is lower performance) for Incentive Groups and one (1) was statistically significant

Awards. Peach State encouraged providers to participate in QI activities by recognizing their achievement through the Peach State Summit Award:

- **Peach State's Summit Award** honors exceptional providers who, compared to their peers, demonstrate the most exemplary care based on performance on several key quality and efficiency metrics. Each practice received an engraved plaque presented by one or more members of Peach State's Senior Leadership Team and a catered lunch for their office staff. The Plan also recognized them in national and local press releases, social media updates, on Peach State's website and in the provider newsletter. There was one Summit Award given in CY 2016. It was presented to Dr. Maribel Angka-Servera of Main Street Pediatrics for exemplary care based on quality measures in comparison to her peers.

Provider Report Cards

Measures Included in PCP Report Card	Measures Included in OBGYN Report Card
Breast Cancer Screening	Notification of Pregnancy Success
Cervical Cancer Screening	Risk Adjusted C-Section Rate
Childhood Lead Testing	Optimal 17-P Utilization
Comprehensive Diabetes Care Eye Exam	Post-Partum Care
Use of Appropriate Medications for People With Asthma Combined Rate	
Annual Dental Visit – Total 2-21 years	
Well Child Visits in the First 15 Months of Life: 6 or more visits	
Well Child Visits in the 3rd, 4th, 5th and 6th Years of Life	
Adolescent Well Care Visits	

Peach State supports network provider improvement efforts by distributing a PCP Report Card semi-annually and an OB/GYN Report Card annually. These report cards show the current practice performance and the average Peach State Health Plan score for the given measures. Providers can see at a glance how they compare to their peers in the Plan network. The report cards for PCPs include up to 10 HEDIS measures specific to the practice (i.e. adolescent well care visits, well child visits 3-6 years for pediatricians) The report cards for OBGYNs include several quality metrics specific to the practice area (i.e. 17P utilization and post-partum care). Peach State Health Plan uses the information to determine which outlier practices may benefit

from an onsite education sessions or which measures require broader education efforts specific to the measure (i.e. coding issues) across practices.

Peach State Health Plan also uses a more general physician profiling strategy to improve overall performance. Providers are profiled using Impact Intelligence, a national profiling software tool available through Ingenix to identify high cost, low quality providers. Providers with high Health Benefit Ratios (HBRs) and low quality scores receive a profile report and a remediation appointment is scheduled. The provider's progress is reviewed after the initial peer to peer remediation meeting. If there is no improvement, the Physician Practice Evaluation Committee evaluates the physician practice to determine the appropriate disciplinary action, including probation with a corrective action plan or termination. The committee consists of four external practitioners as well as the Peach State CMO, Community Medical Director and Chief Medical Director. The PPEC is the last step committee review, using practitioners in the same discipline, to review high cost low quality practitioners that Peach State is considering for discipline and/or termination. Since 2014, this committee has reviewed seven (7) cases, presented three (3) termination recommendations and four (4) remediation recommendations. There were no meetings required in CY 2016.

2016 Findings. Remediation discussions with providers included focusing more on the importance of chlamydia screenings, well child visits for 3-6 year olds and adolescent well child visits as well as strategies for improving screening rates. Based on these discussions, Peach State realized an increase in each of the three measures and met DCH targets. For additional initiatives that supported an increase in rates on these three measures, see the "Responding to the Unique Needs of the Members" section.

Provider Satisfaction

2016 Provider Satisfaction Survey

Peach State's Provider Satisfaction Survey Composite Scores have fluctuated over the 2015-2016 period. SPH Analytics conducted the Provider Satisfaction survey and followed a one-wave mail, internet, and phone follow-up survey methodology to administer the Provider Satisfaction survey. The survey was preformed from August to September of 2016 and included 1500 providers. A total of 427 surveys were completed (185 mail, 49 Internet, and 193 phone), yielding a response rate of 15.6% for the mail/Internet data component and 24.3% for the phone data component

For 2016, Peach State Health Plan exceeded scores in five of the eight composites compared to all other Medicaid health plans in SPH Analytics Book of Business (BOB). BOB is a benchmark based on the results of Provider Satisfaction Surveys conducted by SPH for all of their Medicaid CMO clients. The table below shows the Plan's 2016 rates for each composite, compared to rates for the two years and the BOB.

Peach State Health Plan Summary Provider Satisfaction Ratings, 2015-2016

Composite/Attributes	2015	2016	SPH BOB 2015
Overall Satisfaction with Peach State Health Plan	78.7%	73.1%	70.1%
All Other Plans (Comparative Rating)	33.7%	37.8%	35.9%
Finance Issues	37.7%	36.7%	32.7%
Utilization and Quality Management	32.0%	32.8%	32.6%
Network/Coordination of Care	28.9%	24.3%	29.0%
Pharmacy and Drug Benefits	22.6%	21.0%	22.4%
Health Plan Call Center Service Staff	39.7%	37.6%	40.3%
Provider Relations	55.2%	49.2%	37.7%

Peach State realized an increase in two of the eight composite areas from 2015 to 2016, all other composites posted a decrease. Peach State Health Plan realized a decrease (from 78.7% to 73.1%) in overall Provider Satisfaction compared to 2015, however, it is documented that all of the SPH Analytics BOB experienced a decrease also. Peach State believes a portion of the decrease can be attributed to a misunderstanding from providers regarding the line of business the survey was measuring. Many of the providers who responded wrote in the open comment section several comments about our marketplace line of business and therefore we believe the results reflect the same.

The Provider Relations department at Peach State Health Plan follows a detailed service strategy and believes the effectiveness of this approach accounts for it being the highest scoring composite for 2016 at 49.2%. The strategy included:

- Enhancing and increasing the training for Provider Relations staff to ensure that PR increased not only the quantity but also the quality of provider interactions

- Mandatory, intensive quarterly training for all Provider Relations staff to ensure more effective provider interactions
- Significantly increasing field activity and provider interaction to visit more than 95% of the network providers in 2016
- Continuing the practice of engaging providers through numerous provider committees, stakeholder meetings and conferences, Practice Manager Advisory Group (PMAG) meetings, Annual State Tours, and large group meetings.
- Hand delivering of 100% of the Provider Satisfaction Surveys in September 2016, with a return rate of 28.5%.
- Implementing, as a part of the Provider Satisfaction Performance Improvement Project for 2016, the following additional interventions to increase overall provider satisfaction with the Plan:
    - Large group provider meetings in all regions to provide additional education and training opportunities for providers across the state
    - Sharing quality performance information during each provider interaction

The correlation analysis from SPH Analytics is used each year to identify areas of highest opportunities for improvement to drive interventions for the subsequent year.

Composite Areas	Attributes most Correlated with Overall Satisfaction	2016 Corr. Coeff.*	2016 Rate
Finance Issues	Consistency of reimbursement fees with your contract rates	0.539	34.9%
	Accuracy of claims processing	0.528	41.6%
	Resolution of claims payment problems or disputes	0.531	27.9%
Utilization & Quality Management	Access to Case/Care Managers from this health plan	0.557	30.8%
	Procedures for obtaining pre-certification/referral/authorization information	0.547	27.5%
	Timeliness of obtaining pre-certifications/referral/authorization information	0.520	29.5%
Health Plan Call Center Service Staff	Overall satisfaction of health plan's call center service	0.528	36.7%

Note: * Correlation coefficients of 0.518 or greater

PCP and Specialist Satisfaction

The overall satisfaction scores decreased for PCPs by 5.0% and for specialty providers by 4% from 2015 to 2016. As indicated previously we believe providers rated Peach State's Medicaid line of business based on concerns they had with the marketplace line of business. The Table below shows the overall satisfaction practitioners had with the health plan. In 2015, Ob/GYNs were included in the Specialist category and not broken out into their own category as had been in previous years.

Response by Specialty: Overall Satisfaction with Peach State Health Plan

2016			2015		2014		
PCP	OB/GYN	Specialist	PCP	Specialist	PCP	OB/GYN	Specialist
75.1%	68.6%	72.4%	80.1%	76.4%	76.4%	72%	60.9%

Improvement Efforts Based on 2015 Survey Findings

Provider Satisfaction PIP. A Provider Satisfaction PIP was developed for 2016 with a focus on the key Drivers of Specialist Satisfaction with Prior Authorization (Prior Auth) Turn Around Times (TATs). Survey results, including provider comments, identified this as an area of dissatisfaction for some providers. An Atlanta orthopedic practice served as the rapid cycle test group for the PIP. The outcomes of the interventions implemented did not prove that intensive, onsite education regarding the most appropriate and efficient submission of Prior Auth requests decreased TATs for Prior Authorization requests. The PIP was conducted throughout 2016 and concluded at the end of the year. Rapid cycle tests of change resulted in a decrease in turnaround time for prior authorizations, but this was not sustained throughout the PIP.

Based on these results, and consistent with the DCH Quality Strategic Plan for Georgia Families and Georgia Families 360^0 (February 2016), Peach State reviewed the turnaround times for authorization requests for various specialties and determined the turnaround time for orthopedic groups averaged 8.39 days. Six Orthopedic groups were surveyed to assess their satisfaction with the prior authorization process and the results of the survey indicated a significant level of dissatisfaction. Peach State's 2016 Provider Satisfaction PIP attempted to decrease prior authorization turnaround for a large orthopedic group with the highest number of submissions. By applying rapid cycle tests of change, using measurable goals and desired outcomes, and expanding the education approach used in this orthopedic practice last year, the intention of the PIP was to determine and resolve the unique barriers experienced by orthopedic specialists. The 2016 PIP goal was to reduce TAT from 8.39 days to 5 calendar days in 2016. The PIP intervention was abandoned as successful use of InterQual SMART Sheet requires a commitment by all office staff and intensive Plan management/resouurces. Monthly office 'refreshers' and ongoing updates to new staff would be required for ongoing success.

Peach State implemented several additional interventions in 2016 that were designed to improve Provider Satisfaction. The interventions described below were developed using feedback obtained from the open-ended comment section of the 2015 survey, as well as provider feedback at PMAG and Joint Operation Committee meetings.

- Claims
  - Implementation and deployment of a Real Time Editing and Pricing secure web portal function to be used when filing claims on the Peach State secure portal
  - Peach State deployed Real Time Editing and Pricing on the secure web portal, however, it is still in the pilot stage with about 40 provider offices. The tool is scheduled to roll out to the entire network in 2017
- Contracting
  - Continued expansion of the provider network
  - The survey question for the initiative set by the contracting department did not score highly with providers. Peach State believes that providers are linking the Medicaid, Health Exchange and Medicare products all into one for this Medicaid product survey when thinking of the provider network. To resolve this issue for

the 2017 survey, the survey will state “Medicaid Product Only” survey on it to differentiate the product and the letter attached to the survey will indicate this also

- Utilization Management
  - Implementation of email functionality for providers to initiate communication with, and respond to the Utilization Management department staff
  - The health plan reached out to DCH to create an email box /Contact Us form that providers could complete on the Peach State Portal and Centralized PA Portal. This request was denied by DCH. DCH is in the process of implementing a Contact Us form on the Centralized PA Portal. Currently, the Contact Us form has been placed on hold by DCH / Alliant. There are no current updates on this functionality
- Pharmacy
  - Inclusion of ‘formulary alternatives’ by the Pharmacy Department on its Quarterly Preferred Drug List (PDL) Change Notices. The Peach State Health Plan Pharmacy department distributed this memo to improve provider satisfaction with our formulary by alerting them to the availability of comparable drugs that could be used as substitutes for those not included on the formulary. However, provider satisfaction declined by 0.3%. Peach State believes the decline in satisfaction, although relatively unchanged may be related to a push by the physicians in the state to have one formulary between all four managed care companies. The pharmacy department has requested the PR field staff to educate providers on the use of the Peach State PDL change request form during 2017 when they believe our PDL does not reflect current standards of care

Satisfaction with Provider Services Staff Handling of Claims Issues. During 2016, Peach State decided to continue with the interventions started in late 2015 to address this issue. The 2016 interventions included:

- Development of enhanced claims training modules for Customer Service Representatives (CSRs) handling provider claims inquiries
- Mandatory refresher claims training for CSRs assisting with claims inquiries
- Implementation of Instant Message (IM) chat with all provider CSRs and Supervisors to provide immediate assistance for resolution with complex claims inquiries
- Bi-monthly team meetings with Provider Relations staff to identify, address and resolve claims inquiries

The interventions set in motion to improve provider satisfaction with the Provider Services call center did not impact the score as planned. There was a 2.1% decline with provider satisfaction for this composite. There are no open ended responses to the questions and the Plan was unable to identify the exact reason for decrease in the scores for certain composites.

2017 Activities: For 2017, Peach State evaluated the comments report provided by SPH Analytics and developed new initiatives around this department. The interventions for 2017 will include:

- Develop a campaign to assist the Top 10 providers who contact the call center most frequently
- Implement mandatory quarterly training for the provider call center staff
- Continued education of CSRs on eligibility and cost sharing information

- Promoting use of IVR and Web Self-Service options
- Execution of 2017 Quality Campaign and Rewards/Recognition/Retention program for CSRs
- Offering a new provider satisfaction IVR survey as an option at the end of a call to better track satisfaction with the call center

Additional interventions for the 2017 Provider Satisfaction plan will include:

- Collaboration with Provider Relations to provide education to providers regarding the Care Management process
- Create a quick reference list for commonly prescribed medications for specific disease states
- Establish a goal for PR overall touch of at least 90% of unique network providers

What 2016 Findings Suggest About Provider Participation in QAPI Program

As shown in the table below, Peach State increased scores in 2016 by 2.2% for the one question that correlated most directly with educating providers on QI initiatives related to performance measures, "Degree to which the plan covers and encourages preventative care and wellness." While the scores indicate continued room for improvement, they also validate that efforts to educate providers and support their involvement in the QAPI Program has been successful. In 2016, Peach State signed up fifty groups for HEDIS only incentive and twenty-six groups for our Health Benefit Ratio (HBR)/HEDIS incentive. The plan employed an additional HEDIS field nurse to educate providers on HEDIS measures and other quality initiatives. Additionally, the score for 2016 for the question related to the degree to which the plan covers and encourages preventative care and wellness exceeded the benchmark for SPH's BOB. Although these scores indicated that Peach State out-performed peer health plans on these measures, Peach State recognizes there is still room for improvement.

QUESTIONS CORRELATED WITH ENGAGING PROVIDERS IN QI ACTIVITIES	2016		2015	
	Peach State	SPH BOB	Peach State	SPH BOB
3F. Degree to which the plan covers and encourages preventative care and wellness	48.20%	39.60%	46.40%	41.90%

Quality Initiatives for 2017 include:

- P4P Program- HEDIS and HBR/HEDIS Programs will be rolled out to additional providers and the performance goals will be based on NCQA Quality Compass benchmarks instead of Peach States previous year's final performance rates
- Hiring of additional traveling Quality Nurses who will be regionalized
- Add additional Providers to the Provider Advisory Committee or subgroups

Effectiveness of the QAPI Program

Interventions Implemented to Address External Quality Review (EQR) Findings

The Georgia Department of Community Health (DCH) contracts with Health Services Advisory Group, Inc. (HSAG) as its External Quality Review Organization (EQRO). HSAG performed the three required external quality review (activities as outlined in the Balanced Budget Act (BBA): validation of performance improvement projects (PIPs), validation of performance measures and conduction of a review within a 3-year period, to determine the CMOs' compliance with standards established by the State to comply with the requirements of 42 CFR 438.204(g).

EQR: Performance Improvement Project (PIP) Validation and Key Review Results

The Department of Community Health (DCH) and Health Services Advisory Group (HSAG) adopted a modified version of the Institute for Healthcare Improvement's (IHI's) Quality Improvement (QI) Model for Improvement as the methodology for the PIPs. The IHI QI model focuses on accelerating improvement without replacing change models that different organizations may already be using. The core component of the model includes testing changes on a small scale using Plan-Do-Study-Act (PDSA) cycles and applying rapid-cycle learning and evaluation that informs the project theory during the course of the improvement project. This framework was selected as it allowed broad flexibility, to build on proven quality concepts and a systematic technique to improvement activities.

The rapid cycle 2015 implemented PIPs that were validated by HSAG in 2016 and their assigned confidence level are as follows:

- Annual Dental Visits – Reported PIP results were not credible
- Appropriate Use of ADHD Medications – Low Confidence
- Avoidable Emergency Room Visits – Low Confidence
- Bright Futures – Low Confidence
- Comprehensive Diabetes Care – Low Confidence
- Postpartum Care –Confidence
- Member Satisfaction – Reported PIP results were not credible
- Provider Satisfaction –Confidence

Findings. HSAG reported Peach State's performance across the eight PIPs suggests that the Plan continued to have opportunities for improvement in executing the rapid-cycle PIP process. The Plan's greatest opportunities for improvement were in Module 3 (Intervention Determination) and Module 4 (Plan-Do-Study-Act). As evidenced by the PIP-specific validation findings, many of Peach State's PIPs achieved the SMART Aim goal but the demonstrated improvement could not be linked to the interventions tested.

Interventions: Peach State responded to HSAG recommendations:

HSAG Recommendations Based on 2015 PIP	Peach State Response
Ensure detailed and accurate documentation of the SMART Aim statement, SMART Aim measure definition, baseline rate, and goal rate across all modules.	Each Module (1-3) required HSAG approval prior to continuing to the subsequent module. HSAG verified accuracy of the SMART Aim statement, SMART Aim measure definition, baseline rate, and

HSAG Recommendations Based on 2015 PIP	Peach State Response
Institute centralized oversight of the data analysis and results reporting for all PIPs so that all rates are reported accurately and consistently. SMART Aim measure baseline and goal rates, and rate results should be reported to the same number of decimal places for all PIPs. HSAG recommends reporting all PIP rates to one decimal place.	goal rate during their review of each module and required corrections to be resubmitted if discrepancies were found. Peach State submitted draft module 4s to HSAG for review prior to final submission. HSAG reviewed the SMART Aim statement, SMART Aim measure definition, baseline rate, and goal rate for consistency. Peach State added a "QI Liaison" to each PIP team to provide oversight of data analysis and results. As recommended we report rates to one decimal place.
Conduct multiple sessions to develop and update the key driver diagram, process map, and FMEA, ensuring appropriate use of data and input from all relevant team members, for each PIP. The accuracy and completeness of the process and FMEA will serve as the foundation for identifying and developing impactful improvement strategies. Revisit and update the key driver diagram and FMEA throughout the improvement process. Each version of the key driver diagram and FMEA should be dated to document when it was last revised.	The Peach State Health Plan PIP team conducted multiple sessions to develop and update the key driver diagram, process map, and FMEA. The PIP teams consisted of multidisciplinary, cross departmental staff based on the PIP topic. Each team had an executive sponsor, a data analyst, and each version of the key driver diagram and FMEA was dated to document when it was last revised.
If the CMO determines that the SMART Aim statement and/or SMART Aim measure need to be revised after Modules 1 and 2 have been approved by HSAG, the CMO must contact HSAG to discuss planned revisions and any methodological implications. Revisions to an approved SMART Aim statement and/or SMART Aim measure methodology must be clearly documented, including the rationale for the revisions, and submitted to HSAG. All subsequent module submissions should clearly explain any changes that were made to an approved SMART Aim statement and/or measure methodology, including the rationale for the changes.	HSAG developed a process that required the Plan to resubmit modules (using track changes) any time a previously approved module was revised. Peach State resubmitted the Provider Satisfaction Modules 1&2, Member Satisfaction Module2 and Avoidable ED Modules 1-3. HSAG reviewed and approved the resubmitted modules.
Avoid relying on medical claims as a data source when defining measures to be used in PDSA cycles, unless the CMO has strong evidence that the claims lag will be minimal. Seek technical assistance when considering the use of medical claims data for PDSA cycles so that methodological implications and potential alternative measures can be discussed.	The Peach State Health Plan PIP teams did not use claims for the rapid cycle PIPs in CY 2016. Although no claims were used in the PDSA cycle, over 10 technical assistance calls were held with HSAG to ensure the methodology and PDSA cycles were conducted correctly.
Conduct a series of thoughtful and incremental PDSA cycles to accelerate the rate of improvement.	Peach State ensured the CY 2016 PIP teams were multi-departmental and multidisciplinary as well as included at least one member of the Senior Leadership Team to ensure thoughtful PDSA cycles were conducted to accelerate the rate of improvement. The CY 2016 PIP teams met routinely (at least biweekly) to review progress.

HSAG Recommendations Based on 2015 PIP	Peach State Response
	The PIP initiatives were designed to be conducted in incremental PDSA cycles lasting 3-4 months in order to rapidly identify methods of improvement.
As Peach State tests new interventions, the CMO should ensure that it is making a prediction in each *Plan* step of the PDSA cycle and discussing the basis for the prediction. This will help keep everyone involved in the project focused on the theory for improvement.	Peach State incorporated detailed, process-level data into the intervention evaluation plan in module 4. The detailed plan was included to help Peach State fully understand the effects of the implemented interventions. Peach State submitted draft module 4s to include the "Plan" and "Evaluation Plan" to HSAG for review prior to final submission. HSAG provided suggestions and revisions that were incorporated into the final submitted module 4.
Incorporate detailed, process-level data into the intervention evaluation plan to further the CMO's understanding of intervention effects.	
When planning a test of change, Peach State should think proactively (future tests and implementation).	The revised HSAG methodology incorporated proactive intervention planning as part of module 3. This proactive "Plan" was required to be approved prior to beginning work on Module 4.

Additional details on the 2016 implemented PIPs are included in the section "2016 PIP Summaries and Results".

EQR: Performance Measure (PM) Validation and Key Review Results

HSAG validated rates for the following set of performance measures selected by DCH for validation. All performance measures but one were selected from CMS' Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set[1]), Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set[2]), or the Agency for Healthcare Research and Quality's (AHRQ's) Quality Indicator measures. *Colorectal Cancer Screening*, a Healthcare Effectiveness Data and Information Set (HEDIS®) non-Medicaid measure, was also included as part of HSAG's validation.

Performance Measure	Method	Specifications	Results
Antenatal Steroids	Hybrid	Adult Core Set	Not Reportable
Asthma in Younger Adults Admission Rate	Administrative	Adult Core Set	Reportable
Care Transition—Timely Transmission of Transition Record	Hybrid	Adult Core Set	Reportable
Cesarean Delivery Rate	Administrative	AHRQ	Reportable
Cesarean Section for Nulliparous Singleton Vertex	Hybrid	Child Core Set	Not Reportable
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	Administrative	Adult Core Set	Reportable

Performance Measure	Method	Specifications	Results
Colorectal Cancer Screening	Hybrid	HEDIS*	Reportable
Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk	Administrative	Child Core Set	Reportable
Developmental Screening in the First Three Years of Life	Hybrid	Child Core Set	Reportable
Diabetes Short-Term Complications Admission Rate	Administrative	Adult Core Set	Reportable
Elective Delivery	Hybrid	Adult Core Set	Not Reportable
Heart Failure Admission Rate	Administrative	Adult Core Set	Reportable
Live Births Weighing Less Than 2,500 Grams	Administrative	Child Core Set	Reportable
Maternity Care—Behavioral Health Risk Assessment	Hybrid	Child Core Set	Reportable
Percentage of Eligible Who Received Preventive Dental Services	Administrative	Child Core Set	Reportable
Plan All-Cause Readmissions	Administrative	Adult Core Set	Reportable
Screening for Clinical Depression and Follow-up Plan	Hybrid	Adult Core Set	Reportable

[1] The Centers for Medicare & Medicaid Services. Core Set of Children's Health Care Quality Measures for Medicaid and CHIP, March 2015.
[2] The Centers for Medicare & Medicaid Services. Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid, April 2015.
HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Findings. Of the 17 PMs reviewed and validated by HSAG:

- Data Integration, Data Control and Performance Measure Documentation received a result of "Acceptable."
- Medical Service Data, Enrollment Data and Provider Data received a result of "No Concerns."
- Of the Adult Core Set, Child Core Set and AHRQ measures, three measures received a result of "Not Reportable": Antenatal Steroids, Cesarean Section for Nulliparous Singleton Vertex and Elective Delivery. Peach State's software vendor, Inovalon, was not able to identify the gestational age using administrative data, which resulted in false positives in the denominator. Since the gestational age was not determined prior to drawing the sample, the rate was considered materially biased and an audit result of Not Reportable was assigned.

In addition to the AHRQ and the CMS adult and child core set measures audited by HSAG, DCH required Peach State to report a selected set of HEDIS measures to DCH. Peach State was required to contract with a National Committee for Quality Assurance (NCQA)-licensed audit organization and undergo an NCQA HEDIS Compliance Audit. Final audited HEDIS measure results from NCQA's Interactive Data Submission System (IDSS) were submitted to HSAG and provided to DCH. There were a total of 169 measures reviewed for CY 2016. Of which, 152 were HEDIS measures reported in the IDSS and 17 measures audited by HSAG.

***Interventions*.** HSAG did not require any Corrective Action Plan or intervention.

EQR: Compliance Standard Validation and Key Review Results

The DCH requires Peach State Health Plan 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 2016 Compliance Review audited Peach State's processes for compliance with DCH contractual requirements and federal requirements for Clinical Practice Guidelines, Quality Assessment & Performance Improvement (QAPI), Health Information Systems and Follow-Up Reviews from Previous Noncompliant Review Findings.

Findings. HSAG reported Compliance findings for the following are identified below.

Clinical Practice Guidelines

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

Quality Assessment and Performance Improvement (QAPI)

- Peach State must update its QAPI Program Description to describe processes and responsible resources used to develop interventions aimed at improving the health status of members. The description must also detail how Peach State maintains or prevents further decline or deterioration in a member's health status who is not eligible for Care Management or Disease Management programs.
- Peach State must describe processes to include utilization management, care management, disease management, and other data sources when implementing action plans and activities to correct deficiencies and/or increase the quality of care provided to enrolled members in its QAPI Program Description. Peach State's policies and the QAPI Program Description must address implemented interventions and activities that are aimed at underutilization in areas such as chronic disease, preventive health services, and EPSDT services. The description must define data sources used to identify underutilization and how the interventions and activities focused on underutilization are resourced.
- Peach State must implement processes to obtain input from families and guardians of members into QAPI activities. During the compliance review, Peach State described its plan to conduct focus groups in all six regions using external consultants to obtain member input and incorporate the feedback into program activities.
- Peach State must redesign 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 QAPI activities. The evaluation documents must be thorough so that Peach State may use them in developing its quality roadmap and quality improvement plans.
- Peach State must include the process used to assess the quality of care furnished to members, including those with special healthcare needs, in its policies and QAPI Program Description. Peach State must describe processes used to evaluate care provided, for example, in the areas of chronic health conditions, discharged members, use of urgent care or emergency departments, or the use of outcomes data to evaluate the quality and appropriateness of care furnished to members, including those with special healthcare needs.
- Peach State must have a documented methodology and process for conducting and maintaining provider profiling.

- Peach must ensure that the QM Patient Safety Plan clearly distinguishes between grievances and the Grievance process. The QM Patient Safety Plan must be approved by DCH.

Health Information Systems

- HSAG did not identify any opportunities for improvement that required Peach State to implement corrective actions for Standard III—Health Information Systems.

Follow-Up Reviews from Previous Noncompliant Review Findings

- The CMO must update its Distribution of Member Handbook Policy to state that it notifies existing members annually that the member handbook is available online and a hard copy is available upon request.
- Peach State must meet the geographic access standards for both urban and rural areas for PCPs, specialists, general dental providers, dental subspecialty providers, mental health providers, and pharmacies. Peach State must continue efforts to close its network adequacy gaps and keep DCH informed of its progress.

Interventions. Details on how Peach State Health Plan will address each of HSAG's Compliance findings are included in **Appendix A- Review of Standards Corrective Action Plan**

Effectiveness of Required Programs in Achieving QAPI Goals and Objectives

Peach State's 2016 QAPI Goals

Goal	Objective	Met/Not Met
Improve Member Health	Improve health outcomes for women and children members through focused prevention and wellness programs so that select performance metrics for 2016 will reflect a relative two percentage point (2 percent) increase over 2015 rates, as reported in June 2017. Metrics: *Core Set*: CMS 416 Report screening rate, Dental Sealants (core set measure); *HEDIS*: Well Child Visits (Ages 3 – 6), Adolescent Well Care Visits.	CMS-416 Rate: **MET** (FFY 2015- 67%; FFY 2016- 71%) Dental Sealants: **NOT MET** CY 2015 – 20.56%; CY 2016 – 11.18% W34: **MET** CY 2015 – 68.99%; CY 2016 – 72.80% AWC: **MET** CY 2015 – 47.60%; CY 2016 – 50.00%
	Improve members' self-management of their chronic conditions through member education for members plan-wide diagnosed with diabetes, mental illness, or ADHD such that identified measures of effectiveness demonstrate an absolute two percentage point improvement over 2015 rates. Metrics: *HEDIS*: Follow-Up Care for Children prescribed ADHD Medication (initial); Comprehensive Diabetes Care - HbA1c >9; 7-Day Follow-up after Mental Health Hospitalization	ADD (Int.): **NOT MET** CY 2015 – 43.84%; CY 2016 – 45.69% CDC HbA1c>9: **NOT MET** CY 2015 – 59.72%; CY 2016 – 61.04% FUH (7 day): **NOT MET** CY 2015 – 55.77%; CY 2016 – 50.75%
Improve Member & Provider Experience with Care	Improve member and provider satisfaction with the Plan by achieving a statistically significant increase in overall satisfaction with the plan from 2015 survey results to 2016 survey results. Metrics: CAHPS Child and provider satisfaction surveys	Child CAHPS: **NOT MET** CY 2015 – 88.5%; CY 2016 – 89.3% Provider Satisfaction: **NOT MET** CY 2015 – 78.7%; CY 2016 – 73.1%

Goal	Objective	Met/Not Met
Lower per Capita Cost	Have smarter utilization of each dollar by improving select rates associated with appropriate utilization of emergency departments and all cause readmission by two percent when comparing 2015 rates to 2016 rates (reported in June 2017) Metrics: Atlanta Region urgent care facility count, avoidable emergency department (AED) visit rate at Phoebe Putney Memorial Hospital, All cause readmission rate at Gwinnett Medical Center	Atlanta Urgent Care Count: **MET** CY 2015 – 109; CY 2016 – 115 AED at PPMH: **MET** June 2016 – 1553.92/thousand; December 2016 – 1447.47/thousand All Cause Readmission GMC: **MET** CY 2015 – 6%; CY 2016 – 1.3%

Peach State's 2016 QAPI Program included three goals and four objectives, as shown above. The following narrative identifies key interim metrics used by Peach State to track success and highlights the effectiveness of the programs required by the CMO contract in achieving the QAPI goals and objectives.

Key Interim Metrics to Track Success

Improving Peach State Health Plan requires simultaneous pursuit of three goals: improving the experience of care, improving the health of populations, and reducing per capita costs of health care. Peach State uses key interim metrics to measure the impact of its contractually-required programs and their effectiveness in achieving the QAPI Goals and Objectives**.** Metrics specifically related to monitoring attainment of the objectives are highlighted in the narrative that follows.

Goal 1: Improve Member Health

Peach State's goal to improve member health includes objectives to positively affect population health by improving health outcomes for women and children through focused prevention and wellness programs. Peach State's objectives for this goal includes better chronic disease management and treatment and improved medical and mental health outcomes. The specific objective is to improve members' self-management of their chronic conditions through member education for members diagnosed with diabetes, mental illness, or ADHD.

Objective 1. Improve health outcomes for women and children through focused prevention and wellness programs so that select performance metrics for 2016 will reflect a relative two percent increase over 2015 rates, as reported in June 2017.

Results: Objective NOT MET.
The results of the metrics used to assess this objective did not reflect a relative two percentage point increase over 2015 rates

Measures	CY 2015	CY 2016	CY 2015 vs. CY 2016
CMS 416 Report screening rate	67%	71%	↑ 5.97 relative percent
Dental Sealants (core set measure)	20.09%	11.18%	↓ 45.62 relative percent
Well Child Visits (Ages 3 – 6)	68.99%	72.80%	↑5.52 relative percent
Adolescent Well Care Visits	47.60%	50.00%	↑ 5.04 relative percent

Peach State's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program staff's primary responsibility includes member and provider outreach and education about EPSDT availability, benefits and requirements. The Care Management, Disease Management, and Discharge Planning programs together with Customer Services were involved in addressing this objective as well. These departments supported this objective by identifying due and past due visits for preventive/well child visits (screenings), follow-up visits and other gaps in care. They educated members and/or their caregivers about the importance of preventive/well child services; receiving timely and appropriate visits/screenings; complying with follow-up visits and other services; assisting with appointment scheduling and arranging transportation as necessary to providers' offices.

Three of the four metrics, the CMS-416 screening rate, W34 and AWC increased by more than a relative five percentage points, surpassing the goal of a relative two percentage point increase. Activities that assisted with meeting the metrics and surpassing the goals include:

- Gift card offered to members for completing their AWC visits
- Emailed all non-compliant members
- Peach State's Care Gap Alerts notified the plan staff of missed services/screening opportunities so that they could contact members and help them, whenever possible, schedule an appointment with their provider.
- The Plan performed Monday - Saturday live calls and uses MyHealthDirect scheduling system as well as conference (three way) calls to assist members with scheduling an appointment.
- The Plan conducted in-person events such as Peach State Days (Clinic Days) in which members are invited to receive their due/past due services.

The Dental Sealant measure had a statistically significant decrease and showed over a 45% relative percentage point decrease. An activity that was implemented in an effort to identify a process to meet the goal included:

- Dentists in Bibb County were asked to call members and get them to come in to get sealants for extra pay (see more details in "Performance Improvement Projects" section.

During previous years, DentaQuest outreached to members/caregivers using postcards and auto-dialer calls during the fourth quarter of the year. The outreach encouraged scheduling of preventive visits. DentaQuest was notified about their contract ending with Peach State in mid-2016. The actual contract was terminated on December 2016. For this reason, it is believed that DentaQuest did not conduct the outreach initiative as they had in previous years. Although these methods are considered passive in nature, the significant decrease in sealants leads the Plan to believe they were effective.

A partnership with Dental Health and Wellness (DHW), a Centene Corporation sister company, was implemented in 2017. DHW will institute Dental Homes effective July 1, 2017. Similar to the medical home, the dental home offers the patients comprehensive, continuous, prevention-based care that is accessible, family-centered, compassionate, and culturally competent. Citing

strong clinical evidence that early preventive dental care promotes oral health, the AAPD declared that "the establishment of a dental home may follow the medical home model as a cost-effective and higher quality health care alternative to emergency care situations.[3]" Additionally, children in a dental home are more likely to receive appropriate preventive and routine oral health care, thereby reducing the risk of preventable dental/oral disease. It is Peach State's belief that instituting the use of Dental Homes will positively impact preventive dental services, including sealants.

Further details on interventions conducted during 2016 to achieve this objective are included in the section "Plan Performance" and "Responding to the Unique Needs of the Members".

Objective 2: Improve members' self-management of their chronic conditions through member education for members plan-wide diagnosed with diabetes, mental illness, or ADHD such that identified measures of effectiveness demonstrate an absolute two percentage point improvement over 2015 rates.

Results: Objective NOT MET.
The results of the metrics used to assess this objective did not demonstrated an absolute two percentage point improvement over 2015 rates

Measures	CY 2015	CY 2016	CY 2015 vs. CY 2016
Follow-Up Care for Children prescribed ADHD Medication (initiation)	43.84%	45.69%	↑1.85 percentage points
Comprehensive Diabetes Care - HbA1c >9 (lower is better)	59.72%	61.04%	↑ 1.32 percentage points
7-Day Follow-up after Mental Health Hospitalization	55.77%	50.75%	↓ 5.02 percentage points

None of the three measures used to assess objective two, ADD-Initiation, CDC-HbA1c >9, and FUH-7day demonstrated an absolute two percentage point increase. ADD-Initiation showed an improvement, however was 0.15% points shy of the absolute two percentage point goal. CDC-HbA1c>9 and FUH-7 day rates declined when compared to CY 2015 rates.

Peach State's Quality Improvement, Pharmacy, Care Management, Disease Management, Discharge Planning programs as well as the Envolve People Care (Behavioral Health) and Provider Relations department provided oversight and assistance with improving outcomes for those with chronic conditions.

- The Plan worked with practitioners to improve use and adherence to the Clinical Practice Guidelines (CPGs). Peach State's approach to CPG audits, audit results, and provider education and support can be found under the Clinical Practice Guidelines Section, "CPG Implementation and Adherence".
- The staff also collaborated to improve diabetic control in the Southwest by planning and implementing a Diabetes Wellness Day to empower members to better manage their diabetes.

3 American Academy of Pediatric Dentistry. (2004). Policy on the dental home. Council on Clinical Affairs. Retrieved August 20. 2007. http:// www.aapd.org/media//Policies_Guidelines/P_DentalHome.pdf .

- The staff worked collaboratively to outreach and encourage members to schedule and keep appointments for follow up after new ADHD prescriptions and after being discharged from a mental health facility.

Targeted interventions implemented to impact CDC – HbA1c>9 included:

- Collaboration with Phoebe Physician Group in Albany (Southwest region) to conduct a small pilot that included mailing a Diabetes Action Plan and Trackers to Phoebe Physician Group members to encourage ownership of diabetes management and enforce the importance of checking HbA1c and discussing results with their provider. Action plans and trackers were mailed to 31 plan members, of which eight (8) members had their HbA1c rechecked. Six (6) members (75.00% of those who had their HbA1c rechecked) had a decrease in their results after receiving the action plan and tracker.
- In CY 2016, a Medication Therapy Management (MTM) program was initiated. MTM outreach coordinators outreached to members who were ≥ five (5) days late refilling their diabetes medication(s). Coordinators completed 2,000 calls to members between June 2016 and the end of December 2016. The average refill rate after calls was 48%. This program is ongoing during 2017.

The interventions, although effective for those who participated, were limited in scope due to low member participation, and limited geographic location. As a result, there was no impact on the overall HEDIS performance measure results.

Based on monthly administrative results, and to better understand barriers to care for diabetics, the Plan conducted focus groups in the fall of 2016. The SW region was targeted because compliance with HbA1c testing and control was the lowest of all six Georgia Families regions in the SW region. The focus groups identified: (i) competing life priorities and (ii) members not aware of needed testing as a barrier to care. To address the identified barriers, Peach State developed the following CY 2017 interventions:

- Continue the MTM program
- Implement an incentive program for obtaining a HbA1c and an incentive for control (<9)
- Develop/adopt a member friendly CPG to assist with better understanding of required care for diabetics

The interventions implemented to impact ADD- Initiation improved the rate by 1.85% points, just shy of the 2% goal. The interventions believed to be effective in impacting the goal include:

- In 2016 Peach State continued with POM calls and added a prompt that allowed members to speak with a live person who could offer assistance with addressing barriers such as scheduling follow up appointments, transportation, or finding a new physician. The POM calls were made to any member who did not have a follow up apt. within 30 days of the initiation of ADHD medication. Six of the 290 calls, of the total or 7,122 outreach attempts were transferred to Care Management through the prompt that allowed them to request to speak with a live person. Peach State Health Plan is reviewing the calls to determine if there is a specific ‘no answer’ reason as 97% of the calls were not answered/disconnected.
- Peach State partnered with the Children's Clinic of LaGrange to pilot a modified prescribing program for ADHD medications. The pilot tested if reducing the amount of medication dispensed by half would gently encourage the parent or guardian to make and keep the follow-up appointment within the 30 day window. It would also provide time for rescheduling, if necessary.

Member prescribed less than 30 day supply on 1st fill		
INITIATIVE Day Dispense Compliant	**RX Days <30**	**RX Days<30**
39%	14	22

As a result of follow up conversations, the practitioners at the pilot office noted that they had a hard time remembering to only prescribe 14 days and to schedule a 14 day follow up appointment.

To further improve compliance with ADD- initiation, Peach State is reviewing methods to implement a system (network) wide initial ADD medication quantity limit for members ages 6-12 years old, newly prescribed ADD medications.

The intervention implemented to impact FUH- 7 day included:

- Peach State intended on stationing an on-site care manager at inpatient Psychiatric facilities in the metro Atlanta region. Despite numerous attempts, Peach State was not successful in implementing this initiative; it was abandoned. A pilot in which a BH CM coordinates with the hospital discharge planner on 7 day FUH visit was implemented in May 2016. Due to moderate volume of inpatient psychiatric admission, Lakeview Behavioral health was identified as the pilot facility with which to partner to improve 7 day follow up after hospitalization by offering education and coordination of all discharge appointments. As a result of these coordinating efforts, 40 of 124 members successfully made their 7 day FUH for a percentage of 32.25%. Peach State determined this intervention to be successful as the initial goal was 25% of members would keep their appointment.

Interventions implemented did not make an impact as the FUH – 7 day follow up rate experienced a statistically significant decline. Envolve People Care completed the full integration of Cenpatico Behavioral Health, LLC, an NCQA accredited managed behavioral health organization into the Centene Corporation to provide a high level and seamless physical and behavioral health service integration through co-location of staff and shared systems and platforms. During 2017, EPC will work with Peach State to implement behavioral health homes which may have a positive impact on mental health/behavioral health follow up and outcomes for members.

Peach State's Quality Improvement, Pharmacy, Care Management, Disease Management, Discharge Planning programs as well as the Envolve People Care (Behavioral Health) and Provider Relations department provided oversight and assistance with improving outcomes for those with chronic conditions. The Plan worked with practitioners to improve use and adherence to the Clinical Practice Guidelines (CPGs). Peach State's approach to CPG audits, audit results and provider education and support can be found under the Clinical Practice Guidelines Section, "CPG Implementation and Adherence". Departments worked collaboratively to outreach and encourage members to schedule and keep appointments for follow up after new ADHD prescriptions and after being discharged from a mental health facility.

The Plan's departments also collaborated to improve diabetic control in the Southwest by planning and implementing a Diabetes Wellness Day to encourage members to empower members to better manage their diabetes, in an effort to improve their health outcomes.

Goal 2: Improve the overall member and provider experience with Peach State

The purpose of this goal, to improve the overall member and provider experience with Peach State, was to ensure the Plan's members have appropriate access to services. The overarching

desire is for the Peach State members to receive safe, effective, patient-centered, timely, efficient, equitable care which enable them to live strong, productive lives.

Objective: Improve member and provider satisfaction with the Plan by achieving a statistically significant increase in overall satisfaction with the plan from 2015 survey results to 2016 survey results

Results: Objective NOT MET.

- *The overall Member Satisfaction Score from the CY 2016 Child CAHPS survey (89.3%) was not statistically higher than the CY 2015 score (88.5%)*
- *The overall Provider Satisfaction survey score for CY 2016 (73.1%) was lower than the CY 2015 score (78.7%)*

The Plan's multidisciplinary and multi-departmental Member Experience and Provider Satisfaction Workgroup analyzed the results and shared outcomes with the Quality Oversight Committee, which included representatives from Quality Improvement, Member Services, Contracting, Provider Relations, Medical Management, Appeals and Grievances, and Pharmacy Departments. For additional details on the outcomes and interventions carried out to improve provider satisfaction, please see the Provider Satisfaction portion of the "Network Resources" section. For additional details on outcomes and interventions to improve member experience, please see "Effective Member Communication Strategies" section. For additional information on the PIPs conducted in CY 2016, please see the PIP section.

Overall Member Satisfaction Score from the CY 2016 child CAHPS survey (89.3%) was not statistically higher than the CY 2015 score (88.5%)

The metric used for this objective is the same one used for the Member Satisfaction Child CAHPS response to the question: "Using any number from 0-10, where 0 is the worst Health Plan and 10 is the best Health Plan, what number would you use to rate your child's Health Plan?" Peach State's result of 89.3% was nearly significant over the 2015 CAHPS survey result of 88.5%

The Plan's Care Management and Disease Management Programs, and Member Services staff, who supported this objective, tried to identify areas of dissatisfaction with the health plan in 2016 by:

- Surveying members participating in CM and DM programs to gauge member satisfaction with their experience with the overall service provided, with the health educators/care managers, with being able to manage their condition, and being able to better communicate with the provider.
- Implementing an after-call survey that was offered to every member at the end of a call to solicit real time feedback and gauge the member's experience with the CSR. There were 96.3% of members who were surveyed and responded 'yes' to the after-call survey question "Was the team member able to address and resolve your issue".
- Continuing integrated workgroup (Member Experience and Provider Satisfaction) with senior leadership representation from Member Services, Contracting & Provider Relations to address GeoAccess needs and concerns identified by members, as well as CAHPS results.
- Implementing a Personal Advocate for Care (PAC) in Q4 2015, to provide new members with a concierge level service for the first 90 days of enrollment for any care needs,

including selecting a PCP, locating specialist, setting up appointments and completion of their Health Risk Assessment (HRA). The PAC successfully contacted 36% or 24,513 new members in 2016.

- Conducting a PIP with the goal of improving member satisfaction. The goal of the PIP was to Increase the average level of satisfaction from 2.2 to 2.5 for caregivers who were seen at Dr. Charlene Johnson's office in the Atlanta region who answered the question "When you talked about your child's health, did a doctor or other health provider ask you what you thought was best for your child" by December 31, 2016. The intervention tested was the use of a DCH approved "checklist" which was designed and implemented with Dr. Johnson's office. The checklist contained discussion points to assist the member (parent/guardian) with speaking to their provider and engaging in shared decision making. The intervention (post visit survey) results positively impacted the SMART Aim and the SMART Aim was met and sustained. Based on the positive impact of the checklist, Peach State identified a high membership volume provider office in Atlanta to test the intervention further during quarter one of CY 2017. Outcomes were successful at that office as well. Further expansion of the intervention will be done by selecting one (1) high membership volume provider office in each of the six regions of Georgia to implement the intervention each quarter beginning in Q3, 2017. The Plan will also distribute the checklist at new member orientation sessions (in person meetings with new members) and other member interactions to obtain member feedback. This will assist with identification of any needed revisions to the checklist prior to implementing it statewide (see more details in "Performance Improvement Projects" section).

To improve CAHPS survey results, proposed activities for 2017 include:

- Increasing the number of providers who participate in MyHealthDirect (MHD) to allow all CSRs to help the member schedule an appointment with the provider.
- Improve First Call Resolution from 82% to 85% by conducting quarterly refresher training for all CSR's

For additional information, refer to "Effective Member Communicating Strategies" section of this document.

Overall Provider Satisfaction survey score for CY 2016 (73.1%) was lower than the CY 2015 score (78.7%)

Peach State did not achieve a statistically significant improvement with overall practitioner (provider) satisfaction with the plan. Peach State's annual Provider Satisfaction Survey covers various areas such as Provider Relations, UM and Quality Management, Call Center, and Pharmacy among others. For the purpose of this objective Peach State focused on overall provider satisfaction with Peach State. Out of the five possible answers, the top two were considered the measurement of satisfaction, "very/completely satisfied" and "satisfied". Peach State observed a 5.6% percentage point decrease in the CY 2016 overall provider satisfaction results when compared to CY 2015, a difference that resulted in statistical significance.

Peach State's Provider Relations, Medical Affairs, Customer Service, and QI Departments collaborated in assessing the needs of Peach State providers, identifying specific areas of dissatisfaction, and developing strategies and interventions to support this objective. Activities in 2016 included:

- Identifying opportunities for improvement and implementing strategies to improve provider satisfaction. Key contract-required programs that also supported provider satisfaction and related Provider Relations efforts include the Utilization Management,

the Case and Disease Management, and the Pharmacy Programs. Staff from each of these areas interfaced with providers and their staff on prior authorizations and questions related to benefits and member's care. They worked with providers to assist them in the development of care plans that met the holistic needs of each member, and help them identify and resolve members' barriers to adherence with physician directions and recommended treatments.

- Peach State performed a PIP to improve provider satisfaction. The goal of the PIP was to decrease the average prior authorization approval turnaround time from 8.39 calendar days to 5 calendar days, for Spine and Orthopedic Clinic, in the Atlanta Region, by December 31, 2016. The PIP focused on educating the office using SMART sheets (education tips). The SMART Aim goal was achieved for four (4) of the 17 measurement periods (bi-weekly) throughout the life of the PIP. Thus, the SMART Aim goal was achieved, but not sustained due to the fluctuation in the rate. The intervention proved to have positively impacted the SMART Aim based on the SMART Aim average pre and post intervention. Although there was an improvement in the TAT, the PIP workgroup, which included the collaborating provider, determined that the intervention required at least monthly office training and refreshers as well as onboarding for any new staff in order for it to be effective. The workgroup decided the activities were too resource intensive for expansion to additional providers. For this reason, the SMART sheet education was abandoned. For CY 2017, The Workgroup developed initiatives to improve the prior authorization request TAT including:
  - Possible use of a management liaison to offices with a large volume of prior authorization requests
  - Publishing SMART sheets on Portico, the provider Portal

(See more details in "Performance Improvement Projects" section.)

Goal 3: Lower Per Capita Cost

Peach State's focus for lowering per capital cost was on finding better ways to ensure that the right care is accessible and delivered to the right person at the right time, every time.

Objective: Have smarter utilization of each dollar by improving select rates associated with appropriate utilization of emergency departments and all cause readmission by two percent when comparing 2015 rates to 2016 rates (reported in June 2017).

Results: Objective MET

- Avoidable emergency department (AED) visit rate at Phoebe Putney Memorial Hospital decreased by 2% (the intervention was moved to Coffee Regional Medical Center in June 2016)
- Atlanta Region urgent care facility encounters increased by 2%
- All cause readmission rate at Gwinnett Medical Center decreased by 2%

Avoidable emergency department (AED) visit rate at Coffee Regional Medical Center decreased a relative 6.85% from July 2016 (1553.92/thousand) to December 2016 (1447.47/thousand)

Care Management, Disease Management, Medical Affairs, and Utilization Management were the primary programs that supported attainment of decreasing non-emergent ED use by two percent in 2016. Peach State Health Plan conducted a performance improvement project (PIP) to decrease avoidable ED (AED) visits. The AED PIP Workgroup included multidisciplinary and

cross-departmental staff. Initially, the rapid cycle improvement activities were launched with Phoebe Putney Memorial Hospital. Shortly after the implementation of the collaborative efforts at PPMH, Peach State determined that concurrent interventions made it difficult to track and evaluate the effectiveness of the planned intervention, and another facility would need to be chosen for the PIP. Peach State implemented the PIP with Coffee Regional Medical Center (CRMC) after meetings with, and approval of DCH and HSAG. The AED PIP Workgroup determined the goal for the PIP was to decrease the avoidable emergency department utilization rate among member's ≥18 years old at CRMC from 1553.92/thousand to 1522.84 visits/thousand by December 31, 2016 (a relative two percentage point decrease).

The intervention used hospital staff to distribute and explain pre-printed educational material (flyer) about appropriate ED use and service locations for non-emergent services (urgent care facilities). The ED staff explained and distributed the flyer prior to the Peach State Health Plan members discharge from the ED. The test was implemented to determine if the members who received the educational flyer would show a decrease in subsequent ED visits for avoidable (non-emergent) symptoms. The AED PIP team set an aggressive goal with an appreciable 60% decrease in avoidable ED visits for members who received educational material at the time of their original ED visit. To meet this goal, only 3 of the 38 members could return for a subsequent non-emergent ED visit. This goal was not met as 10 members who received the flyer returned to the CRMC ED for a non-emergent ED visit during the 12 week intervention observation period.

By December 2016, the AED rate at CRMC decreased to 1447.47/thousand. This was a relative 6.85% decrease from July 2016 (when the PIP was initiated).

Proposed activities for 2017 include adopting the flyer based on the 12 week intervention period outcome but may modify it's content/layout. Peach State Health Plan will review the flyer with members who attend the Member Advisory Committee and New Member Orientation Meetings to determine if any changes need to be made. Post intervention analysis highlighted difficulty in assessing the explanation/conversation that each hospital staff member had with the member as the flyer was given to them. To address this concern, the Plan will develop and implement scripting for healthcare personel to ensure the education material is distributed in a consistent manner. For additional information on the Decreasing AED PIP (see more details in "Performance Improvement Projects" section).

Atlanta Region urgent care facility count increased by 2%

To improve access to non-ED facility types, the Plan worked to increase the number of urgent care facilities in the most populous Georgia Families region. The Provider Relations and Contract/Network Development departments supported the objective of decreasing non-emergent ED utilization by increasing the urgent care facilities (Atlanta region) contracted with Peach State. The count of contracted urgent care facilities in the Atlanta region increased from 109 to 115 in CY 2016, which represents a 5.5 percent increase over CY 2015.

For additional information on network access, please see the Network Resources Section.

All cause readmission rate at Gwinnett Medical Center decreased by 2%

Care Management (CM), Disease Management (DM), Discharge Planning (DP), and Utilization Management (UM) were the primary programs that supported the attainment of this objective by monitoring readmission metrics across programs on a monthly and quarterly basis, at the facility and member levels. Program staff also monitored post-discharge follow up visit rates across programs to determine opportunities for improvement in obtaining needed follow up outpatient

care. Pharmacy staff monitored medication under-/over-utilization metrics, often in collaboration with CM and DM staff, to determine whether issues in medication compliance or use could affect inpatient readmissions, thus requiring appropriate interventions.

The Discharge Planning (Readmission Avoidance) Program intervention was designed to assist the patient in implementing timely, appropriate, safe, and cost-effective discharge plans. Members who were discharged to home, and had a successful outreach, received a post discharge face to face visit within 3 days after discharge to review discharge instructions, including review of newly prescribed medications and assistance with making appointments for follow up with PCP and/or specialist. Beginning in Q1 of 2016, we targeted Gwinnett Medical Center because of their high readmission rate. The readmission rate decreased from 6% to 1.3 % in 2016 and Gwinnett Medical Center’s position on the list of top 15 readmitting facilities also showed improvement. Peach State will use this experience to inform our discharge planning program at other facilities with high readmission rates.

Clinical Practice Guidelines

Peach State Health Plan is responsible for adopting, disseminating, and monitoring provider compliance with Clinical Practice Guidelines (CPGs) relevant to its population for medical and behavioral health (BH) services. Guidelines are evidenced-based and relate to activities included in the Disease and Care Management Programs.

Peach State has adopted preventive and clinical practice guidelines (PHGs and CPGs) for the provision of preventive, acute, chronic and behavioral health services. Guidelines are based on the health needs and opportunities for improvement identified as part of the quality assessment and performance improvement (QAPI) program and are based on valid and reliable clinical evidence or a consensus of health care professionals in the specific field of practice. Peach State utilizes evidence based clinical practice guidelines, preventive health and other scientific evidence as applicable in the development, implementation and maintenance of clinical systems used to support Utilization, Disease and Care Management.

Peach State reviews and updates CPGs and PHGs periodically, as appropriate but at least every two years or upon significant new scientific evidence or change in national standards. CPGs and PHGs are presented to and adopted by the Plan Quality Oversight Committee (QOC) through appropriate physician review, input, and adoption, and are made available to all practitioners and to members upon request. A listing of adopted clinical practice and preventive health guidelines is maintained in the Provider Manual with a notation that the links and/or full guidelines are available on the Peach State Website or via hard copy upon request.

Additional mechanisms to distribute guidelines may include, but are not limited to:

- New practitioner orientation materials
- Provider and member newsletters
- Member Handbook
- Special mailings

Ensuring Consistency with the Guidelines

To ensure guidelines are consistant with Peach State policies and procedures, they are reviewed against utilization management criteria, member education materials, benefit information, and other documents as appropriate. At least annually, a multidisciplinary meeting to review CPG and PHGs is conducted including Vendors/Sister Companies, Quality Improvement, Medical Management, Pharmacy, Medical Affairs, Provider Relations and Member Services. The participants review the CPGs, clinical criteria, and other relevant materials to ensure that decisions, to which the guidelines apply, are consistent with internal policies and procedures and standards of care. Further, the cross-departmental meetings review member and provider facing documents to ensure that distributed content and materials are consistent with the guidelines. If guidelines are updated by the QOC between annual meetings, an ad hoc meeting is held to review and approve the newly adopted guideline, as needed.

At least annually, an assessment of all UM staff responsible for decisions regarding utilization management and coverage of services (physicians and authorization nurses) is conducted to ensure consistency in decisions (as applicable) with the CPGs/PHGs. An overall assessment score >90% for each staff member is required. Staff who do not score at least 90% are remediated and retested.

Lastly, the CPG components are built into the TruCare system which allows CM/DM program staff to track compliance during their interactions with those programs' participants. CM/DM Program staff is monitored through quality control audits, review of TruCare notes and documentation as well as call monitoring to ensure accurate and appropriate use of the CPG companion patient guides.

Role of Clinical Practice Guidelines in Case and Disease Management Program Success

Peach State's Disease Management Asthma, Diabetes, and ADHD program staff tracks member compliance with guidelines through interactions with program participants; during contact with providers; and through analysis of claims for recommended services and prescriptions; identification of gaps in care; and provides timely interventions when indicated.

Understanding the success of our Case and Disease Management programs involves both provider and program staff understanding and using clinical practice guidelines, Peach State conducted a comparative analysis to determine the differences in outcomes between members with asthma and diabetes who are receiving case/disease management services and those who are not as a means of evaluating the role of CPGs in a more quantitative way. Peach State compared CY2016 compliance with asthma and diabetes metrics (HEDIS) among those members receiving care management versus those not receiving care management. Since specific HEDIS rates are based on the same evidenced based practices guidelines, the results of this analysis provide a good indication of the contribution of CM/DM to the member compliance with relevant CPGs.

Comparing 2016 asthma and diabetes rates for those members receiving CM vs those not receiving CM, rates on the Medication Management for People with Asthma, HbA1c Testing, Attention to Nephropathy, and Eye Exam were higher and HbA1c poor control was lower (lower is better) among those members in CM when compared to those not in CM. Both A1c testing and Attention to Nephropathy rates for members in CM showed statistically significant differences when compared to members not in CM. The denominator for ADD (Initiation and Continuation) was small among members in CM (24- initiation; 4 continuation) compared to the large denominators for the members not in CM (4,314- initiation; continuation 642), which generated larger variability and consequently larger confidence intervals, diminishing the chances to detect significance.

Condition	Measure	2016 CM Members	2016 Members Not in CM	CM vs. Not CM	Stat. Signif.
Asthma	MMA 5 to 11 (75%)	21.02%	20.24%	↑	No
Diabetes	A1c Test	91.26%	79.82%	↑	Yes
	Attn. to Nephropathy	94.17%	88.47%	↑	No
	Eye Exam	66.99%	51.61%	↑	Yes
	Poor Control* (Lower is better)	73.79%	76.72%	↓	No
ADHD	Initiation	50.00%	45.67%	↑	N/A (too small of a denominator in CM)
	Continuation	100.00%	59.59%	↑	N/A (too small of a denominator in CM)

Peach State concluded that CPGs played a key role in the success of case/disease management programs by guiding care managers and health coaches in improving utilization of evidence-based services.

Adopted Clinical Practice and Evidenced Based Guidelines and Protocols

Peach State provided outreach and education to providers (and in some cases, members) to increase the use of these evidence-based guidelines. Peach State posted CPGs on its website, provided information about the guidelines, and described how to obtain hard copies in the Provider Manual and Newsletters. Peach State's member newsletters and the member Handbook explained how members may request a copy of the CPGs by calling Customer Service.

Peach State's information system capabilities, including systematic predictive modeling and health risk identification heuristics, and information on member's gaps in care made available on the Provider Portal supported providers by identifying members in need of recommended screening or follow up care and giving providers periodic feedback related to their compliance.

Condition Specific CPGs		Preventive Health CPGs	
Asthma	ADHD	Pediatric Immunizations	Adult Well Male Exam
Depression	Childhood Obesity	Pediatric Preventive Health	Adult Well Woman Exam
Diabetes	Sickle Cell Disease	Pediatric Oral Health	Adult Immunizations
Hypertension		Perinatal Preventive Health	

Peach State utilized medical record audits to assess whether the provider's medical practices conform to clinical standards of practice for three CPGs (ADHD, Asthma and Diabetes) and Pediatric Preventive Health (EPSDT), as described in the section "Responding to the Unique Needs of Members – Children's Health". The audit gathers information on the use of evidence-based clinical practice guidelines by our providers, in order to measure their level of compliance with guidelines.

The methodology for CPG medical record audits was revised during CY 2016. Effective October 2016, quarterly audits were implemented to better gauge provider adherence to the Diabetes, ADHD and Asthma CPGs. Due to the new methodology, there is not a year-over-year comparison of data available.

CPG Implementation and Adherence

In CY 2016, the DCH required Peach State Health Plan to retire annual CPG audits and implement quarterly CPG reporting. The DCH quarterly audit requirements both expanded and included weights for each element of the medical record reviewed. Prior to implementation of the audits (in CY 2016), providers were made aware of the new CPGs and audit requirements through:

- In-person visits with the Plan Clinical Nurse Liaisons and Provider Representative

- Sharing of information with Georgia AAP and Georgia AAFP
- Posting updated CPGs, audit tools, and a DCH approved Asthma Action Plan on the PSHP.com website
- Hosting a "Diabetes Summit" to provide education by the Clinical Nurse Liaison, Medical Director, and Pharmacist. There were two (2) Diabetes webinars/summits held in last quarter 2016 that had an attendance of 23 providers. The providers were receptive to the webinars and we will continue them in 2017.
- Fax blast/mailers to providers with results of the quarterly CY 2016 CPG analysis highlighting trends in compliance with the key components. Providing positive reinforcement for those components that met target rates and offering educational tips on how to improve compliance with the components that underperformed.
- Information on the revised and updated CPGs was shared in the June 29, 2016 QOC meeting. An email was sent out to 12,367 providers on August 11, 2016 letting the provider community know the importance of CPGs and that they are available on PSHP.com.

To determine provider adherence to the CPGs, in compliance with the Department of Community Health (DCH) requirements, Peach State conducted quarterly reviews of medical records for Asthma, ADHD and Diabetes. The review period was from October 1, 2016 – December 31, 2016, the fourth quarter (Q4, 2016) in Peach State's reporting cycle. The review period covered the claims submitted from July 1, 2016 – September 30, 2016.

Peach State collaborated with Amerigroup and WellCare to assign primary care practitioners to each CMO by provider's last name. Peach State Health Plan was assigned all practitioners with a last name that started with letters K through R. Peach State identified all members with a claim with a primary diagnosis of the respective CPG submitted by a provider whose last name started with those letters. Once all members were identified, a random sample of 60 members was pulled. This included an oversample of ten (10) member records.

Each CPG has a unique number of indicators that are assessed to determine compliance with the guideline. Every indicator has been weighted in value according to DCH criteria that impacted the overall score and the score of each component. An indicator is either met, not met, or in a few instances not applicable. When an indicator is determined to be "not applicable" that indicator is removed from the denominator.

CPG	# of Practitioners	# of Records	Number of CAPs	Overall Score	% Practitioners who scored >80% (overall or on 1 element)
Asthma	42	50	21	81.42%	52.5%
Diabetes	40	50	22	82.72%	55%
ADHD	40	50	33	66.7%	82.5%

Asthma

There were fifty (50) records reviewed which comprised an assessment of forty (42) providers. The ten indicators assessed for Asthma were:

- History and physical completed
- Spirometry and peak flow measures used to confirm the diagnosis in members >5years of age
- Severity of asthma assessed and episodic signs/symptoms identified
- Evidence of asthma management plan developed with member/parent to include documentation of understanding that plan was provided
- Co-morbid conditions assessed and discussed
- Educated member on recognizing triggers and reducing exposure to environmental risk factors
- Educate member on taking prescribed medications correctly
- Prescribed the appropriate long-term medications
- Evaluated response to medication and control of asthma assessed
- Prescribed rescue inhaler

MRR Practitioner Summary

During Q4, CY 2016, forty-two (42) unique practitioners were audited. Of the practitioners audited this quarter, there were three (3) practitioners who saw members at Federally Qualified Health Centers (FQHCs)/Public Health Departments (PHDs) included in the provider selection. The providers selected for the audit were grouped as follow:

Provider Type	Total Number
Family Practice	3
Internal Medicine	1
NP/PA	7
Pediatricians	28

Overall Plan Compliance

The Overall Average Provider Compliance rate was 81.42% which was above the DCH goal of 80%.

- Providers met or exceeded the DCH target rate of 80% for eight (8) of the ten (10) indicators.
- The indicator “Prescribed the appropriate long-term medications” results were 100% in Q4, 2016
- The “Evidence of Asthma Action Plan” indicator continues to be an area that needs improvement (56.8%).

Deficiencies and Corrective Action Plans

The top three office review deficits noted were:

1. Evidence of Asthma Management Plan developed with member/parent. 16 offices (19 member records)
2. Educated member on recognizing triggers and reducing exposure to environmental risk factors. 8 offices (9 member records)
3. Severity of asthma assessed and episodic signs/symptoms identified. 8 offices (18 member records)

Of the forty (42) providers audited, twenty-one (21) or 52.5% were placed on a corrective action plan (CAP) for either an overall score of <80% or at least one indicator rate of <80%.

Interventions

Ongoing

- Educate providers on upgrading their EMRs to have the Asthma CPG guidelines and Asthma Action Plan embedded into the system to assist with CPG compliance.
- Make asthma action plan available on the website (http://www.pshpgeorgia.com/for-providers/qapi-program/clinical-practice-guidelines/).
- Make CPG and CPG Auditing tool available on the website at PSHP.com
- Share CPG results and analysis with Quality Oversight Committee for Plan and external provider input and discussion
- Continue collaborating with the CMO workgroup to ensure consistency with CPG guidelines, consistency with the auditors using the audit tool and completing medical record reviews, consistency with utilization decisions to which the guidelines apply, and creating a plan to reduce provider abrasion.

Revised in 2016 to be implemented in 2017

- The Clinical Nurse Liaisons (CNL) will provide a three month check in with providers placed on a CAP. In addition to this check-in, the CNL will provide a face-to-face, 6-week follow-up visit to providers placed on a CAP that scored lower than 40% overall.

New in 2017

- Educate and train providers on using the provider portal to generate reports and get real time information on care gaps through the portal's data analytics tab (undergoing testing at present time). The Care Gaps listed in the portal are in line with the CPG requirements and allow providers to identify members who need specific services/care.
- Peach State Health Plan will set up a meeting with the Public Health Department to identify available literature to use in the tool kit in Q3 of 2017.
- Clinical Nurse Liaison will extend invites to providers for lunch and learn sessions and conduct (3) sessions during Q3 2017.
- Clinical Nurse Liaison to identify trends of low performing providers that are specific to a geographic region and focus on providing regional educational summits with face to face education for the people in that region.
- Member education and reminders to see provider and follow prescription orders.
- Enhance with medication adherence reminder phone calls from Peach State and/or vendors

ADHD

There were fifty (50) records reviewed which comprised an assessment of forty (40) providers. The nine key components assessed for ADHD were:

- Developmental history, history and physical
- Rating scale reviewed and used to confirm diagnosis
- Co-existing emotional and behavioral conditions assessed
- Developed management plan with the parent/member
- Parent educated on how to recognize the triggers for inattention impulsivity and hypersensitivity
- Parent educated on how to implement behavior management strategies
- Parent educated on the importance of the follow up visit within 30 days of when the first ADHD medication was dispensed
- Documentation of medication effectiveness

MRR Practitioner Summary

During Q4, CY 2016, forty (40) unique practitioners were audited. Of the practitioners audited this quarter, there were three (3) that were practitioners who saw members at Federally Qualified Health Center (FQHCs)/Public Health Department (PHDs) and were included in the sample. The other practitioners can be grouped as identified below:

Provider Type	Total Number
Family Practice	5
Internal Medicine	0
NP/PA	4
Pediatricians	28

Overall Plan Compliance

The Overall Average Provider Compliance rate was 82.72%, above the DCH goal of 80%.

- Providers met or exceeded the DCH target rate of 80% for six (6) of the nine (9) indicators.
- The indicator that scored the highest Q4, 2016 was history and physical (98%). Developmental history (97.5%) had the highest indicator rate in Q4, 2016.
- The indicator that scored lowest in Q4, 2016 was Parent educated on how to recognize the triggers for inattention, impulsivity and hypersensitivity (41.66%).

Deficiencies and Corrective Action Plans

The top three (3) office review deficits noted in descending order were:

1. Parent educated on how to implement behavior management strategies, represented by nineteen (19) office sites and twenty-one (21) member records.

2. Parent educated on how to recognize the triggers for inattention, impulsivity & hypersensitivity, represented by eighteen (18) office sites and twenty-one (21) member records.
3. Developed management plan with the parent/member, represented by thirteen (13) office sites and thirteen (13) member records.

Of the forty (40) providers audited, twenty two (22) or 55% were placed on a corrective action plan (CAP). The CAP was given for either an overall score of <80% or at least one indicator rate of <80%.

Interventions

Ongoing

- Educate providers on upgrading their EMRs to have the ADHD CPG guidelines embedded into the system to assist with CPG compliance.
- Make CPG and CPG Auditing tool available on the website at PSHP.com.
- Share CPG results and analysis with Quality Oversight Committee for Plan and external provider input and discussion.
- Continue collaborating with the CMO workgroup to ensure consistency with CPG guidelines, consistency with the auditors using the audit tool and completing medical record reviews, consistency with utilization decisions to which the guidelines apply, and creating a plan to reduce provider abrasion.

Revised in 2016 to be implemented in 2017

- The Clinical Nurse Liaisons (CNL) will provide a three month check in with providers placed on a CAP. In addition to this check-in, the CNL will provide a face-to-face, 6-week follow-up visit to providers placed on a CAP that scored lower than 40% overall.

New in 2017

- Educate and train providers on using the provider portal to generate reports and get real time information on care gaps through the portal's data analytics tab (undergoing testing at present time). The Care Gaps listed in the portal are in line with the CPG requirements and allow providers to identify members who need specific services/care.
- Clinical Nurse Liaison will extend invites to providers for lunch and learn sessions and conduct (3) sessions during Q3 2017.
- Clinical Nurse Liaison to identify trends of low performing providers that are specific to a geographic region and focus on providing regional educational summits with face to face education for the people in that region.
- Clinical Nurse Liaison to include psycho-education materials in toolkit for providers to utilize in educating parents for Q2 2017 review.

Diabetes

There were fifty (50) records reviewed which comprised an assessment of forty (40) providers. The twelve indicators assessed for diabetes were:

- History/physical exam
- Annual neuropathy screening

- Annual diabetes kidney disease screening
- Annual retinal eye exam, annual foot exam
- Documentation of HbA1c ordered at minimum twice per year
- Documentation that fasting lipid profile was ordered
- Documentation that an annual urine micro-albumin screening was ordered
- Documentation that influenza vaccine was offered
- Educated member on self-monitoring glucose levels
- Educated member on nutrition/diet/weight management
- Educated member on the use of aspirin (anti-platelet therapy)

MRR Practitioner Summary

During Q4, CY 2016, forty (40) unique practitioners were audited. The providers selected for the audit were grouped as follow:

Provider Type	Total Number
Family Practice	12
Internal Medicine	7
NP/PA	6
Pediatricians	2

Of the practitioners audited this quarter, there were eight (8) practitioners that saw members at Federally Qualified Health Centers (FQHCs)/Public Health Departments (PHDs) included in the provider selection. There were five (5) General Practitioners in the sample, as well.

Overall Plan Compliance

The Overall Average Provider Compliance rate was 66.7% and fell short of the DCH target rate of 80%.

- Providers met or exceeded the DCH target rate of 80% for five (5) of the twelve (12) indicators.
- The indicator that scored the highest Q4, 2016 was history and physical.
- The indicator that scored lowest in Q4, 2016 was documentation that the flu vaccine was offered.

There were three indicators that were not assessed in previous years and scored below 55%:

- Educated member on the use of aspirin (anti-platelet therapy)
- Annual foot exam
- Documentation that an annual urine micro-albumin screening was ordered

This represents an educational opportunity for Peach State to ensure that providers are addressing this with members as well as noting the encounter in their record. As such, this will be included in targeted strategies for 2017.

Deficiencies and Corrective Action Plans

The top three office review deficits were:

1. Annual foot exam, represented by twenty-three (23) office sites and twenty-six (26) member records.
2. Documentation that annual influenza vaccine was offered, represented by twenty-one (21) office sites and twenty-nine (29) member records.
3. Educated member on the use of Aspirin (anti-platelet therapy), represented by twenty (20) office sites and twenty-one (21) member records.

Of the forty (40) providers audited, thirty-three (33) or 82.5% were placed on a corrective action plan (CAP). The CAP was given for either an overall score of <80% or at least one indicator rate of <80%. The below ongoing, revised and new actions will address low compliance with Diabetes CPG use:

Interventions

Ongoing

- Educate providers on upgrading their EMRs to have the Diabetes CPG guideline components embedded into the system to assist with CPG compliance.
- Make CPG and CPG Auditing tool available on the website at PSHP.com.
- Share CPG results and analysis with Quality Oversight Committee for Plan and external provider input and discussion.
- Continue collaborating with the CMO workgroup to ensure consistency with CPG guidelines, consistency with the auditors using the audit tool and completing medical record reviews, consistency with utilization decisions to which the guidelines apply, and creating a plan to reduce provider abrasion.

Revised in 2016 to be implemented in 2017

- The Clinical Nurse Liaisons (CNL) will provide three month check in with providers placed on a CAP. In addition to this check-in, the CNL will provide a face-to-face 6-week follow-up visit to providers placed on a CAP that scored lower than 40% overall.

New in 2017

- Educate and train providers on using the provider portal to generate reports and get real time information on care gaps through the portal's data analytics tab (undergoing testing at present time). The Care Gaps listed in the portal are in line with the CPG requirements and allow providers to identify members who need specific services/care.
- Clinical Nurse Liaison will extend invites to providers for lunch and learn sessions and conduct (3) sessions during Q3 2017.

- Clinical Nurse Liaison to identify trends of low performing providers that are specific to a geographic region and focus on providing regional educational summits with face to face education for the people in that region.
- For 2017, we will incorporate the “Fluvention” program into our provider education outreach which allows us to improve provider and member awareness of the influenza vaccine prior to and during the flu season. The Fluvention program provides members and providers with an email blast, resources, educational tools, and website information. We anticipate a substantial (20%) improvement in our provider compliance for indicator “documentation that influenza vaccine was offered” by end of quarter four 2017.

Follow Up with Practitioners Who Fail to Implement CPGs

The auditor educated providers on each missed element at the time of the audit. Peach State required providers who scored lower than 80% on any one element and/or who scored lower than 80% overall on the CPG audit to complete and submit the DCH designed Corrective Action Plan (CAP) to Peach State within 14 days of the audit. Each provider who received a CAP is re-audited within six months of the initial audit. Providers who score less than 40% overall received outreach within three months to assess their progress towards improvement and offer assistance if needed. Providers who continue to score lower than an 80% will be reeducated, re-audited and may be referred to the Plan’s peer review committee for further intervention. Peach State will continue to track, trend and educate providers on the value of using the CPGs.

Effectiveness of Care/Disease Management Programs in Reducing Inappropriate Utilization

Addressing the Needs of Members with Special Health Care Needs

During 2016, Peach State was notified by Health Services Advisory Group during the annual review that we must strengthen our processes for the monitoring, analysis, and evaluation of the delivery, quality, and appropriateness of health care furnished to members in the areas of underutilization or receipt of chronic disease or preventive healthcare and services. Further we needed to define members with special healthcare needs and include our method of monitoring, analysis, evaluation, and improvement for the delivery, quality, and appropriateness of healthcare furnished to members with special healthcare needs in its program descriptions and evaluation.

During 2016, Peach State adopted the DCH definition of Children with Special Healthcare needs: Members (adults & children) who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by members (adults and children) generally.

At Peach State, the majority of members with special health care needs are actively managed in our Care Management programs. They often include members who are identified as being high risk for pregnancy, who have diabetes, cancer, sickle cell, asthma, behavioral health concerns, and/or substance abuse, etc. Peach State has several programs in place to monitor the appropriateness of healthcare furnished to our members with special health care needs through the use of data. We monitor both over and underutilization of services for members with special health care needs as well as all members.

Monitoring Underutilization

Members with Diabetes

Throughout the year, Peach State monitors our members with diabetes to ensure they are receiving the care they need. We are able to identify on a monthly basis those members who have been in for their required lab services, those who are taking their medications appropriately and those whose diabetes is not controlled using data obtained through QSI.

During 2016, Peach State identified 1941 members with Diabetes. Of those 16.52% of the members did not have an HbA1c test, another 40.17% did not receive an eye exam and 11.30% did not have a urine micro-albumin screen. This shows many of our members did not have the required services they needed in 2016. Further, 61% of our members with diabetes had an HbA1c >9.

In addition through our clinical practice guideline review, we identified underutilization of required services for members with Diabetes. Less than 55% of the physicians audited, were conducting an annual foot exam or ordering an annual urine micro-albumin screening.

Members with Asthma

Peach State monitors the percent of members readmitted to the hospital as well repeat ER visits to monitor potential underutilization of a controller medication for members with Asthma. In addition, Peach State monitors controller prescription fills to ensure members prescribed a controller medication are utilizing the controller appropriately and staying on the prescription appropriately.

During 2016, Peach State identified the percent of members who were readmitted to the hospital for an Asthma related diagnosis was 3.22% and out of the 4,325 Peach State members diagnosed with asthma, 337 had more than one visit to an ER for their Asthma.

As a result of the monthly monitoring of our members with Asthma, Peach State identified a potential underutilization of controller medications for some of our members. As such the Plan implemented a Medication Therapy Management program during 2016 to assist members with complying with the use of their controller medication. The results of the program can be found under the Disease Management portion of the QAPI evaluation.

Child Preventive Care

Peach State Health Plan monitors member's compliance with (utilization) of the adopted American Academy of Pediatrics (AAP) Bright Futures "Recommendations for Pediatric Health Care" Periodicity Schedule. This schedule outlines the periodic intervals for screening EPSDT eligible members enrolled in the Plan. The annual EPSDT report (CMS-416) provides basic information on participation in the EPSDT Program. The information is used to assess the effectiveness of the Plan's EPSDT program in terms of the number of individuals under the age of 21 who are provided child health screening services, referred for corrective treatment, and receiving dental services. Peach State Health Plan produces a quarterly cumulative CMS-416 report. This report contains a metric that assists with tracking utilization of childhood preventive health visits. The participation ratio (line 10) of the CMS-416 report indicates the extent to which eligible members received any initial and periodic screening services during the year. In FFY 2016, Peach State's participation ratio was 64%; this means that 64% of Peach State's EPSDT eligible members received a preventive screening. The participation ratio indicates an underutilization of children's preventive health (early and periodic screening) services.

The results of the CY 2016 HEDIS rates that correlate to the EPSDT Program also underscore the underutilization of preventive services.

Measure	HEDIS 2017 CY 2016	HEDIS 2016 CY 2015	HEDIS 2015 CY 2014	DCH Target HEDIS 2017/CY 2016
W15-6+	63.73%	67.79%	63.66%	66.24%
W34	72.80%	68.99%	69.68%	72.02%
AWC	50.00%	47.60%	49.07%	49.15%

For information on interventions implemented in CY 2016 and proposed for CY 2017, please see the section "Responding to the Unique Needs of Members, Children's Health" section of this document.

Monitoring Overutilization

Members with Opioid Overutilization

According to the Centers for Disease Control and Prevention, drug overdose deaths and opioid involved deaths continue to increase in the United States. More than six out of ten drug overdose deaths involve an opioid. Since 1999, the amount of prescription opioids sold in the U.S. has nearly quadrupled, yet there has not been an increase in the amount of pain that

Americans report. Deaths from prescription opioids have more than quadrupled since 1999[4]. Peach State has seen an increase in Opioid use within the Medicaid population going from in the fourth quarter of 2015, the Peach State Pharmacy department began an Opioid Overutilization Program (OOP). OOP is a program to identify patterns of inappropriate use of opioids and other potential medication of abuse or medically unnecessary care among health plan enrollees, thereby protecting health plan beneficiaries and reducing fraud, waste, and abuse. Identified members are brought to interdisciplinary adult rounds to provide an avenue for discussion on managing enrollees which may include educating providers and members on evidence based opioid therapies and/or alternative medication management.

In 2016, 30 members were identified for OOP and brought to interdisciplinary adult rounds. Twenty-eight of these members were referred to BH care management with Envolve Behavioral Health. There were also 24 successful interventions with these members. Successful interventions were defined as identifying a primary opioid prescriber, confirming an adequate diagnosis, prescriber lock-in, educating on the proper use of opioids, providing preferred drug list alternatives, educating on the risk of overdose, and/or providing naloxone education.

Overutilization of Antibiotics

Peach State also uses three HEDIS measures to identify potential overutilization of Antibiotics. The measures include Appropriate Treatment for Children with Upper Respiratory Infection (URI), Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) and Appropriate Testing for Children with Pharyngitis (CWP). The results of annual review are used to identify a need for further barrier analysis and interventions. The 2016 results are:

Measure	2016 Rate	2015 Rate
AAB	26.21%	21.73%
CWP	83.94%	82.14%
URI	87.16%	84.00%

Peach State saw improvement in all three measures however the results indicate there is still overutilization of antibiotic treatment in adults with acute bronchitis. Further, approximately 13% of Peach State members who are ages 3 months to 18 years who are diagnosed with an upper respiratory infection are still receiving an antibiotic which may not be necessary. The CWP measure also shows providers continue to prescribe antibiotics for members with Pharyngitis without conducting a streptococcus test prior.

Effectiveness of Peach State Care Management (CM) Programs

Peach State Health Plan helps members with multiple or complex conditions to obtain access to care and services, and coordinates their care. Peach State adheres to the Care Management Society of America's (CMSA) definition of care management as: "a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, quality of care and cost-effective outcomes." Peach State Health Plan provides both episodic and complex care

2. 4 CDC, 2017 found online at https://www.cdc.gov/drugoverdose/epidemic/index.html)

management, based on member needs and the intensity of service required. Participation is voluntary and declined participation does not result in penalties or reduced benefits.

The goal of care management is to coordinate the care of eligible members across all care settings to improve continuity and quality of care including those with special healthcare needs. The Program assesses, plans, implements, facilitates, coordinates, monitors, and evaluates options and services to meet an individual's health needs through communication and utilization of available resources to promote quality, cost-effective outcomes**.**

Peach State Health Plans' care management program identifies members who have the greatest need for Care Management, including those who have catastrophic or other high-cost or high-risk conditions such as pregnant women under 21, women experiencing high risk pregnancies, infants and toddlers with established risk for developmental delays and members with special healthcare needs. Members with special health care needs are those members who have serious and chronic physical, developmental, or behavioral conditions requiring medically necessary health and related services of a type or amount beyond that typically required by members.

Peach State uses a multidisciplinary Care Management Team (CM Team) model that includes the most appropriately trained staff to meet member's identified physical health, behavioral health (BH), social, and other needs. Peach State's CM Teams include licensed Registered Nurses (RNs) and BH clinician Care Managers, Social Workers, Health Coaches (licensed respiratory therapists, certified diabetes educators, registered dieticians, or exercise physiologists), medical and BH medical directors, prior authorization and concurrent review nurses, pharmacists, and non-clinical support staff. Peach State assigns a Primary Care Manager based on the member's primary needs for care management. The Primary Care Manager serves as the member's point of contact with Peach State and coordinates the CM Team activities.

Care management functions include but are not limited to:

- Early identification of members who have special needs (identified disability, health, or mental health conditions requiring early and/or ongoing intervention, special education services, or other specialized services and supports).
- Assessment of member's risk factors.
- Development of an individualized plan of care in concert with the member and/or member's family, Primary Care Provider (PCP), and other treating providers.
- Identification of barriers to meeting goals included in the plan of care.
- Referrals and assistance to ensure timely access to providers.
- Active coordination of care linking members to providers, medical services, residential, social, and other support services where needed.
- Ongoing monitoring and revision of the plan of care as required by the member's changing condition.
- Continuity and coordination of care.
- Ongoing monitoring, follow up, and documentation of all care coordination/care management activities.
- Addressing the member's right to decline participation in the care management program or to disenroll at any time.
- Accommodating the specific cultural and linguistic needs of all members.
- Conducting all care management procedures in compliance with HIPAA and state law.
- Integrating behavioral health processes to improve outcomes.

Peach State's Care Managers, in collaboration with the member and provider, work to improve the overall health outcome of the member.

For example:

- Care Managers conduct a comprehensive assessment of the member's functional, medical, BH, social, and other needs to identify risk factors and barriers to care. Using results of these assessments and evaluations, the Care Manager, in collaboration with the member, caregivers, and providers, develops an individual care plan that includes measurable goals and a schedule for follow-up member contacts.
- Based on the member's level of need, the Care Manager provides education, care coordination, referrals and linkages to providers and community-based supports and home health agencies. For example, they inform members and their caregivers about their conditions, the importance of obtaining preventive and primary care, how to use their medications and how to comply with the doctor's prescribed treatment plans. They also coordinate with and/or update the member's providers as required by the member's change in health status and conduct periodic in-person and telephonic evaluations of members in care management.
- Integrated care rounds are conducted twice weekly to present members that are currently in an inpatient setting and any member that requires CM team collaboration. The integrated team consists of the primary Care Manager, BH, social worker, pharmacist, member connections representative, concurrent review nurse and the appropriate medical director.
- Peach State provides continuity and coordination of care integrating physical and behavioral health by collaborating with our fully integrated BH division, Envolve People Care. Peach State CM teams integrate nurse and BH clinician Care Managers with social workers and other staff to bring a whole person focus to each member's care and services. The CM teams communicate with PCPs and other physical health providers and BH providers to share assessment results, identification of barriers to care or adherence to treatment, care plan recommendations, treatment plans and all other information to support integration of care, and improved outcomes. Peach State offers integrated care models through BH Homes, Patient Centered Medical Homes and FQHCs.
- Peach State provides in-person BH CM services at high volume outpatient BH providers serving high acuity members, improving the ability to reach this difficult to engage population. By leveraging the members' relationship with their outpatient BH provider, Peach State optimizes each opportunity to outreach to the members.
- In addition, dedicated non-clinical Member Connections Representatives (MCRs) work in the community conducting in-person outreach to members that Peach State has been unable to reach by telephone. MCRs also extend the reach of Care Managers and help members use health services appropriately by providing in-person education and support when needed.

Peach State has a comprehensive system to regularly monitor, analyze and evaluate the appropriateness and timeliness of preventive health care as well as under and over utilization by members with chronic disease, and with special healthcare needs. During 2016, Peach State Care Managers, with the support of a cross-departmental team utilized this system to conduct at least quarterly monitoring and analysis using PDSA cycles and barrier analyses to also evaluate the effectiveness of CM interventions.

The table below contains the key metrics that the Care Management/Medical Management Staff use to measure the effectiveness of Peach State's Care Management Programs in reducing the under and over utilization of services. Our CM staff run monthly trend analysis reports using predictive modeling tools that look at IP, ER and medication utilization data. Peach State uses these reports to ensure the delivery of quality and appropriate care to its members, including those with special needs.

Care Management Key Metrics
Care Management & Complex Care Management Overall
• # members who are identified for CM/ Care Coordination Services
• Successful member contact (%) within 7 days of referral to CM
• # and % members who agree to participate in those programs.
• ER Visits/1,000 member Months
• Repeat avoidable ER visits per member
• Inpatient (IP) Admissions/1,000 member Months
• All Cause 30-day Readmission Rate
• Member CM Satisfaction Survey Results
• # and % of Sickle Cell members taking Hydroxyurea
• # and % 7-day follow up post-discharge to PCP for NICU newborns
Discharge Planning– in addition to the above metrics for CM overall
• Readmissions – All readmissions & all readmissions within 30 days of discharge;
• 7-day post-discharge follow up with PCPs for NICU newborns
• 7 and 30-day Physician follow up for Medical admissions
ER CM – in addition to the above metrics for CM overall
• Provider follow-up visit within 30 days enrolled in program
• # of Repeat ER visits after enrollment in program
• ER utilization per 1000 (members in program)
Lead – in addition to the above metrics for CM overall
• Lead Screening HEDIS
• PCP follow up post- identification of blood lead levels above 10 mg/dl
Pregnancy Management – in addition to the above metrics for CM overall

Care Management Key Metrics
• HEDIS Timeliness of Prenatal care
• C-Section Rate
• 17-P participation rate
• % Normal birth weight babies
• % LBW deliveries
• % VLBW deliveries
High Risk Obstetrics (HROB)
• Total Deliveries
• Total birth events
• % Normal Birth Weight newborns
• % Low Birth Weight newborns
• % Very Low Birth Weight newborns
• NICU rate - HROB NICU Admission/HROB deliveries
• HROB C-sections/HROB deliveries
• ER Visits/1,000 member Months (Related to Pregnancy)
• Total Medically Necessary Elective Inductions and C-section deliveries prior to 39 weeks of Gestation
• Total Non-Medically Necessary Elective Inductions and C-section Deliveries prior to 39 weeks of Gestation
• Average cost savings per member – prior to, during and after enrollment in HROB CM

Highlights of Care Management Effectiveness

Complex Care Management (CCM) Program – The CCM program provides services to adult and pediatric members with chronic, complex, high risk, high cost and/or other catastrophic conditions, including those with special health care needs, who do not meet criteria for any other targeted programs. Members are assigned to an RN or BH Care Manager depending on their primary need for Care Management. If a member has both medical and behavioral health needs, the CM and BH Care Manager will collaborative in delivering a holistic approach that addresses the full range of member needs. Members enrolled in CM receive high touch, telephonic or in-person Care Management to monitor care plan implementation, provide education, and assist with appointment scheduling and arranging transportation. Peach State's Member Connections Representatives and/or Social Workers facilitate early identification of resource needs and referral to appropriate community resources to help

reduce the risk of medical complications that result from barriers to care, and support appropriate use of primary and preventive care and services

2016 Results

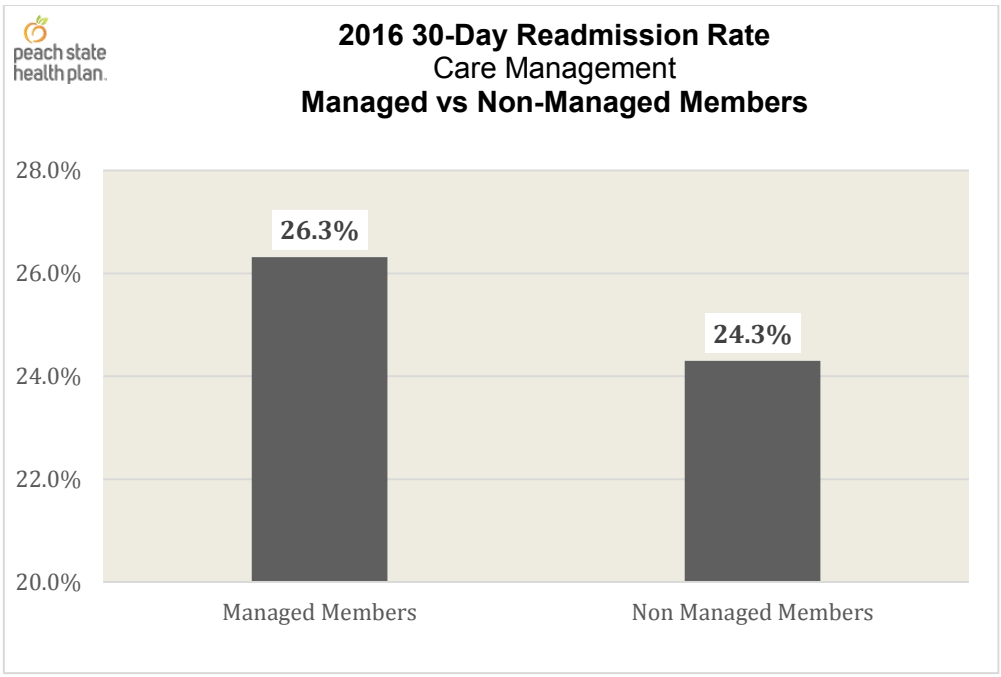
Satisfaction with the CM Program. During 2016, there were 510 newly identified members enrolled in the CCM program with a total of 958 members in the program. This represented a 21% decrease from CY 2015. Results from the 2016 annual CCM satisfaction survey, in which CCM managed members offered feedback on their experience with the program, showed an overall satisfaction with the CCM program but recommended increased interaction with their CM. As a result, the Face to Face CCM program will be expanded and more information will be provided later in this section. CM mailed a total of 958 surveys in 2016 but the plan only received 23 back which resulted in a 2.4% response rate.

Barriers: CMs continue to have difficulty contacting members because of disconnected phone numbers and/or incorrect addresses, impeding the plan's ability to effectively engage at risk and special needs members into our CCM program. CMs and Member Connections Representatives outreach to members' Primary Care Physician to collect new demographic information and educate members and providers about our Connection Plus Program. The Connection Plus Program offers members enrolled in the CCM program, who do not have access to a telephone, a telephone that is preprogrammed with the members Primary Care Physician, Health plan Care Manager, Health coaches and/or other supports contact information to encourage compliance with any preventive and follow-up care. Our Connection Plus Program was only able to provide 9 phones to eligible CCM members. In recent years, the plan has seen a decline in the number of phones that have been issued through this program due to the availability of the SafeLink phone for all Medicaid recipients; however, the plan now works with SafeLink to offer additional telephone minutes for those members enrolled in the CCM program who are actively engaged in the program.

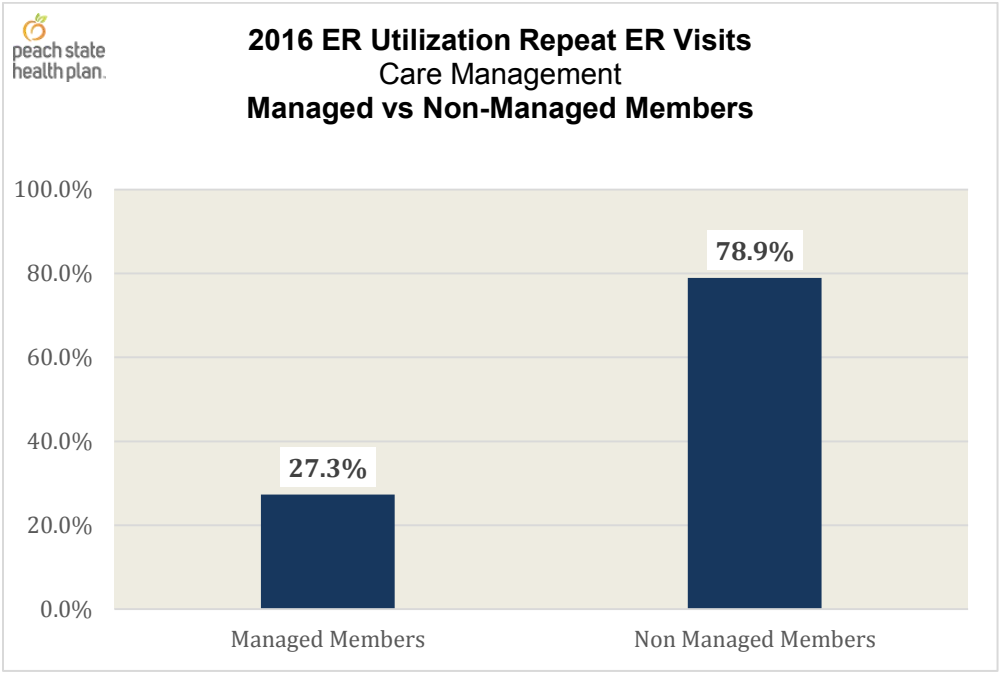
2017 Projected Activities: In Q4 of 2017, the Member Connections Department will conduct a focus group targeting members newly discharged from the CCM program to gather first-hand information on their experiences and suggestions for improvements in the CCM program. The CCM program will also explore alternative options for members to complete the satisfaction survey such as through an IVR and/or the plan website.

Readmission and ER Utilization: In 2016 members enrolled in the CCM program had the following readmission and repeat ER experience:

- Readmissions: The 30-day readmission rate for members enrolled in the CCM program was 24.3% compared to 26.3% for members who declined CCM enrollment.



Repeat ER: The Repeat ER visit rate for members enrolled in the CCM program was 27.3.9% compared to 78.9.0% for members who declined CCM enrollment.



<u>Lessons Learned</u>: Analysis indicated that some repeat ER visits could be attributed to seasonal issues such as influenza. As a result, more emphasis will be placed on encouraging CCM enrolled members, including those with special needs, to obtain an influenza vaccination.

2017 Projected Activities: In 2017, the CCM team will partner with local pharmacies to conduct more targeted face to face outreach events that encourage the administration of the influenza vaccination during the influenza season.

Face-to-Face Care Management – Peach State's Face-to-Face CM program addresses the needs of members with multiple co-morbidities, including those with special health care needs, as a part of the CCM program. An RN Care Manager visits members in their homes to complete a comprehensive Health Risk Assessment and to develop a person-centered care plan. During the first 90 days of program enrollment, the Care Manager completes a monthly in-home visit to monitor progress on the care plan and to identify changes in conditions or needs.

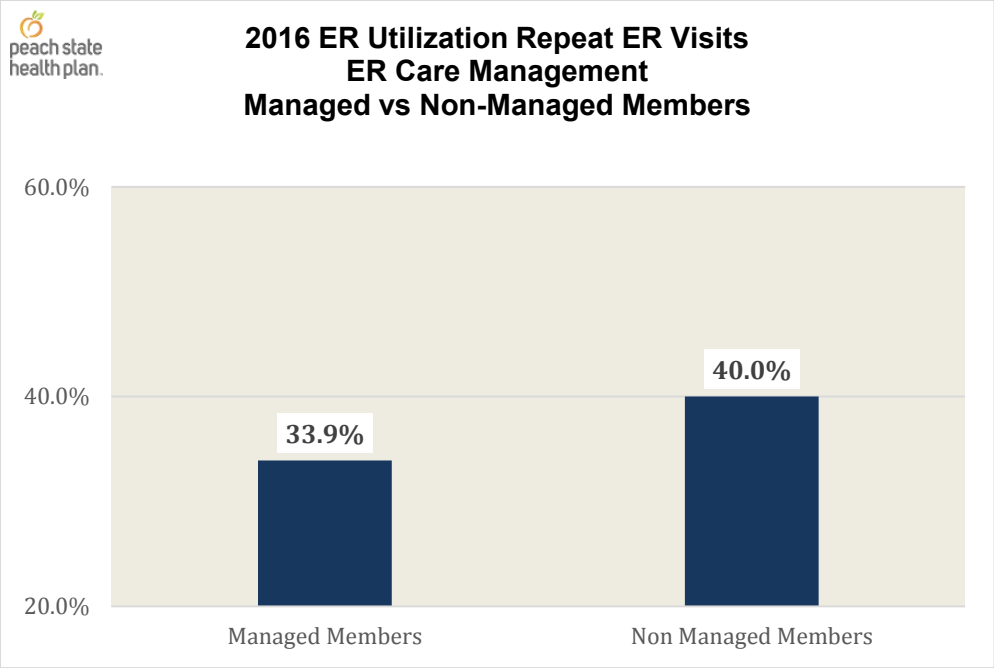
Results: In 2016, the Face to Face CM program targeted members in the Atlanta region. A total of 42 members participated in this program. Peach State achieved a 17.1% decrease in medical costs due to a decrease in utilization such as unnecessary inpatient admissions/re-admissions and/or ER visits, when comparing per member per month (PMPM) costs for participating members prior to their care management enrollment vs their PMPM after enrollment.

Barriers: There was a 16% decrease in the number of members who participated in this program from CY 2015. It was assumed that the Medicaid population would be available for face to face interaction during normal business hours; however, the decline in the number of members who participated in the program can be attributed to the inability to conduct F2F interactions during normal business hours because of members' schedules.

2017 Projected Activities: The Face to Face Program will be enhanced by offering home visits after normal business hours and weekends. Peach State will also hire additional Care Managers and expand its Face to Face Program to cover all the service regions within the State.

ER Care Management – Peach State's ER CM Program is designed to engage members with frequent or inappropriate ER utilization. Peach State partners with 10 high volume hospitals to receive daily notification of Peach State members who visited their ER on the previous day. Care Managers outreach to members within 24-48 hours of the encounter to assist them with obtaining follow-up care and to provide education regarding appropriate use of the ER, the importance of getting primary and preventive care, and the availability of the 24/7 Nurse Advice Line.

Results: In 2016, there were 115 members enrolled in the ER program; 33.9% of the members had a repeat ER visit within 30 days after program completion when compared to those not in the program at 40.0%.



In addition to the ER Care Management program, our 24/7 Nurse Advise Line staff conducts outreach to parents/caregivers of newly enrolled members' ages 0-10 who were auto-assigned a primary care provider. NurseWise educates the parent on the appropriate utilization of the ER and assists with selecting their preferred provider, as needed

NurseWise Results: In 2016, 19,783 members received ER educational outreach. Of those, 94% did not have an ER visit after outreach. Among those who did not go to the ER, 80% had a visit with their PCP.

2017 Projected Activities: Peach State will continue its ER Care Management Program but will enhance its current program. Peach State identified the top 5 high volume ER utilization facilities in CY 2016:

- Children Healthcare of Atlanta (Egleston, Scottish Rite, Hughes Spalding)
- Coffee Regional
- Midtown Medical Center
- Phoebe Putney Memorial Hospital
- Houston Medical Center

In Q3 of 2017, the ER Care Management program will be enhanced by adding an ER Diversion Pilot Program that will co-locate a staff member in one of the high-volume ER facilities to provide member education and to assist with the selection of a primary care home, as needed.

Care Coordination Interventions

PCP Medical Home Steerage Intervention – In Q3, 2016 Peach State began The PCP Medical Home Steerage intervention providing outreach and care coordination for chronic/high risk members who were identified as having multiple PCP utilization. Through this intervention, the Program Coordination team performed outreach and educated chronic/high risk members with multiple PCP utilization on the importance of establishing a patient centered medical home.

Results: In 2016, The PCP Medical Home Steerage Care Coordination intervention targeted chronic/high risk members with multiple PCP utilization. There were a total of 968 members that received outreach and care coordination activities in which Peach State achieved a 79.4% decrease in medical cost compared to 2017 YTD that was due to a decrease in multiple PCP utilization.

2017 Projected Activities: Peach State will continue its PCP Medical Home Steerage Intervention to ensure our Members with Multiple PCP utilization are educated and assisted with establishing a patient center medical home.

Additional 2017 Care Coordination Interventions and Activities:

- The Member Connections team will continue to outreach to members, to include those with special health care needs, to ensure they are accessing covered services.

Lead Care Management

Peach State's Care Managers work collaboratively with Georgia Healthy Homes and Lead Poisoning Prevention Program (GHHLPP) on providing family education on lead toxicity and sources, and preventive measures. Through care coordination, Peach State works with members whose blood lead levels have been identified as being > 10 g/dl and performs care coordination to assist in reducing the blood lead levels below 10 g/dl. The Care Manager has ongoing communication with the caregivers, providers/PCP and the health department to assist with arranging any services and/or resources that may be needed to ensure that the member is compliant with appropriate follow-up and treatment plans.

The Care Manager will also develop a care plan to document parent/guardian cooperation and consent and includes the following:

- PCP notification and cooperation
- Treatment goals and timeframes
- Periodic screening timeframes for vision
- Hearing and dental services
- Referrals, including developmental and behavioral assessments (if applicable)
- Diagnostic and treatment to correct or ameliorate defects and physical and mental Illnesses (if applicable)
- Early intervention programs and oral health services;
- Social and community support services
- Clinical history
- Appropriate nutrition
- Identification of other linkages such as abatement services (if applicable)

Results: In 2016, there were a total of 25 members that were identified for the Lead CM program. Peach State was able to successfully outreach to 16 members who were subsequently retested and had lead levels less than 10 g/dl. There were 4 members who became ineligible while enrolled in the Lead CM program and were referred back to GHHLPP and the local health department for further follow-up. Peach State had 5 Members who were referred to the Member Connections Department for a home visit due to unsuccessful telephonic outreach.

Barriers: The ability to contact these members due to disconnected phones continues to be an issue with assisting the members who test greater than 10 g/dl.

2017 Projected Activities: Peach State will continue the Lead CM Program and will continue to work with Georgia Healthy Homes and Lead Poisoning Prevention Program (GHHLPP) and the local health departments to ensure that its members who test above 10 g/dl have the appropriate follow-up services and care. Peach State will enhance its process on members who are unsuccessful at being reached telephonically and will conduct a home visit on all members who have a confirmed test above 10 g/dl.

Sickle Cell CM Management Program

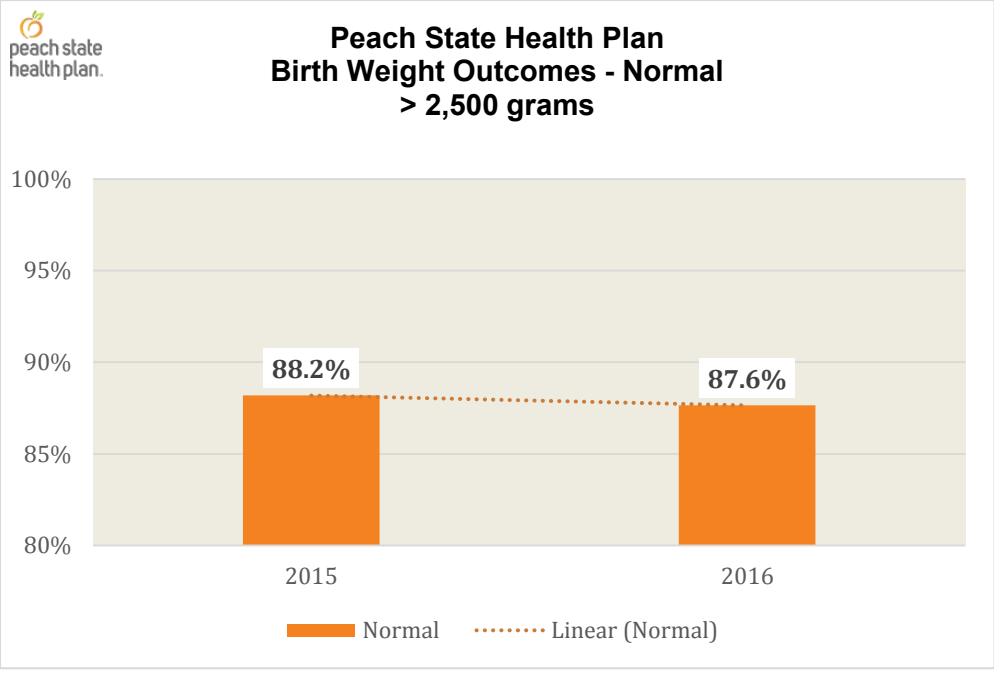
This program identifies members diagnosed with the sickle cell disease who are candidates for the medication Hydroxyurea but do not show a current prescription within the last 12 months. The Care Manager will work collaboratively with the provider to coordinate a plan of care to ensure compliance with prescribed medications and appropriate care to reduce ER and IP.

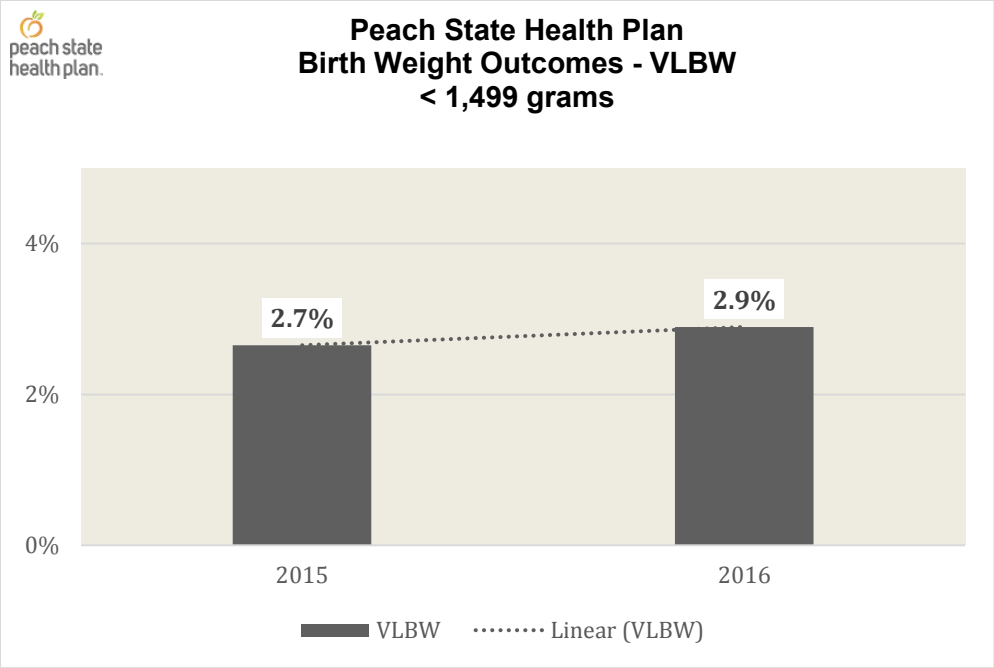
Results: In 2016, Peach State had a compliance rate of 89.6% of its sickle cell managed members who were complaint with filling Hydroxyurea.

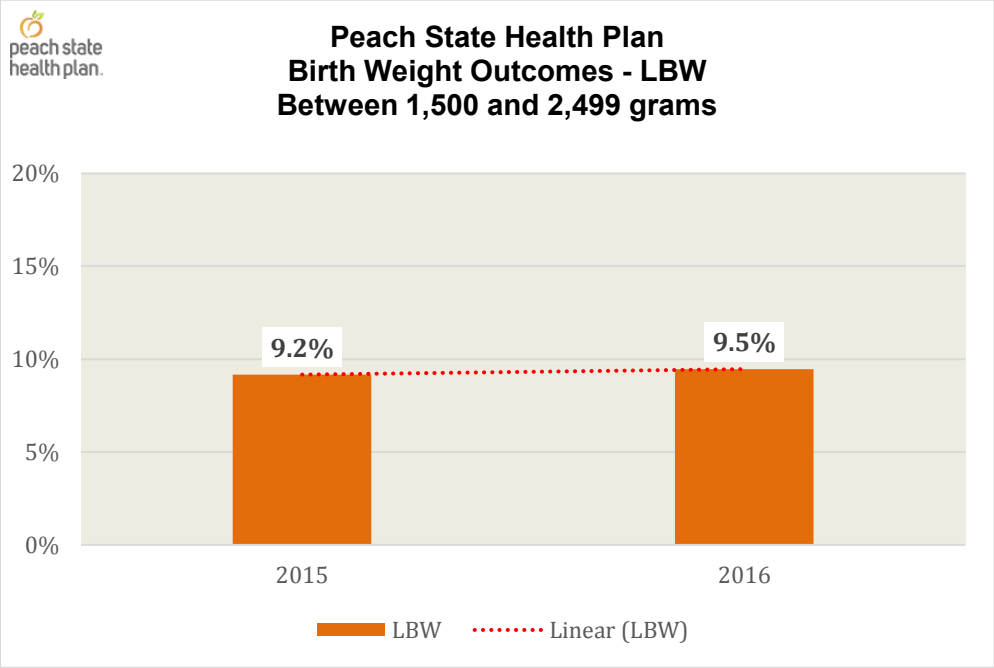
2017 Projected Activities: Peach State will continue the Sickle Cell CM Program and enhance its program to include face to face outreach to newly enrolled members located in the Atlanta region who are 18 years and older.

Pregnancy

Peach State continued to place an emphasis on caring for the overall pregnancy population. The following table reflects the delivery outcomes for the entire population of members who delivered in CY 2015 compared to CY 2016:







In the charts above, 88.0% of the members delivered a Normal Birth Weight (NBW) baby in 2015 compared to 87.6% NBW babies delivered in 2016. This was not a significant change but yielded a 0.4% decrease. In 2015, 2.7% of the members delivered a Very Low Birth Weight Baby (VLBW), compared to 2.9% in 2016. In 2015, 9.1% of the members delivered a Low Birth Weight (LBW) Baby, compared to 9.5% LBW babies in 2016, representing a 0.4% increase from 2015 to 2016. Although this was not significant, Peach State recognized the need to address this issue and performed a detailed analysis in Q4 of 2016 to identify any trends within this subset.

This analysis included all Peach State Births September 2015 – August 2016 who delivered a LBW baby. During this period there were 14,037 births, of which 1,687 were LBW. This accounted for 12.0% of the total number of births. A multidisciplinary team consisting of Medical Directors and Care Management staff reviewed this data and determined that several factors were associated with LBW babies. These factors included:

- Mothers Race as Black or African American: 14.55% higher than any other race
- Mothers Age >35 years old: 26% more likely to deliver a LBW baby than any other age group
- Mothers with Previous Preterm Births: 23.9% higher than those w/o a history of Preterm birth
- Mothers with Preeclampsia: 22.8% higher than those w/o Preeclampsia
- Mothers who use Tobacco: 15.6% higher than those who do not use tobacco
- Mothers with High Blood Pressure: 55% more likely than those w/o HTN
- Mothers with Diabetes: 48% more likely than those w/o diabetes

A subsequent analysis of LBW outcomes from January 1, 2016 – December 31, 2016 determined that members who were abusing Opioids were also more likely to deliver a LBW baby.

Using this information above, the following programs/interventions will be initiated in CY 2017 to address the increase in the number of Low Birth Weight Babies:

- Maternal Hypertension (HTN) Care Management/Care Coordination Program – This program will strive to reduce LBW/NICU outcomes for pregnant women identified with Hypertension. In 2016, there were 1,484 members who delivered with HTN and 229 resulted in a NICU admission yielding a 25.7% NICU rate. The 2017 goal of this program is to reduce the NICU rate by 6% through CM, DM, and care coordination.
- Substance Abuse (Opioid) Care Management/Care Coordination Program – This program is designed to help reduce the number of members who deliver an infant with neonatal withdrawal symptoms. In 2016, there was a 55% increase in neonatal withdrawal symptoms admissions when compared to 2015. The goal of this targeted CM program is to reduce the rate of neonatal withdrawal symptom admissions by 14%.

<u>Other Pregnancy 2016 Interventions and Activities</u>**:**

- Peach State partnered with a high-volume FQHC to implement face-to-face home visits by the on-site Plan Care Manager for postpartum members after C-section who missed the post 21-day postpartum follow up visit. The home visits addressed the value of the post-partum visit, as well as assisting with transportation and day care services for the member's other children during the appointment.
    - <u>Results</u>**:** This intervention was discontinued due to staffing changes at the FQHC and combined with the rapid cycle pilot in Lowndes County below.
- Peach State conducted Healthy Lifestyle Events in several regions that targeted pregnant members and educated them on the importance of prenatal and postpartum care. In collaboration with public health departments and other community partners, the Member Connections Staff and Social Workers offered free events to members, include those with special healthcare needs that provided education on appropriate parenting

skills and birth spacing. These events were led by plan social workers, medical and behavioral care mangers, a clinical pharmacist, and providers within the network.

  - Results: In 2016, there were a total of 10 Healthy Lifestyle Events targeting pregnant members to educate them on the importance of prenatal and postpartum care. A total of 80 members attended and delivered while enrolled in Peach State. Of those 80 members, 95% had a healthy baby, 89% had a normal birth weight baby, 11% had a LBW baby, and 5% had a NICU baby
  - 2017 Projected Activities: Peach State will continue to host Healthy Lifestyle Events throughout the region. The Member Connections Department will increase the number of events within each region by 2% over last year to engage more members.

- Peach State partnered in a rapid cycle improvement project with Lowndes County in the Southwest Region in 2016. The intent was to contact the member upon receipt of the Notification of Pregnancy Form to set up their first prenatal appointment.
- Barrier: The first cycle indicated that by the time Peach State contacted the members, most of them had already had their first visit. This intervention was re-assessed and modified to target high risk members and to encourage all prenatal and postpartum visits as opposed to just the initial visit.
  - Results: This intervention was reassessed and modified in Q3 2016 to target members identified in the Southwest region as having one of the following risk factors: Advanced Maternal Age. Alcohol usage, and/or Substance Abuse. There were 25 members identified who received outreach. Of those members, 100% of those delivered a healthy baby.
  - 2017 Projected Activities: This intervention will continue in CY 2017 and will be evaluated and monitored by the CCM staff for continued effectiveness.

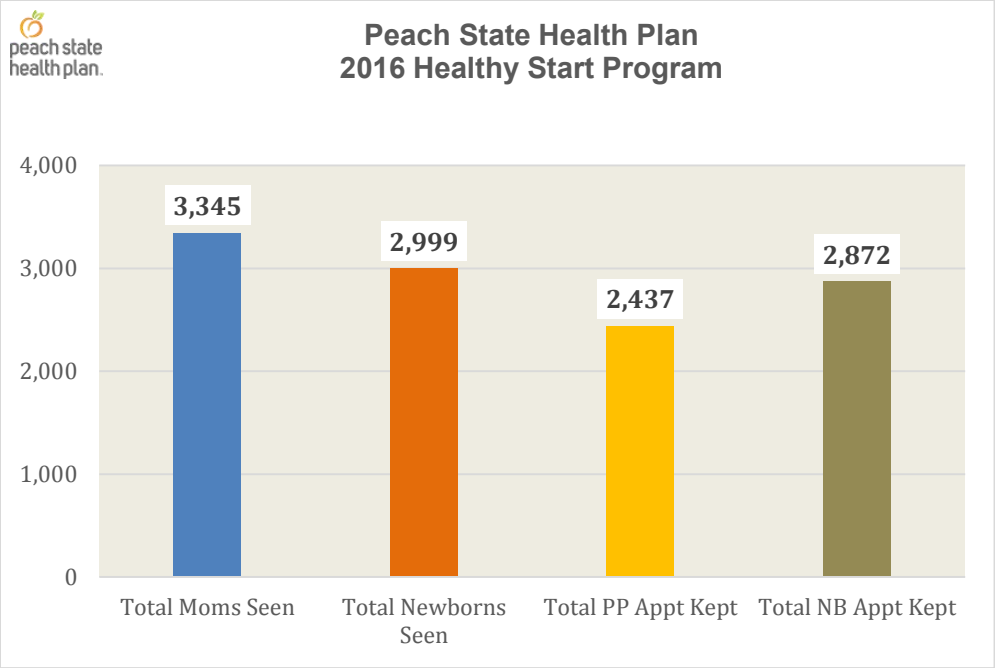
Additional 2017 Pregnancy Activities:

- Conduct outreach to newly pregnant members, to include those with special health care needs, who have not had a prenatal visit within 30 days of enrollment to assist with scheduling a visit, including selecting an OB/GYN as needed.

Healthy Start Program – This program targets new mothers and newborns to ensure members are linked with an OB/GYN or PCP and that members are successfully able to keep postpartum and newborn appointments. This program provides in person follow-up after discharge to members to ensure the member understands discharge instructions and the importance of follow-up visits for follow-up care, and provide support as needed with scheduling, transportation, and addressing barriers.

Results:

- In 2016, the post-partum visit rate increased to 82.6%, compared to 78% in 2015.
- In 2016, the newborn appointment follow up visit rate was 98.5%, compared to 98% in 2015.



2017 Projected Activities: Peach State will continue the Healthy Start Program but will enhance this program to follow newborn for the first year of life to ensure compliance with all recommended preventive appointments and services.

The Start Smart Pregnancy Program – This program promotes the early identification and assessment of pregnant members and encourages optimal pregnancy care to improve birth outcomes for all members. Appropriate prenatal care can reduce the risk of pregnancy complications and preterm deliveries, and reduce unnecessary utilization of services, including NICU. In addition to providing care management services, the program educates members on the importance of prenatal and postpartum care and offers incentives for pregnant members who attend their prenatal and timely postpartum appointments.

The Start Smart for Your Baby pregnancy management program works in conjunction with the Start Smart Pregnancy Program and integrates all of Peach State's efforts to improve birth outcomes and perinatal health, including:

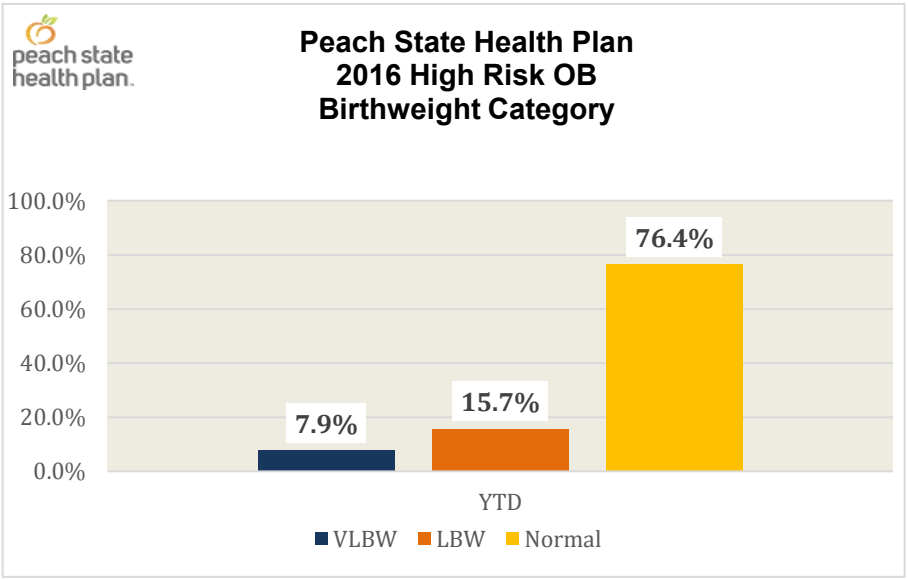
- Outreaching to members to provide education and assistance with accessing needed medical, nutritional, social, educational, and other services, including coordination of referrals to appropriate specialists
- Educating members on the importance of timely preventive visits and immunizations for the unborn/newborn child
- Enrolling members in special programs when indicated including, High Risk OB, 17-P, and Puff Free Pregnancy Program (a smoking cessation program)
- Providing incentives to members for accessing prenatal and postpartum care
- Utilizing innovative Start Smart mobile technology to help keep pregnant women connected and engaged

Members who are pregnant and require more intensive follow-up, due to their previous medical history and/or complications within their current pregnancy, may be referred to the following programs:

- ***High Risk OB (HROB) Care Management Program*** – This program targets members with high risk pregnancies. The HROB Program is intended to improve birth outcomes by increasing the number of recommended prenatal care visits received by ensuring access to other needed medical, nutritional, social, educational and other services. The Care Manager works with the Member, family, and OB to complete a comprehensive assessment of health and pregnancy risk factors, and develop and implement an individualized care plan that addresses the member's full range of physical health, behavioral health (BH), social, and other needs to ensure a healthy pregnancy. Care Manager's provide continuous education throughout the pregnancy and the postpartum period, including information about depression, substance abuse issues, contraception options and appropriate birth spacing.

Results:

- In 2016, there was a total of 1,994 high risk members enrolled in CM compared to 1,225 in 2015. Peach State attributes this increase in enrollment to its efforts to increase engagement by enhancing the program to include more face to face interaction with members identified with potential risk.
- In 2016, there was a 39% decrease in the number of VLBW babies (7.9%), 1.5% increase in LBW babies (15.7%), and a 2% increase in the number of normal birth weight babies (76.4%) compared to 2015. As a result, the following programs will be initiated to address the LBW prevalence within the plan's pregnancy population:
  - Maternal Hypertension (HTN) Care Management/Care Coordination Program – This program will be to reduce NICU outcomes for pregnant women identified with Hypertension.
  - Substance Abuse (Opioid) Care Management/Care Coordination Program – This program will reduce the number of members who are admitted with neonatal withdrawal symptoms.



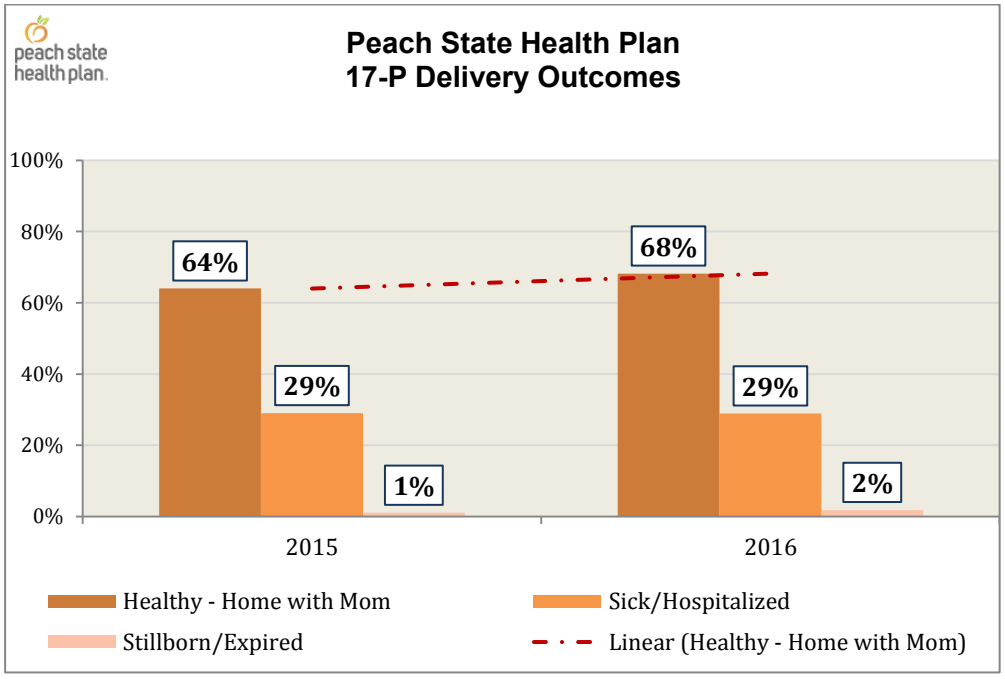
Additional HROB 2017 Projected Activities:

- At the end of Q4 2016, Peach State used its data to identify two groups of individuals at risk for delivering a LBW who were previously stratified as low risk. The first group are those who have been pregnant previously with a history of preterm (LBW) deliveries. The second group are first time pregnant women with risk factors/conditions such as smoking, HTN, Diabetes, etc. As a result, in Q1 2017 the plan will change its algorithm to routinely identify these members as high risk so our CMs can attempt to engage these members earlier into the HROB program.
- In Q3, the Care Manager will conduct face to face outreach to newly enrolled members in the program who are stratified as high risk to encourage appropriate prenatal and postpartum follow-up care.

17-P program – This program targets pregnant mothers who have had a previous preterm birth. The program is intended to improve birth outcomes by preventing a preterm delivery. The Care Manager works with the OB and home health agency to provide the 17P treatment to reduce the members risk for another spontaneous preterm birth. The Care Manager will also provide continuous education throughout the pregnancy and the postpartum period, including information about depression, substance abuse issues, contraception options and appropriate birth spacing.

Results:

For members who delivered in 2015 and 2016 in the 17-P program, the birth outcomes were as follows:



Peach State has consistently reflected a much higher success rate of healthy deliveries for members receiving 17-P. Peach State continuously strives to increase the number of members enrolled in the program, however in 2016, there 406 members enrolled in the program, representing a 2% decrease in enrollment when compared to 2015.

Barrier: The plan identified that members were losing eligibility before receiving their first dose and not enrolling in the program. One reason for this was a change in the pharmacy carrier and their failure to provide the vaccination to the home health services agencies timely.

2017 Projected Activities: In Q4, a Care Manager will host on-site trainings with providers offices who have a high rate of members delivering a preterm baby and low utilization for 17-P to educate on the benefits of the vaccination

Depression Management Program. Members identified in their prenatal period receive a Start Smart for Your Baby member mailing which allows for the opportunity to co-manage the cases where a member may be experiencing depression along with their pregnancy. The program also identifies those who have delivered, which allows for a preventive screening program for the existence of risk for post-partum depression. Both the prenatal and the postpartum activities provide members with information regarding depression in pregnancy, an Edinburgh Depression Scale and a self-addressed stamped envelope for mailing the survey to EPC (Cenpatico). Practitioners are advised of the program through the Provider Newsletter, the EPC web site and through the Provider Manual.

The goals of the program are:

- Educate members in the perinatal period about the risks of depression,
- Educate members regarding the signs and symptoms of depression,
- Promotes member's to access necessary services for treatment of depression,
- Educate the member's provider if the member demonstrates depression using the Edinburgh Scale.

When surveys are returned to EPC, they are scored as listed:

- Low Risk- Score is less than 13 (1-12).
- Moderate Risk - Score is equal to or greater than 13, less than 20 (13-19).
- High Risk –Score is equal to or greater than 20 (20 – 30).

Outreach is performed for each member regardless of their score. For members with moderate or high risk for depression, CM staff educates the member about depression; offers the member care management services; and encourages the member to access behavioral healthcare services. The staff assist the member with scheduling appointments and transportation for necessary services if needed.

Pharmacy Lock-In. CM staff works in collaboration with Pharmacy staff to ensure appropriate medication utilization by assisting members, caregivers and providers with questions about medications or the pharmacy benefit. CM and the Pharmacy Department also work together to ensure appropriate utilization in the Pharmacy Lock-In Program. The purpose of the Pharmacy Lock-In Program is to ensure member safety by preventing drug overuse, and detecting and

preventing abuse of the pharmacy benefit by restricting members to one specific pharmacy. In 2016, the Pharmacy department evaluated medication usage and placed into the Lock-In program a total of 2,218 members. Among those 2,218 members, 85 were enrolled in CM.

During 2016, Peach State analyzed metrics for 1,013 members who were locked- in during 2015 and were still in lock-in status in 2016.

Results: Overall, the Lock-In program has shown positive trends as per its effectiveness in reducing inappropriate utilization in two of the three measures: 1) the controlled substance claims rate of "Lock In" members decreased from 3.1 claims per member in 2015 to2.7claims per member in 2016; and 2) the rate of ER utilization has decreased in 2016 to 0.6 ER visits per lock-in member from 0.7 ER visits per lock-in member in 2015. The rate of members filling prescriptions for controlled substance written by different prescribers decreased to 0.8 prescribers per member in 2016, compared with 0.6 prescribers per member in 2015.

Additional interventions:

- In the fourth quarter of 2015, the Pharmacy department began referring pharmacy Lock-in members who had a concomitant behavioral health diagnosis to EPC, Peach State's Behavioral Health (BH) vendor, for assessment and referral to Care Management. In 2016, 336 members that were placed in the Pharmacy Lock-in program had a concomitant behavioral health diagnosis and were referred to EPC. Of those 2 members accepted BH care management, 8 members had already accepted care management with Peach State Health Plan, 73 members declined and 253 were unable to be contacted. In the fourth quarter of 2015, the Pharmacy department began an Opioid Overutilization Program (OOP). OOP is a program to identify patterns of inappropriate use of opioids and other potential medication of abuse or medically unnecessary care among health plan enrollees, thereby protecting health plan beneficiaries and reducing fraud, waste, and abuse. Identified members were brought to interdisciplinary adult rounds to provide an avenue for discussions on managing enrollees which may include educating providers and members on evidence based opioid therapies and/or alternative medication management. In 2016, 30 members were identified for OOP and brought to interdisciplinary adult rounds. Twenty-eight of these members were referred to BH care management with EPC. There were also 24 successful interventions with these members. Successful interventions were defined as identifying a primary opioid prescriber, confirming an adequate diagnosis, prescriber lock-in, educating on the proper use of opioids, providing preferred drug list alternatives, educating on the risk of overdose, and/or providing naloxone education.
- In Q3 2016, Peach State, in collaboration with EPC launched an initiative to mail "Do you think you need help" letters to members who are identified as potentially drug seeking. Any responding member will be directed to an addiction specialist for assistance. In 2016, 31 letters were mailed out to members.

The next steps to improve the health and safety of lock-In members and to support long-term appropriate use of drugs will include: 1) further analysis of root causes of drug use patterns, 2) enhanced outreach for care management enrollment to encourage members' participation and positive behavior change, 3) address any underlying BH or substance abuse issues, 4) work with the members' provider in order to ensure appropriate treatment of substance use/abuse or other conditions or situations that may lead to inappropriate medication utilization, and 5) development and distribution of a concise CPG related to proper Opioid medication prescribing and treatment of pain disorders which will be directed to PCPs and Dental providers.

***BH CM -Post-discharge follow-up visit program*.** For members to regain full recovery after an inpatient mental health stay, following up with a BH provider within 7 and 30 days of discharge is vital. These appointments decrease avoidable hospital use and readmissions by helping members access the most appropriate level of care and most effectively continue their recovery.

The Care Manager outreaches to members upon discharge from a psychiatric inpatient facility to assist them with overcoming barriers to attending their follow up appointments. The Care Manager also outreaches to staff within the inpatient facility to assist with care coordination, referrals and transitions in care in order to reduce delays in scheduling appointments with BH providers in various geographic locations. The Care Manager also mails information to the members, providing their own contact information and an educational Discharge Tool Kit to encourage BH follow-up.

The effectiveness of the outreach program was measured by documentation of all outreach calls into a BH Structured Note in the care management system. All successful and unsuccessful follow up after discharge outreach calls were documented with an outcome. Reports were generated from this note type to assess the outreach success.

Results: Although Peach State met the DCH targets for both 7 and 30 day follow up, there was a statistically significant decrease in both measures.

Peach State Performance on FUH Metrics 2015-2016 and DCH Target Comparison							
Measure	Description	Subcategory	Peach State 2015	Peach State 2016	2015 vs. 2016	**DCH Target 2016**	Met/ Not Met
FUH	Follow-up after hospitalization for mental illness	7 Day	55.77%	50.75%	↓-5.02%	46.22	Met
		30 Day	72.53%	66.67%	↓-5.87%	66.64%	Met

Barriers: Peach State and Envolve identified several barriers to members receiving services within 7 and 30 days post discharge. One of the contributing factors identified as a barrier includes inpatient facilities scheduling open access appointment with outpatient providers where members can show up and are seen on a first come first serve basis. Wait times tend to be long and some members are referred inappropriately because they are already established with an outpatient provider. Facilities also schedule appointments with providers when members are already established at another location.

Proposed activities for 2017:

- Peach State will identify providers who are able to provide services within the member's home to ensure the member is adjusting and transition from the hospital appropriately. Services will occur within 7 days post discharge.

- Peach State will work with facilities and Envolve discharge planning staff to identify providers already have an established relationship with the member so follow up appointments are scheduled with the correct provider.

Effectiveness of Peach State Disease Management Programs

People with chronic conditions generally use more health care services, including physician visits, hospital care, and prescription drugs. Disease management is one approach that aims to provide education and better care while reducing the costs of caring for the chronically ill. Disease management programs are designed to:

- Improve the health of persons with specific chronic conditions and to reduce health care service use and costs associated with avoidable complications, such as emergency room visits and hospitalizations;
- Provide targeted interventions to individuals with a specific disease; and
- Reduce inappropriate utilization and improve health outcomes in many ways.

Costly chronic conditions, including asthma, diabetes, HIV/AIDS and tobacco cessation have been the focus of these programs.

Interventions for the Peach State Health Plan Disease Management Program are aimed at providing self-management education, encouraging compliance with a prescribed plan of care as recommended by the individual's physician, and are based on evidence based guidelines. The most significant ongoing interventions of the DM program are the following:

- Conducts initial and periodic in-person or telephonic evaluations of member health status and support needs.
- Educates and coaches members and their caregivers using techniques that foster positive behavioral change. Education and coaching covers information about the members' conditions and provides support in understanding and adopting healthy behaviors and/or changing or avoiding environmental factors (such as home conditions) that influence the progression of the condition. Diet and exercise are routinely discussed.
- Educates members and their caregivers on the importance of obtaining preventive and primary care, how to use their medications and specific devices, and complying with the doctor's prescribed directions. Medication-related safety factors that are assessed and reviewed include potential drug interactions, contraindications, duplicative treatment, poly-pharmacy and gaps/adherence for chronic condition medications.
- Assists, when needed, in arranging provider appointments, transportation and access to community-based services.

The DM Programs are based on the concept that individuals who are better educated about their condition, and how to manage and control their condition, receive better care and achieve better improved outcomes. This could ultimately result in cost-savings for those enrolled. The DM staff functions in partnership with the CM Team to ensure effective care coordination and to stabilize or improve a member's health condition. These actions help to reduce members' use of inappropriate or unnecessary inpatient admissions/re-admissions and emergency room (ER) visits, including those associated with under/over-utilization of medications.

Key metrics that reflect the effectiveness of the DM programs and that contribute to the achievement of Peach State goals of "Improve member health outcomes through the increased preventive and wellness programs" and "Improve the overall member and provider experience with Peach State", include the following:

Disease Management
Asthma
• Medication Management for People with Asthma 75% compliant: 5-11 yrs. (HEDIS)
• Medication Management for People with Asthma 75% compliant: Total. (HEDIS)
Diabetes
• HbA1c testing
• Dilated Eye Exam
• Attention to Nephropathy to include Microalbuminuria testing
• Blood Pressure (BP) Control <140/90
• HbA1c Control (<7, <8, ≥9)
HIV/AIDS
• # Enrolled
• ER utilization per member
Puff Free
• Cessation
• Cessation after Delivery
• Reductions in cigarettes per day
• Second Hand Smoke

Overall Disease Management Highlights

Enhancements: Peach State significantly enhanced its DM program in 2016 with the following changes:

DM Programs

In 2016, Nurtur, NurseWise and Cenpatico combined their experience, track record and expertise into a single integrated solution, Envolve People Care (EPC). The entities joined forces in order to focus on individual health management through education and empowerment, in a stronger and more unified manner. The collective expertise allows for the improvement of the lives of participants by offering health and wellness solutions for the whole person. Envolve People Care Disease Management/Lifestyle Management (DM/LM) is an NCQA and URAC accredited life, health and wellness product dedicated to supporting, encouraging and motivating people to transform their lives

Asthma DM Highlights

In 2016, Peach State had 824 asthmatic members actively managed in Disease Management services and an additional 20,537 members passively managed through educational materials being sent routinely. The majority of the members in Disease Management were 0-18 years of age (18,903) while 1,549 were ages to 18 to 29, 850 were between 30 and 49 years of age and 59 were above 50.

	Gender		Age Range				Intervention Level		
Participant Category	M	F	0-18	18-29	30-49	50+	Potential Candidate	Coaching	Mail
Adult Asthma Non-Participants	1,723	2,986	0	3,569	1,042	98	4,709	0	0
Adult Asthma Participants	546	1,912	0	1,549	850	59	0	65	2,393
Pediatric Asthma Non-Participants	10,507	7,680	18,187	0	0	0	18,187	0	0
Pediatric Asthma Participants	10,866	8,037	18,903	0	0	0	0	759	18,144

HEDIS Measure	2015	2016	Change	Stat. Signif.	DCH Targets
Medication Management for People with Asthma 75% compliant: 5-11 yrs.	20.95%	20.28%	↓	No	32.80%
Medication Management for People with Asthma 75% compliant: Total	19.41%	20.25%	↑	No	34.84%

Peach State set its goal to determine effectiveness of its Asthma program by achieving DCH targets or the next NCQA percentile ranking according to Quality Compass. Peach State did not meet goal for either measure during 2016. Although the rate for 5-11 year olds decreased slightly, the total rate for Medication Management for People with Asthma increased slightly. However, neither measure had a statistically significant change.

Asthma DM Program Outcomes

Readmission Rate - Based on 30 Days for Asthma related diagnosis only	3.22%
Repeat ER Visit - Total of All Actively Disease Managed Asthmatic Members with Repeat ER Visits for Asthma related diagnosis	337
% of All Actively Disease Managed Asthmatic Members w/ Prescribed Appropriate Asthma Medications (Includes Fills/Refills)	59.66%
% of All Actively Disease Managed Asthmatic Members w/ Documented Asthma Action Plan	100%
% of All Actively Disease Managed Asthmatic Members Managed by a PCP	100.0%

* Please note that the member/member's caregiver, if applicable, needs to agree to participate in the coaching program.

Analysis of Asthma DM Program Outcomes

- The percent of actively managed members with a claims-based asthma related readmission was 3.22% in 2016. During 2016 the trend for readmission has remained very low, which indicated that members are self-managing their condition well. The readmission rate is the total number of actively managed members with an asthma related readmission, defined as an asthma-related diagnosis in the primary thru 5th diagnosis code of J45.20 - J45.998).
- There were 337 members of the asthma disease management program who had repeat ER visits in 2016. A repeat ER visit is defined as an asthma-related ER visit following an initial ER visit, occurring during the same reporting quarter with an ICD-10 code (J45.20 - J45.998).Throughout 2016 Health coaches continued to encourage and provide education to members on:
  - Receiving the flu shot during flu season;
  - How to protect themselves during flu season; and
  - The importance of maintaining a consistent relationship with the primary health care provider treating their asthma in an effort to avoid acute symptoms and the need for emergency care.
- The total number of actively managed asthma members with evidence of receiving a prescribed controller medication during 2016 was 1238. This includes claims based evidence for both fills and refills during 2016 and represents 59.66% of the managed asthma population. The managed asthma population includes those members who are actively engaged with a health coach over a period of time. During 2016, the primary health coach educated the member on the importance of appropriate utilization for controller medications, encouraging mediation adherence and self-management.
- The total of actively managed asthma members with a documented asthma action plan during 2016 was 100%. Each member in health coaching for asthma has a documented asthma action plan in the member record. The asthma action plan is designed to be a communication tool with the provider. The action plan documents member self-reported data about a variety of topics including symptoms, condition specific needs and medication use. This action plan may include recommendations to the provider, such as a request for prescriptions or communication about member habits and symptoms.
- All members (100%) within the asthma disease management program were being actively managed by a PCP during 2016.

2016 Interventions

During 2016, in addition to activities described above under the section “Overall DM Program Highlights”, Peach State following a population-based structure, implemented a targeted approach to medication management:

Medication Therapy Management: In a targeted approach beginning in June 2016, Peach State contacted members that were 5 days late in filling their asthma controller medications. Prior to each outbound call a real-time pharmacy claims check is performed to ensure the member has not picked up their medications. This helps to avoid any confusion that could occur and it builds member rapport. The goal was to improve controller medication adherence.

Effectiveness: For the month of June 2016, 39% of members that our clinical team called went on to get their controller medications. The following months results were as follows July 41%, August 43%, September 39%, October 44%, and November 39%, December 32%. The percentage of all adults with active asthma in GA who use long term controller medications is on

average 33.5 percent. Our findings were nearly 40% or more than 6% above the average. This medication adherence program is continuing during 2017

Month	% of Asthma Fills After Outreach
June	39%
July	41%
August	43%
September	39%
October	44%
November	39%
December	32%

CY 2016 Barrier Analysis and Intervention:

- Barrier: Some members are unable to be contacted due to inaccurate system demographic information.
- Intervention:
  - Educated and coached members and their caregivers using techniques that foster positive behavioral change.
  - Envolve People Care and Peach State Health are working together to identify members without phone numbers or other missing demographic information.

2017 Activities

The compliance rate for CY 2016 members ages 5-18 years who were dispensed an asthma controller medication that they remained on for at least 75% of their treatment period was significantly lower for both genders of Black or African American members (16.61%) than White members (27.04%). Of the three regions that had more than 50 members who were in the denominator (Atlanta, Central and Southwest) the Atlanta region had the least compliance. The 5-11 year old compliance rate was four percentage points higher than the 12-18 year old compliance rate.

- Asthma PIP (collaborative with WellCare of Georgia) in which the Plan's used (face-to-face) in-home environmental assessments to assist caregivers with determining and mitigating triggers and educate on the importance of controller medication compliance. There were over 200 members who were ages 5-11 years old in the target population and resided in all six Georgia Families regions. Results of collaborative PIP will be provided in the CY 2017 QAPI Evaluation.

- Starting in the summer of 2017, Peach State will work to collaborate with the Children Healthcare of Atlanta's asthma team and Ronald McDonald House Charities to utilize the **Ronald McDonald Care Mobile®** to provide asthma care at select schools in Atlanta. The Ronald McDonald Care Mobile® helps address barriers to care, like transportation, by bringing a 40 foot vehicle with exam rooms, medical supplies and equipment similar to a doctor's office to these schools. Services are provided to children during school hours. The initial collaboration will begin with identification of high areas of non-compliance (zip codes) in Atlanta. Enrolled and non-enrolled Asthma DM members will be targeted.

Diabetes DM Highlights

In 2016, Peach State had 110 members with diabetes actively managed in Disease Management services and an additional 1,514 members passively managed through educational materials being sent routinely. The majority of the members in Disease Management were 30-49 years of age (880) while 271 were ages to 18 to 29, and 179 were above 50. There were 294 members in the program 0 to 18 years of age.

	Gender		Age Range				Intervention Level		
Participant Category	**M**	**F**	**0-18**	**18-29**	**30-49**	**50+**	**Potential Candidate**	**Coaching**	**Mail**
Adult Diabetes Non-Participants	282	1,388	0	478	957	235	1,670	0	0
Adult Diabetes Participants	193	1,137	0	271	880	179	0	83	1,247
Pediatric Diabetes Non-Participants	89	164	253	0	0	0	253	0	0
Pediatric Diabetes Participants	120	174	294	0	0	0	0	27	267

Peach State used the following performance measure to assess the effectiveness of the Diabetes program interventions:

HEDIS Measure	2015	2016	Change	Stat. Signif.	CY 2016 DCH Targets
HbA1c test	81.81%	83.48%	↑	No	86.20%
Eye exam	59.36%	59.83%	↑	No	54.74%
Attention to nephropathy	91.87%	88.70%	↓	No	87.70%
BP control <140/90	52.83%	46.78%	↓	Yes	62.23%
HbA1c Poor >9 (lower rate is better)	59.72%	61.04%	↑	No	42.22%
HbA1c Control <8	32.51%	29.91%	↓	No	47.91%
HbA1c control <7	23.52%	22.46%	↓	No	36.47%

Peach State reviewed its performance metrics for 2016 and compared them to the performance of the prior year and to DCH targets. Results were mixed and there was a statistically significant decrease for BP Control 140/90 between 2016 and 2015 performance. Two DCH targets were met for Eye exam and Attention to nephropathy.

Diabetes DM Program Outcomes

Readmission Rate - Based on 30 Days for Diabetes related diagnosis only	20%
Repeat ER Visit - Total of All Actively Disease Managed Diabetic Members with Repeat ER Visits for Diabetes related diagnosis	182
% of All Actively Disease Managed Diabetic Members w/ HbA1c screening in the past 12 months	76.4%
% of All Actively Disease Managed Diabetic Members with a HbA1c level ≤ 7	29.19%
% of All Actively Disease Managed Diabetic Members with an initial HbA1c level ≥ 9 (Prior to enrollment) , who have had a decrease in the level by 2 points since Enrollment into DM that was documented	5.08%
% of All Actively Disease Managed Diabetic Members with Annual Eye Exam	50.51%
% of All Actively Disease Managed Diabetic Members Admitted for Short Term Complications related to Diabetes	5.58%
% of All Actively Disease Managed Diabetic Members Managed by PCP	100%

* Please note that the member/member's caregiver, if applicable, needs to agree to participate in the coaching program.

Analysis of Diabetes DM Program Outcomes

- The total percent of actively managed members with a claims-based diabetic related readmission was 20% in 2016. During 2016 the trend for readmission remained low which indicated that members are self-managing their condition well. The readmission rate is the total number of actively managed members with a diabetes related readmission, defined as a diabetes-related diagnosis ICD-10 codes.

- There were 182 members of the diabetes disease management program with repeat ER visits in 2016. A repeat ER visit is defined as a diabetes-related ER visit following an initial ER visit that occurred during the same reporting quarter with an ICD-10 E08.00 - E13.9 & GEM Combination 1-4).

- The total number of actively managed diabetic members with evidence of receiving an HbA1c screening in the past twelve months (2016) is 301 out of 394. This is 76.4% of the actively managed members. The calculation is based on the managed population which is the number of members identified as being engaged with a health coach over a period of time.

- The total number of actively managed diabetic members with evidence of having an HbA1c result less than 7 during 2016 was 29.19% of the actively managed diabetic members. HbA1c results may be captured via provider information, supplemental lab data or member self-reported. While claims may indicate that a test was completed, not all members in the managed population have a result in the member record. The calculation is based on those members who received an A1C screening.

- The total number of actively managed diabetic members with an initial HbA1c greater than 9 and evidence of a decrease by 2 points since enrollment into was 5.08% of the actively managed diabetic members. HbA1c results may be captured via provider information, supplemental lab data or member self-reported. While claims may indicate

that a test was completed, not all members in the managed population have a result available in the member record. The most significant barrier to reporting on this item is the availability of lab values in the member record for comparison within the appropriate time frames. Health Coaches have been adding goals to have a member remember to have testing results available during each session to help with this issue.

- The total number of actively managed diabetic members with evidence of receiving an annual eye exam was 50.51% of the actively managed diabetic members.

- The total number of actively disease managed diabetic members admitted in the current reporting year with short term complications related to diabetes was 5.58% of the actively managed diabetic members. An admission related to short term complications of diabetes is defined as claims-based evidence of an admission with an ICD-10 code.

- All (100%) members within the diabetes disease management program were being actively managed by a PCP during 2016.

CY 2016 Barrier Analysis and Intervention:

- Barrier: Some members are unable to be contacted due to inaccurate system demographic information.
- Intervention:
  - Educated and coached members and their caregivers using techniques that foster positive behavioral change.
  - Envolve People Care and Peach State Health are working together to identify members without phone numbers or other missing demographic information.

2016 Interventions

For additional information about the Diabetes DM program, please refer to the sections: "Responding to Unique Needs of the Members" section within this document.

Diabetes Action Plans and Trackers: In CY 2016, Peach State Health Plan mailed out state approved diabetes action plans as well as blood glucose trackers to 31 members in the Southwest (SW) region. The SW region was chosen as the data showed this region with the least compliance for all of the sub-measures associated with the DM Program as well as the least controlled HbA1c results. The Plan partnered with Phoebe Physicians Group in Albany to work on this small pilot program. The purpose of the action plan was to encourage ownership of diabetes management and have a physician meet with these members during the tracking period.

Effectiveness**:** Of the action plans that were sent to the 31 members, HbA1c values were obtained for eight (8) members. The Plan worked with Phoebe Physicians group and captured the members HbA1c value prior to the member receiving the mailer and the results were compared to an HbA1c value after the member tracked their blood sugar levels. The results concluded that 75% (6 out of the 8) of those members had a drop in their HbA1c compared to their initial values. This intervention was effective for those members who participated in the pilot.

Findings: This intervention will likely be abandoned as there were not many members who participated and the intervention was quite resource intensive. The Plan found it difficult to get

members to go to the provider and get this lab work done as well as challenging for the providers to schedule additional appointments with these members. The Plan is determining how to inform members about the Diabetes clinical practice guidelines and encourage members to work with their practitioners to align their care with the standard. Currently Peach State plans to target our diabetics through a medication adherence initiative in which the pharmacy coordinators and pharmacist will outreach to diabetic members and their physicians.

Medication Therapy Management (MTM) Program: In CY 2016, a Medication Therapy Management (MTM) program was developed. The MTM outreach coordinators accessed CVS Claims system, which provided real time medication information. In addition, MTM outreach coordinators could access on a daily basis to a list of members who are 5 days late or more on expected medication refill. In a targeted approach, the Plan contacted members that were 5 days late in filling their diabetes medications. Each call to the member was preceded (same day) by a real time pharmacy claim review to confirm if the member did, in fact, pick up their medication.

Effectiveness: Calls by the clinical pharmacy team to members began in June 2016 for this MTM program. There were over 2000 calls to members from June 2016 through the end of December 2016. For the month of June 2016, 40% of members contacted by the clinical team received their medications. The following months were as follows, July 56%, August 49%, September 32%, October 52%, November 51%, December 56%. The goal was to improve medication adherence. For those 7 months of the program the average fill rate was 48%. This program is ongoing during 2017.

Month	% of Diabetes Fills After Contact
June	40%
July	56%
August	49%
September	32%
October	52%
November	51%
December	56%

2017 Proposed Activities

Peach State developed a Peach Pays Incentive program for members to encourage them to obtain their HbA1c and to maintain an HbA1c result lower than 9. The incentive and initiative was developed based on member feedback during in-person events and the focus group conducted in 2016. The diabetes incentive will be implemented in Q4, 2017.

Estimated Savings (Claims-Based) for Members in Asthma and Diabetes DM

The ROI was calculated using a propensity score weighting of participants and non-participants. The propensity score (probability of being treated) was calculated using age, gender, and various co-morbid conditions. Savings are based on a difference in the difference approach. Take the difference of the participant and non-participant savings and multiply by the number of participants. The Estimated Claims-Based ROI was 1.22:1.

		Participants			Non-Participants					
Participant Category	n	Pre	Post	Diff.	n	Pre	Post	Diff.	Diff. in the Diff.	Est. Savings
Adult Asthma	2,458	$3,632	$2,208	$-1,424	4,709	$3,275	$1,952	$-1,324	$100	$245,800
Pediatric Asthma	18,903	$2,933	$1,649	$-1,284	18,187	$2,413	$1,358	$-1,055	$230	$4,347,690

	Participants				Non-Participants					
Participant Category	n	Pre	Post	Diff.	n	Pre	Post	Diff.	Diff. in the Diff.	Est. Savings
Adult Diabetes	1,330	$4,947	$3,871	$-1,076	1,670	$4,035	$3,321	$-714	$362	$481,460
Pediatric Diabetes	294	$9,156	$3,450	$-5,706	253	$9,855	$2,837	$-7,019	$-1,313	$-386,022

Exclusions: The top and bottom 5% of claims were removed as outliers. Must be present and active in claims data in the pre- and post- period. Remove those with immune-compromising conditions (HIV, ESRD, etc.)

HIV/AIDS DM Highlights

The HIV/AIDS Disease Management Program subscribes to specific needs of HIV/AIDS affected members. By providing education, counseling and advocacy with twenty four (24) hour access to an HIV/AIDS specialized nurse, the member is empowered to be an active participant in care. This program incorporates evidence-based clinical guidelines and coordination of care with multi-disciplined medical specialties. By encouraging adherence to appropriate ongoing medical treatment and supportive resources within the community, the focus is to minimize complications and support the members' highest level of wellness.

The Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Disease Management (DM) Program was initiated by Peach State to promote healthier outcomes for HIV infected members by ensuring and improving access to appropriate health services. Peach State determined that at the end of CY 2016, there were 240 members with HIV/AIDS who were mainly female (83.8%), Black or African (80.4%), age 19 and older, and residing mainly in the Atlanta region (59.6%). Review of a sampling of members admitted showed that admission occurred for one of two reasons: the member did not know that they had HIV and presented with full blown AIDS and a life threatening condition or, the member was aware of their HIV status but had stopped taking their medications to control the infection. After the evaluation of the HIV/AIDS program, it was determined that there was opportunity for process improvement. The redesigned HIV/AIDS DM Program uses a system of care approach, which ensures effective care coordination and appropriate utilization of services addressing the holistic aspects of each individual member. The program enhancements include the following:

2016 Interventions

Implementation of a Medication Adherence Program that includes medication related safety factors, review of drug interactions and over/under utilization. The intervention included telephonic member outreach, provider and pharmacy outreach. There were 53 members (51 females and 2 males) that were identified as noncompliant with HIV medications via the Medication Adherence Report. The DM staff worked with these members to identify the barriers to being compliant with medications. Barriers included member refusing to pick up medications at local pharmacy and follow up with providers to have prescriptions renewed. The DM staff

collaborated with pharmacies who were able to provide home delivery medications to members and worked with both members and providers to arrange follow up appointments. Out of those 53 members, only 6 were admitted to a facility with HIV related conditions.

CY 2017 Proposed Interventions:

- Conduct face to face home visits with high risk members to evaluate current health status and support needs
- Continuation of the Medication adherence Program that includes medication related safety factors, review of drug interactions and over/under utilization

Tobacco Cessation (Puff Free) DM Highlights:

Peach State used the following performance measure to assess the effectiveness of the tobacco cessation program for pregnant women (Puff Free Program) interventions:

Measures for CY 2016 (all measures are self-reported)	Q1 (Jan-Mar)	Q2 (Apr-Jun)	Q3 (Jul- Sep)	Q4 (Oct-Dec)	CY 2016	CY 2015
Cessation	20.0% (1/5)	33.3% (3/9)	46.7% (7/15)	10.0% (1/10)	33.3%	22.2%
Cessation after Delivery	0	0	0	0	0	0
Reduction in Cigarettes/day	100.0% (5/5)	77.8% (7/9)	93.3% (14/15)	100.0% (10/10)	88.9%	91.7%
Second Hand Smoke	0	0	0	0	0	0

Pregnant members who smoke are offered the *Puff-Free Pregnancy* Program and receive educational materials about the risks associated with smoking during pregnancy and strategies for quitting. Members also receive telephonic coaching from a certified treatment specialist. The tobacco treatment specialist educated the members about accessing all of the resources available through the program, such as the Georgia Tobacco Quit Line where the members will be able to receive instructions about topics such as recovery symptoms, weight control, stress management/relaxation techniques and how to calm the urge to smoke, as well as supplementary materials to help them develop a quit plan.

***2016 Activities*:**

- In CY 2016, EPC DM/LM (and Peach State)in addition to expanding the staff of the Puff Free Program to include a Smoking Cessation Counselor, a Puff Free Program Coordinator was budgeted to start in CY 2017. The additional staffing resources were determined to be needed to increase enrollment into the DM Program. EPC DM/LM and Peach State determined that enrollment in the Puff Free DM Program was too small to effectively impact overall outcomes. There has not been a significant enrollment into the Puff Free DM Program as of May 2017.

CY 2017 Proposed Interventions:

- There are many adverse effects of tobacco usage to both the mother and the unborn baby. Due to these increased risks, it is critical for providers to have reliable information regarding their patient's use of tobacco during pregnancy. In an effort to improve birth outcomes by encouraging members to cease nicotine use while, Peach State Health Plan will offer financial incentives to providers who successfully coach and encourage

our members to quit and to members who quit. Beginning May 1st, 2017, Peach State Health Plan allowed for all providers to perform a qualitative Nicotine Metabolite Urine Test on all of our pregnant members during their first pre-natal visit, using CPT Code 80307. Providers must use either Quest Diagnostics (test code 14464) or LabCorp (test code 71655) for this testing. Additionally, the Plan will ask providers to retest those members who report tobacco cessation during their post-partum visit using the same test code to confirm their cessation.

The results of this second test will be used to reward members who successfully quit tobacco use. Peach State Health Plan will also compensate provider's office $100 for every successful cessation. Our internal data sources will allow the Plan to confirm cessation. Members will be rewarded if they quit smoking.

DM and CPGs (For additional information, please refer to the CPG section within the Effectiveness of the QAPI Program).

The Envolve People Care (EPC) Disease/Lifestyle Management (DM/LM) Program maintains Standards of Care and Clinical Guidelines to ensure all disease and lifestyle management programs utilize recommendations from the most current evidence-based clinical guidelines. Standards of Care and Clinical Guidelines are:

- Developed, based upon evidence in peer reviewed published clinical or technical literature, evidence-based consensus statements, evidence-based guidelines from nationally recognized professional healthcare organizations and government health agencies.
- Developed with input from clinical content experts involved in active practice treating patients with conditions specific to the clinical programs under review, including at least two physicians who are board certified in an appropriate specialty area.
- Reviewed on an annual (Disease Management) and biannual (Lifestyle Management) basis by the Clinical Specialists, Medical Director(s), and the Quality Improvement Committee, or when updates to the evidence based guidelines are released.

All sources used by the EPC DM/LM Program to develop the disease and lifestyle management programs are continuously monitored through the National Guideline Clearinghouse. Literature searches are conducted to retrieve pertinent abstracts. The Federal Register and FDA Web sites are reviewed for new information on medications pertinent to the disease(s) and/or conditions managed. CPGs that are used by the DM programs and shared with practitioners are: Asthma, Diabetes and Tobacco Cessation for Pregnant Women.

As changes to decision support information are identified, through changes to established guidelines, provider feedback or process improvement activities, updated materials are reviewed by the Medical Director(s), and an actively practicing board certified physician in the appropriate specialty for the condition under review, will be submitted to QOC for approval prior to implementation, and will be distributed to providers via eFax, provider newsletter and the provider portal. The EPC DM/LM Program, continually, monitors feedback from physicians regarding the clinical practice guidelines via the Physician Satisfaction Survey.

Barriers and Opportunities

Barriers to members enrolling and/or continuing in the DM program and obtaining needed information as well as opportunities to address the barriers include:

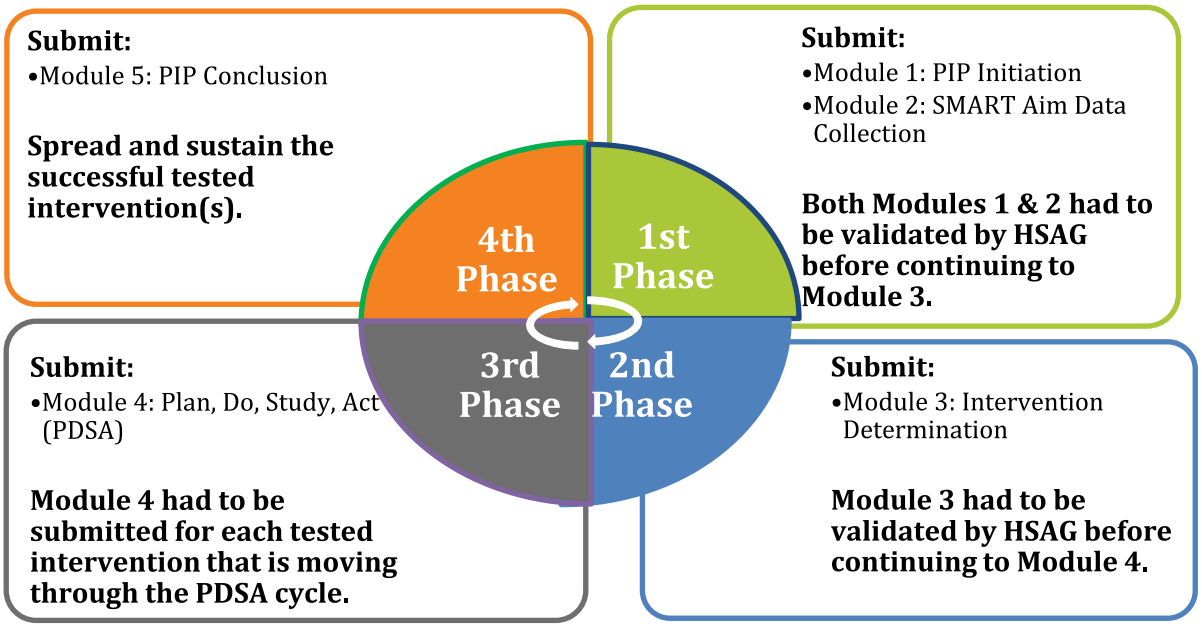
- Barrier: Incorrect or incomplete member contact information
  CY 2017 opportunity: Utilize the alternate phone report that searches weekly for updated phone numbers in eligibility files

- Barrier: Inadequate incentive designs
  CY 2017 opportunity: Work to review incentive designs and propose recommendations based on engagement rate

Performance Improvement Projects

In 2016, Health Services Advisory Group (HSAG), the DCH External Quality Review Organization (EQRO) redesigned its approach for validating performance improvement projects (PIPs) to place greater emphasis on improving both health care outcomes and processes through the integration of quality improvement science. This approach guided Peach State through a process for conducting PIPs using a rapid-cycle improvement method to pilot small changes rather than implementing one large transformation. Performing small tests of change requires fewer resources and allows more flexibility to make adjustments throughout the improvement process. By piloting on a smaller scale, HSAG determined the Plan would have an opportunity to determine the effectiveness of several changes prior to expanding the successful interventions to a larger scale. HSAG developed a series of five modules to guide the MCOs through this new process as they conduct PIP activities.

HSAG's quality improvement framework for PIPs is detailed using five modules. The process flow below illustrates the progression in which the five modules will be submitted and validated throughout the PIP process.



2016 PIP Summaries and Results

Peach State Health Plan conducted two clinical and two non-clinical Performance Improvement Projects (PIPs) during 2016. Following are summaries of these PIPs.

DECREASING AVOIDABLE EMERGENCY ROOM VISITS

SMART Aim Goal

Decrease the avoidable emergency department utilization rate among member's ≥18 years old at Coffee Regional Medical Center (CRMC) from 1553.92/thousand to 1522.84 visits/thousand by December 31, 2016.

Summary of Overall Key Findings and Interpretation of Results

Peach State Health Plan tested one intervention to address the medium priority failure mode "member's lack of understanding regarding avoidable ED use." The intervention tested addressed the key driver "member awareness/education on alternative locations for non-urgent care" as well. The intervention used hospital staff to distribute and explain pre-printed educational material (flyer) about appropriate ED use and service locations for non-emergent services (urgent care facilities). The ED staff explained and distributed the flyer prior to the Peach State Health Plan members discharge from the ED. The test was implemented to determine if the members who received the educational flyer would show a decrease in subsequent ED visits for avoidable (non-emergent) symptoms.

Initially, Peach State Health Plan identified Phoebe Putney Memorial Hospital (PPMH) as the target facility based on their non-emergent ED 'rate' as well as their willingness to work with the Plan. The relationship with PPMH initiated with the co-development (and DCH approval) of the flyer with the implementation of the flyer to begin mid-May. The flyer included multiple urgent care facilities affiliated with the PPMH. The AED PIP team noted a significant decrease in the SMART Aim rate which was below goal prior to the implementation of the intervention. During conversations with PPMH staff, Peach State Health Plan was made aware of an urgent care facility that opened within walking distance from the ED in spring. The PPMH staff shared that they offered this alternative to the ED for members who presented to the ED for non-emergent symptoms but could not track the members that were sent to or showed up at the urgent care facility. Peach State Health Plan was concerned that the significant decrease in the SMART Aim was primarily due to the opening of this facility. Further, the Plan agreed that it would be difficult to determine which intervention, the flyer or opening of the facility, lead to meeting the SMART Aim goal. After conference calls with HSAG and DCH, the PIP team decided to abandon the test facility and select another facility.

Through data analysis as well as discussions about the use of multiple facilities, Peach State Health Plan decided to use Coffee Regional Medical Center (CRMC) as the target facility for the rapid test of change intervention. Peach State Health Plan worked with CRMC to revise the flyer's layout slightly and included the address of the nearby CRMC collaborating walk-in clinic (Coffee Regional First Care). Peach State Health Plan members who presented to the CRMC ED between September 5, 2016 and September 30, 2016 received the pre-printed written educational material by Coffee Regional Medical Center ED staff. This written educational material was presented and explained to every Peach State Health Plan member by the time of ED discharge. The Plan predicted that providing an educational flyer on appropriate ED use to members who visit CRMC ED would decrease the member's subsequent use of the ED for avoidable (non-emergent) symptoms.

There were 38 members ≥18 years old who visited the CRMC Emergency Department (ED) for a non-emergent symptom during the month of September 2016. Each of the 38 members were provided with the intervention (flyer). There were 43 flyers distributed to 38 members. Some members returned to the ED more than one time during the intervention period. Of the 38 members who received the flyer, 3 received care in the Coffee Regional First Care (walk-in clinic), 10 returned to the CRMC ED for a non-emergent symptom, 26 neither returned to the ED nor visited the walk-in clinic, and 28 did not return to the ED for a non-emergent visit during the 12-week intervention observation period. One member returned to ED for non-emergent symptoms and went to the walk-in clinic.

The AED PIP team set an aggressive goal with an appreciable 60% decrease in avoidable ED visits for members who received educational material at the time of their original ED visit. To meet this goal, only 3 of the 38 members could return for a subsequent non-emergent ED visit. This goal was not met

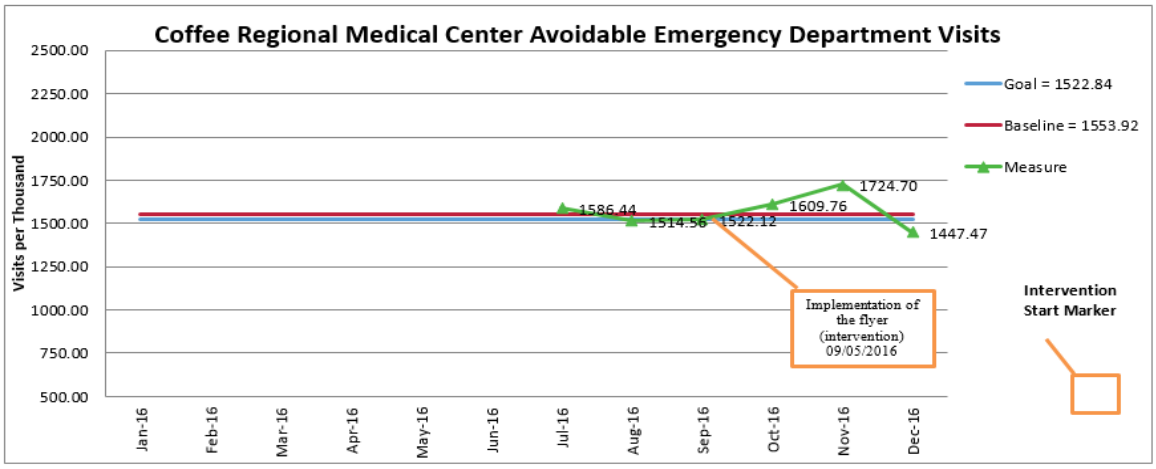
DECREASING AVOIDABLE EMERGENCY ROOM VISITS

as 10 members who received the flyer returned to the CRMC ED for a non-emergent ED visit during the 12 week intervention observation period.

The SMART Aim rate decreased from July to August and increased each month afterward through November. The SMART Aim rate decreased from November (1724.70) to December (1447.47). The SMART Aim goal was met in August, September and December. The SMART Aim goal was not sustained as rates for October and November were above the goal of 1522.84 visits/thousand. The intervention did not positively impact the SMART Aim as there was an increase in the SMART Aim rate during the months after the intervention. Although the SMART Aim was not impacted, 28 members who received the intervention did not return to the CRMC ED for a non-emergent reason. Lessons learned from the intervention include:

- To improve survey contact rate, Peach State Health Plan should have worked with Coffee Regional First Care to determine how to administer the survey to members who were in the intervention pool.
- Peach State Health Plan should have surveyed members who returned to the ED for a non-emergent visit to better understand factors influencing their decision for the subsequent ED visit

Proposed activities for 2017:
Peach State Health Plan will adapt the flyer as an intervention based on the 12 week intervention period outcome. Peach State Health Plan will review the flyer with members who attend the Member Advisory Committee and New Member Orientation Meetings to determine changes that need to be made. It was difficult to assess the explanation/conversation that each hospital staff member has with the member as the flyer is given to the members. To address this concern, the Plan willwork to implement scripting for healthcare personell in order to distrubute the education matieral in a consistenet manner.



IMPROVING PROVIDER SATISFACTION

SMART Aim Goal

Decrease the average prior authorization approval turnaround time from 8.39 calendar days to 5 calendar days, for Spine and Orthopedic Clinic, in the Atlanta Region by December 31, 2016.

Summary of Overall Key Findings and Interpretation of Results

IMPROVING PROVIDER SATISFACTION

Peach State Health Plan tested one intervention to address the key driver 'provider knowledge' and to address the high priority failure mode 'required documentation to determine medical necessity not received'. The intervention tested was educating the Spine and Orthopedic Clinic on appropriate and required clinical documentation through the use of InterQual SMART Sheet (for pain management requests). This intervention was predicted to address the delay in processing prior authorization requests due to the provider failing to include all needed clinical documentation to determine medical necessity. Peach State Health Plan predicted that by educating Spine and Orthopedic Clinic through the use of InterQual SMART Sheet (for pain management requests), at least 80% of their prior authorization requests received would have complete clinical documentation; which would lead to a reduction in the average turn-around time (TAT). Peach State Health Plan further predicted that a reduction in the TAT would improve the provider's satisfaction with the Plan.

The Spine and Orthopedic Clinic received education from Peach State Health Plan's Medical Management and Provider Relations staff using the InterQual SMART Sheet (for pain management requests) after DCH approval of the document. The education took place at the Spine and Orthopedic Clinic on June 16, 2016. To track the intervention and assess its efficacy, Peach State Health Plan developed and implemented:

- A 'complete/incomplete documentation' tracking tool to assess the efficacy of the education and InterQual SMART Sheet.
- Peach State Health Plan also developed and implemented a Provider Prior Authorization Request Log to track requests specific to the information related to the InterQual SMART Sheet.

After the education, three prior authorization requests were received, one of which did not follow the InterQual SMART Sheet. Peach State Health Plan staff spoke to the office and was told that the staff member who received the training was on an extended leave. Peach State Health Plan educated the 'new' staff members responsible for prior authorization request submission in August. There were three prior authorization requests received as of September 1, 2016. Due to the low volume of requests, Peach State Health Plan decided to continue to work with the office to determine intervention effectiveness prior to making a determination to spread, adapt or abandon the intervention. After eight additional weeks of data collection and analyses, six prior authorization requests were received. Of the prior authorization requests received, three were received with complete documentation and three received with incomplete documentation. The total number of prior authorization requests received from the Spine and Orthopedic Clinic after the intervention was nine. Of the nine prior authorization requests received, five (56%) had complete documentation and four (44%) did not. After outreach to the provider, the correct and completed additional documentation was received for two of the four prior authorization requests. This indicated to the Plan that the provider office did not follow the InterQual SMART Sheet.

The TAT for the one pain management prior authorization request before the intervention start was 9.2 calendar days. The average TAT for pain management prior authorization requests after the initial education was 6.45 calendar days. The average TAT for pain management prior authorization requests after reeducation was 4.61 calendar days. The 'overall' average TAT for pain management prior authorization requests between the time of the first education session and the end of the PIP was 5.39 calendar days. This data suggests some efficacy in using the InterQual SMART Sheet to decrease TAT. Further, after the reeducation, both the prior authorization request TAT and completeness of submitted documentation improved.
The SMART Aim goal was to decrease the average prior authorization approval TAT from 8.39 to 5 calendar days by December 31, 2016. The SMART Aim rate prior to the intervention averaged 14.48 calendar days. The average SMART Aim rate for the life of the PIP was 8.35 calendar days with a total of 81 prior authorization requests received from February 1 through December 18, 2016. The SMART Aim rate fluctuated during the life of the PIP from a high of 24.50 to a low of 4.56 calendar days.

IMPROVING PROVIDER SATISFACTION

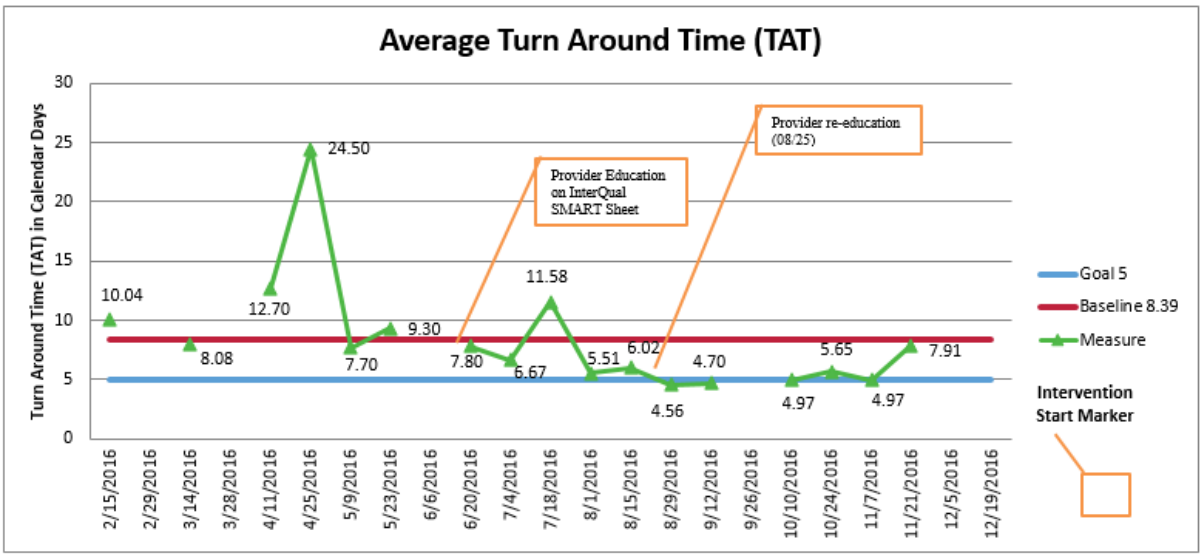
The SMART Aim goal was achieved for four (4) of the 17 measurement periods (bi-weekly) throughout the life of the PIP. Thus, the SMART Aim goal was achieved, but not sustained due to the fluctuation in the rate. The intervention proved to have positively impacted the SMART Aim based on the SMART Aim average pre and post intervention.

Lessons learned from this intervention include:

- The Plan should select an office that submits at least twenty (20) prior authorization requests each month to effectively measure and demonstrate success of the intervention.
- Successful use of InterQual SMART Sheet requires a commitment by all office staff. Monthly office 'refreshers' and ongoing updates to new staff would be required for ongoing success.
- Peach State Health Plan should exercise drill down on Provider Surveys and Satisfaction results to determine root cause and identify areas of focus other than the TATs related to prior authorization requests.

Proposed activities for 2017:
Moving forward, the improvements in the prior authorization request TAT can be achieved and sustained through:

- Use of a management liaison to offices with a large volume of prior authorization requests (in discussion)
- Staff reeducation on internal policies and procedures for making requests for additional information to make prior authorization request determinations (to be completed 1st quarter 2017)



IMPROVING MEMBER SATISFACTION

SMART Aim Goal

Increase the average level of satisfaction from 2.2 to 2.5 for caregivers who were seen at Dr. Charlene Johnson's office in the Atlanta region who answered the question "When you talked about your child's health, did a doctor or other health provider ask you what you thought was best for your child" by December 31, 2016.

Summary of Overall Key Findings and Interpretation of Results

IMPROVING MEMBER SATISFACTION

The Member Satisfaction PIP team reviewed 2015 CAHPS® Medicaid Child Survey, which revealed the most significant opportunity to improve member satisfaction was in the shared decision making composite. Peach State Health Plan tested one intervention to improve member satisfaction. The intervention tested was the use of a DCH approved "checklist which was designed and implemented with Dr. Johnson's office. The checklist contained discussion points to assist the member (parent/guardian) with speaking to their provider and engaging in shared decision making. The intervention was hypothesized to positively impact the high priority failure mode 'member unable to comprehend provider's recommendation' as well as the key driver 'member empowerment and engagement'. The Member Satisfaction PIP team predicted that the intervention would improve shared decision making and overall member satisfaction.

The checklist was implemented at Dr. Johnson's office 05/16/2016 and continued to be tested through 11/19/2016. This allowed the team to obtain 94 completed surveys; just shy of the target of 100. Below are summary results of the intervention:

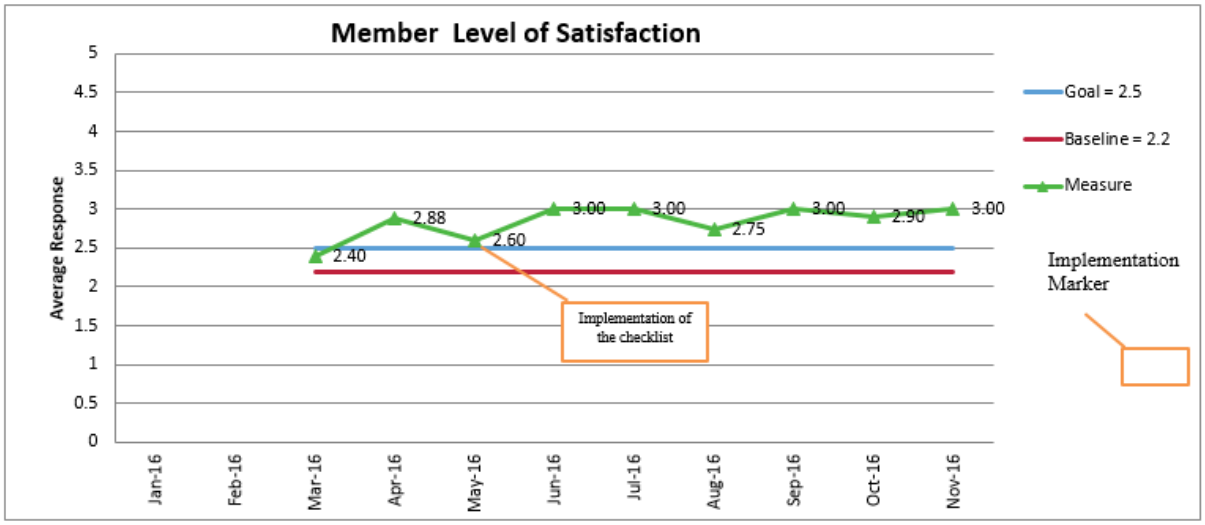
- Number of members who took the post visit survey was 94.
- The intervention rate was produced by using the numerator of the total sum of respondents who answered "3" to the post visit survey question. The denominator was the total number of respondents from Dr. Johnson's office who answered the question. There were 80.85% respondents who answered "3" to the post visit survey question.

The SMART Aim rate for March- May 2016, prior to the intervention averaged 2.62 (2.40-March; 2.88-April; 2.60-May). After the implementation of the checklist, the SMART Aim rate improved to an average of 2.94. The rate exceed the goal of 2.5 and was sustained. The intervention (checklist) shared with members (parents/guardians) prior to their visit with Dr. Johnson proved to be effective in improving member's (parent/guardian) perception of shared decision making. This is evident by the results of the post visit survey. The intervention (post visit survey) results positively impacted the SMART Aim and the SMART Aim was met and sustained. Peach State Health Plan Member Satisfaction PIP team determined there was a positive impact to the key driver and failure mode the intervention was designed to impact. This is in line with the PIP team's hypothesis.

Lessons learned, during this intervention proved our hypothesis, that members' overall satisfaction is enhanced with their engagement in the provider/member decision making process. Additionally, members must be given tools to assist them in becoming active partners in their personal medical and wellness plans. Due to the success of this intervention, the PIP team identified another site for testing and are working to determine ways to incorporate the checklist into standard processing.

Proposed activities for 2017:
Peach State Health Plan Member Satisfaction PIP team determined that the improvements in shared decision making that were achieved throughout this project can be sustained. The Member PIP team believes that progressive testing starting January 17, 2017, will be successful and support implementing the intervention Plan wide. Expansion of the intervention will be done by selecting one (1) high membership volume provider office in each of the six regions of Georgia to implement the intervention each quarter. The intervention will be conducted following the same methodology as with Dr. Johnson and with the use of Peach State Health Plan (in-person) staff to provide and explain the checklist to members (parent/guardian). To evaluate the sustained improvement beyond the SMART Aim end date, quarterly results will be tabulated and evaluated by the Peach State Health Plan Member and Provider Services leadership for evaluation and/or remedy. The Plan will distribute the checklist at new member orientation sessions (in person meetings with new members) and other member interactions to obtain member feedback. This will assist with identification of any needed revisions to the checklist prior to implementing it Statewide.

IMPROVING MEMBER SATISFACTION



IMPROVING DENTAL CARE
SMART Aim Goal
Increase sealants applied for members' age 6-9 years old residing in Muscogee County with history of receiving treatment from Candler Dental that have no claims history of a sealant or restorative service on a molar, from 14.89% to 34.89% by December 31, 2016.
Summary of Overall Key Findings and Interpretation of Results

Peach State Health Plan and DentaQuest tested one intervention to address the key driver 'provider education and addressing missed opportunity' in addition to the high priority failure mode 'low prioritization of sealant placements and preventive care'. The Dental PIP team predicted that offering a Provider incentives for completion of sealant placement during preventive dental visit would motivate the office (Candler Dental) to schedule and complete a dental sealant application on members who are ages 6-9 years old in Muscogee county**.** This in turn would increase the rate of sealant placements.

In the five months prior to the intervention, Candler Dental placed premolar sealants on 32 members who were ages 6-9 years old (Jan-1, Feb-3, Mar-7, Apr-8, and May-12). Monthly detailed listings were sent to Candler Dental via the DentaQuest provider portal and secure email server starting June 1st, 2016. Incurred but not reported utilization was the biggest challenge in developing an accurate roster due to the timing of the provider's claim submission. As a result, a biweekly tracker was established with the targeted provider in order to use more accurate data reported in real time for the intervention monthly listing.

At the beginning of the intervention 81 members were categorized as being eligible for dental sealants. The number of members eligible for a sealant on a premolar changed each month. This fluctuation was a result of:

- Members aging in (turning 6 years old) or aging out (turning 10 years old)
- Members developing a relationship with the provider (history of receiving treatment)
- Members pre-molars eligible for sealant (no previous caries)

There were significant increases in the number of sealants placed on premolars for members ages 6-9 receiving treatment from Candler Dental when comparing the pre-intervention period to the intervention period. In the five months of the intervention (bonus/incentive payment), the number of members receiving a sealant increased by 62.5% from 32 to 52 members. The total of provider incentive payments issued for the intervention period was $1750. Payment was provided per tooth with a sealant placement, not per member. Based on the dollar amount paid as well as the number of members who received a sealant, this intervention was determined successful.

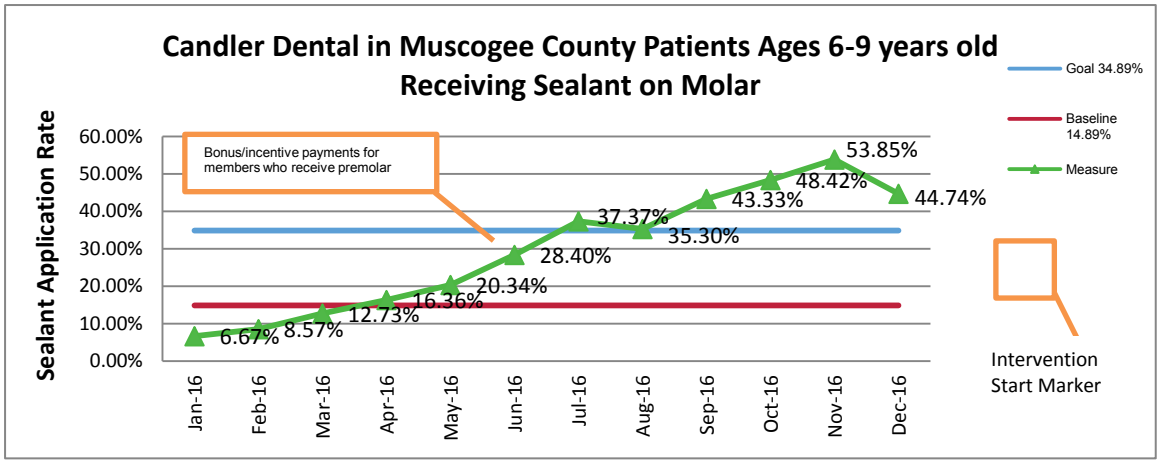
Results from the provider bonus/incentive intervention were proven to be effective and the SMART Aim goal was exceeded and sustained. The SMART Aim rate increased after the implementation of the bonus/incentive program. The SMART Aim rate continued to increase in November and December when lists continued to be sent to Candler Dental providers although the period for the bonus/incentive dollars (intervention) ended. The Plan's contract with DentaQuest ended 12/21/2016, therefore Peach State Health Plan is in the process of sharing the results of this PIP with the newly implemented dental vendor, Dental Health and Wellness (DHW), with the intent of developing an ongoing dental provider incentive to supplement current medical incentives.

The primary lessons learned by the Dental PIP team include that providers play a large role in improving the quality of care provided to members. The team further learned that to achieve successful results the provider 'buy in' and engagement is a must. Ensuring the dental provider's

IMPROVING DENTAL CARE

participation in any initiative is very important and an incentive is an effective way to bring providers on board. The Peach State Health Plan 2016 Dental PIP team determined the intervention should be adapted by selecting another location to test the intervention prior to performing on a larger scale, given the successful outcome of the intervention. The team is considering testing the intervention with a dental home identified as high membership volume, low sealant compliance. The selection of another test site will be discussed with DHW.

Proposed activities for 2017:
Peach State Health Plan will work with Dental Health and Wellness (DHW) to adapt this intervention. The intervention will be carried out using the same methodology and tested at another location (dental home) prior to performing on a larger scale. The Dental PIP team believes the intervention is sustainable and has the ability to eventually be rolled out to the entire dental network. Adaptations of the intervention may include modifications to the payout methodology and/or developing an ongoing dental provider incentive to supplement current medical incentives.



Effective Performance Improvement Project Strategies

As a result of the 2016 PIP rapid-cycle small tests of change, Peach State Health Plan was able to identify that provider buy in is integral to implementation, tracking and success of interventions. All four CY 2016 PIPs had providers who were committed to the success of the interventions. The provider offices and facilites were willing to provide staff, assistance and time in an effort to meet the goal of the PIP. The provider is critical in obtaining and sustaining improved outcomes achieved through performance improvement projects.

Overall lessons learned that can be applied to other PIPs, include:

- Use of systematic solutions as opposed to manual interventions to allow for ease of progressive testing and Plan-wide adoption of successful interventions.
- Discussing interventions with the Peach State Health Plan committees that include member participants or through focus groups to better understand root causes.
- Incorporating a control group when rolling out the intervention on a larger scale to further validate effectiveness.
- Discussing interventions with the Peach State Health Plan committees that include provider participation such as the Quality Oversight Committee (QOC) and Provider Advisory Group (PAG) would be beneficial. This would allow more than one

provider/provider group to provide feasibility, barriers and ideas on how to implement interventions.

- Focus on interventions that optimize Plan resources and improve Plan work flows which are not dependent on external sources such as providers. Focusing on identifying and addressing system opportunities may lead to long term, sustainable improvement.

Performance Measures

Using Outcomes to Drive Improvement

Achievement of the Triple Aim, an overarching goal shared by both Peach State and DCH, can only be realized through focused administration of an effective QAPI program. Peach State's QAPI program has set its goals and objectives for clearly defined performance measures. Peach State, by improving population health through data driven performance improvement initiatives, identifying opportunities for improvement through data collection and analysis, and successfully engaging members and providers in health care quality is set to achieve those goals and objectives. The following sections highlight Peach State's process to achieve its QAPI goal of "Improve member health outcomes through increased prevention and wellness programs". Those processes describe Peach State's approach to population health management and member and provider engagement through a discussion of the strategies, activities and interventions executed in 2016 to improve outcomes for its Children's and Women's health, Adult Screening and Chronic Conditions.

Real-Time Quality

Some programs, initiatives and interventions in the DCH contract requirements, such as improving member and provider satisfaction, informing members of EPSDT benefits through mail/phone, and ensuring access to Peach State's staff, are not targeted to individual populations but instead are applied to the population as a whole. In addition to annual provider and member satisfaction surveys, Peach State monitors these global issues on a day-to-day basis, identifying and responding to opportunities to improve member and provider experience in real time. Peach State analyzes and promptly responds to trends in member and provider complaints and grievances, closely monitors call center performance, provides ongoing customer service education and training, and ensures that staff has the information and tools necessary to provide high quality service to Peach State's members and providers.

Demographic Analysis

In an ongoing effort to improve the quality of care delivered to its members, Peach State annually analyzes its population demographics, including disease prevalence and healthcare disparities, to identify opportunities for improvement, and trends that indicate potential barriers to care that can potentially affect the results of interventions and initiatives.

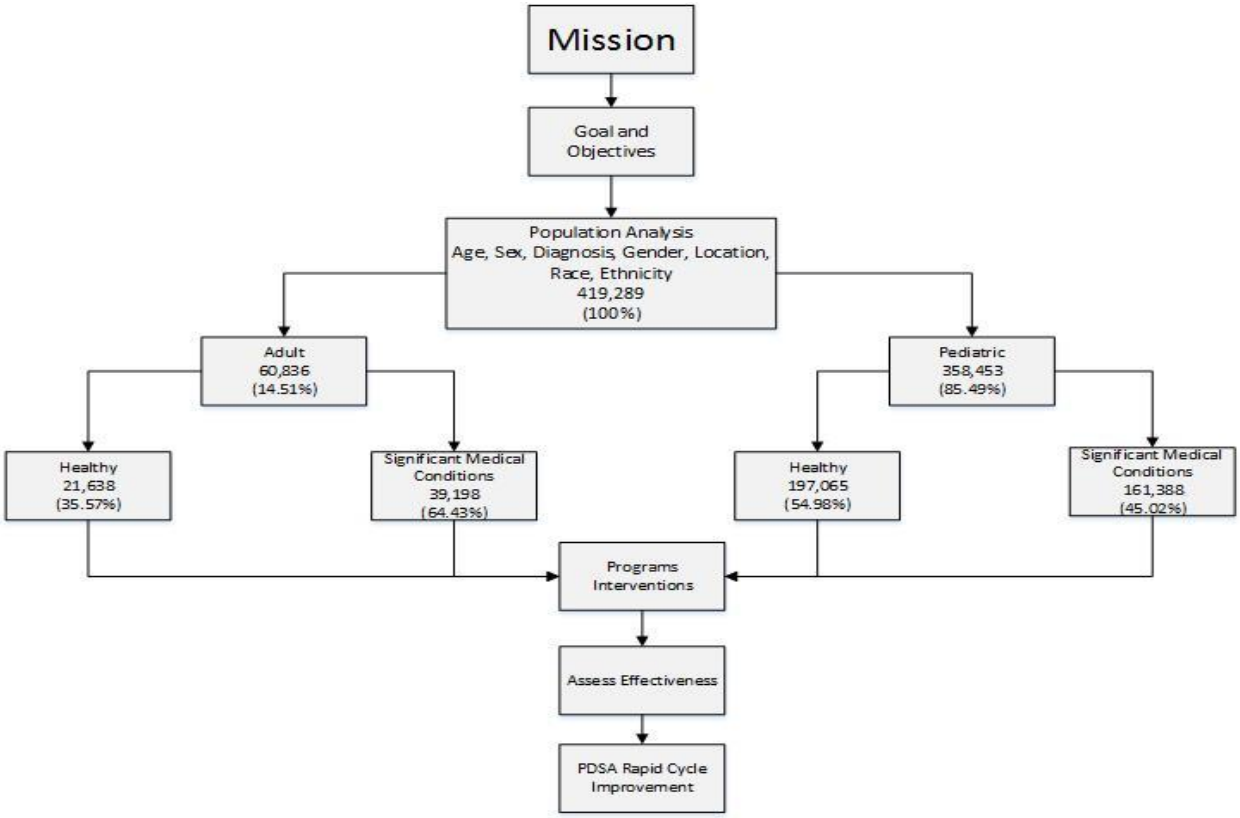
Peach State uses demographic analysis to appropriately design its programs and interventions and to evaluate the results of the performance measures. Peach State's approach is to divide the population into adult and children's sections and then to further subdivide these groups into two sections designated as healthy and with chronic conditions. Peach State compares rural and urban outcomes, gender, age, race/ethnicity, and county level performance, analyzes variances and then uses the PDSA model of rapid cycle improvement to achieve desired goals related to member experience, health outcomes, and cost effectiveness. The chart below outlines how Peach State uses the demographic analysis in the population assessment.

Evaluating the Effectiveness of Interventions

Peach State uses performance measures and other process and outcomes results to measure the effectiveness of interventions and activities designed to support the positive interactions

between members and providers that drive improved health outcomes and which align with the QAPI program goals and objectives.

In 2016, Peach State examined its populations to determine if their health was improving overall based on performance measure scores. Peach State also reviewed its 2016 program interventions to determine if they were effective in improving performance measures and outcomes, if they were sustainable, and whether they were appropriately targeting health disparities, rural and urban variances, and other population demographics, and determined if changes in processes and interventions needed to be implemented.



Planning for the Future

Using 2016 demographic and outcomes data, Peach State identified high priority areas to be addressed through PDSA rapid cycle improvement in 2017.

2016 Performance Measure Results

Peach State conducted a high level comparison of performance between 2015 and 2016 for the measures that Peach State submits to DCH.

- Statistical Significance
  - Improvement: Five (5) measures in CY 2015; Five (5) measures in CY 2016
  - Decrease: Seven (7) measures in CY 2015; Twelve (12) measures in CY 2016

The remaining Performance Measures rates did not show a statistically significant change. In addition, Peach State compared its performance measures for 2016 to DCH 2016 targets. In CY 2015, Peach State met DCH targets for sixteen (16) measures out of a total of fifty-seven (57). In CY 2016, Peach State met twenty (20) out of sixty-one (61) measures.

The following factors, in conjunction with specific barriers related to individual measures, are being utilized to plan activities to be implemented in 2017 with the purpose of maintaining or improving those measures that reached DCH targets and improving those measures that fell short of the DCH targets.

- Ongoing challenges to receiving accurate demographic data which limited the effectiveness of all outreach efforts. Overall, 40% of calls were not completed due to wrong numbers or failure of anyone to answer the call.
- A significant increase in the rate of auto assigned members. A preliminary drill down indicated that members who did not select their Care Management Organization (CMO) had lower compliance rates with preventive screenings and visits.
- Reduced capacity of the existing staff to complete many interventions to the extent required by the population because of unanticipated needs and membership growth.

Detailed results and comparisons are included in the table below. Interventions implemented in 2016, root cause analysis, and proposed 2017 interventions can be found in the following pages.

Identifier	Measure	Results 2015	Results 2016	Change from 2015 to 2016	Up or Down ?	Stat. Sig.?	DCH Target 2016	Target Met / Not Met
W15	WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE – 6 or more visits (HYBRID)	67.79%	63.73%	-4.06%	↓	No	66.24	Not Met
W34	WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH AND SIXTH YEARS OF LIFE (HYBRID)	68.99%	72.80%	3.81%	↑	No	72.02	Met
AWC	ADOLESCENT WELL-CARE VISITS (HYBRID)	47.60%	50.00%	2.40%	↑	No	49.15	Met
CAP	CHILDREN AND ADOLESCENT ACCESS TO PRIMARY CARE PRACTITIONERS							
	12 to 19 years	88.78%	88.73%	-0.05%	↓	No	90.06	Not Met
AAP	ADULTS ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES – 20 to 44 Years	77.87%	77.22%	-0.65%	↓	No	81.37	Not Met
CIS (3,6,10)	CHILDHOOD IMMUNIZATION STATUS – Combos 3, 6, and 10 (HYBRID)							

Identifier	Measure	Results 2015	Results 2016	Change from 2015 to 2016	Up or Down ?	Stat. Sig.?	DCH Target 2016	Target Met / Not Met
	Combo 3	79.09%	71.88%	-7.21%	↓	Yes	81.25	Not Met
	Combo 6	36.30%	30.53%	-5.77%	↓	No	43.65	Not Met
	Combo 10	34.38%	26.68%	-7.70%	↓	Yes	35.88	Not Met
LSC	LEAD SCREENING IN CHILDREN (HYBRID)	80.05%	83.17%	3.12%	↑	No	79.67	Met
WCC	WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION & PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS (HYBRID)							
	Total BMI	67.79%	73.32%	5.53%	↑	No	67.23	Met
	Total Nutrition	66.59%	68.27%	1.68%	↑	No	61.44	Met
	Total Physical Activity	57.21%	57.93%	0.72%	↑	No	53.89	Met
ADV	ANNUAL DENTAL VISIT							
	2 to 3 years	44.05%	39.98%	-4.07%	↓	Yes	45.07	Not Met
	19-21	37.57%	35.07%	-2.50%	↓	No	34.43	Met
CCS	CERVICAL CANCER SCREENING (HYBRID)	68.56%	66.19%	-2.37%	↓	No	67.88	Not Met
BCS	BREAST CANCER SCREENING	66.90%	66.12%	-0.78%	↓	No	66.02	Met
PPC	PRENATAL AND POSTPARTUM CARE (HYBRID)							
	Timeliness of Prenatal Care	77.49%	73.72%	-3.77%	↓	No	85.19	Not Met
	Postpartum Care	59.72%	61.07%	1.35%	↑	No	62.77	Not Met
FPC	FREQUENCY OF ONGOING PRENATAL CARE – 81% or More Expected Visits (HYBRID)	59.00%	48.18%	-10.83%	↓	Yes	59.49	Not Met
CHL	CHLAMYDIA SCREENING IN WOMEN	59.83%	62.60%	2.77%	↑	Yes	54.40	Met
IMA	IMMUNIZATIONS FOR ADOLESCENTS – Combo 1 (HYBRID)	86.78%	87.02%	0.24%	↑	No	87.71	Not Met
CWP	APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS	82.14%	83.95%	1.81%	↑	Yes	79.83	Met
CDC	COMPREHENSIVE DIABETES CARE – All Components (HYBRID)							

Identifier	Measure	Results 2015	Results 2016	Change from 2015 to 2016	Up or Down ?	Stat. Sig.?	DCH Target 2016	Target Met / Not Met
	HbA1c test	81.80%	83.48%	1.68%	↑	No	86.20	Not Met
	HbA1c Poor >9 (lower rate is better)	59.72%	61.04%	1.32%	↑	No	42.22	Met
	HbA1c Control <8	32.51%	29.91%	-2.60%	↓	No	47.91	Not Met
	HbA1c control <7	23.52%	22.46%	-1.06%	↓	No	36.47	Not Met
	Eye exam	59.36%	59.83%	0.46%	↑	No	54.74	Met
	Attention to nephropathy	91.87%	88.70%	-3.18%	↓	No	87.70	Met
	BP Control <140/90	52.83%	46.78%	-6.04%	↓	Yes	62.23	Not Met
ADD	FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION							
	Initiation	43.84%	45.69%	1.85%	↑	No	40.79	Met
	Continuation	58.82%	59.84%	1.02%	↑	No	65.20	Not Met
FUH	FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS							
	7 DAY	55.77%	50.75%	-5.02%	↓	Yes	46.22	Met
	30 DAY	72.53%	66.67%	-5.87%	↓	Yes	66.64	Met
AMBA	AMBULATORY CARE per 1000 member Months							
	ER VISITS (lower is better)	52.44	48.00	-4.43	↓	Yes	50.67	Met
	OP VISITS	303.03	279.01	-24.01	↓	Yes	N/A	N/A
IQI-21	CESAREAN DELIVERY RATE (lower is better)	29.32%	30.68%	1.36%	↑	Yes	21.59	
416- DPr	PERCENTAGE OF ELIGIBLES WHO RECEIVED PREVENTIVE DENTAL SERVICES – Use 416 specifications; run combined PCK and Medicaid	51.46%	46.14 %	-5.32%	↓	Yes	58.00	Not Met
CAHMI	DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE (HYBRID)	50.60%	56.59%	5.99%	↑	No	56.80	Not Met
C-S Rate	CESAREAN SECTION FOR NULLIPAROUS SINGLETON VERTEX (HYBRID)	NR	NR	N/A			22.70	
PQI-9	LIVE BIRTHS WEIGHING LESS THAN 2,500 GRAMS (lower rate is better)	8.87%	8.86%	-0.01%	↓	No	8.00	Not Met

Identifier	Measure	Results 2015	Results 2016	Change from 2015 to 2016	Up or Down ?	Stat. Sig.?	DCH Target 2016	Target Met / Not Met
AMM	ANTIDEPRESSANT MEDICATION MANAGEMENT							
	Effective Acute Phase Treatment	38.66%	40.76%	2.10%	↑	No	50.51	Not Met
	Effective Continuation Phase Treatment	23.89%	24.84%	0.96%	↑	No	34.02	Not Met
PQI-01	DIABETES SHORT-TERM COMPLICATIONS ADMISSION RATE (per 100,000 member months – lower is better)	15.46	12.82%	-2.64%	↓	No	13.46	Met
PQI-05	CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) or ASTHMA IN OLDER ADULTS ADMISSION RATE (lower is better	23.78	20.51%	-3.28%	↓	No	17.30	Not Met
PQI-08	HEART FAILURE ADMISSION RATE (lower is better	4.54	7.49	2.95	↑	Yes	4.11	Not Met
PQI-15	ASTHMA IN YOUNGER ADULTS ADMISSION RATE (lower is better)	3.19	5.24	2.04	↑	No	3.19	Not Met
ABA	ADULT BMI ASSESSMENT (HYBRID)	82.38%	85.88%	3.50%	↑	No	83.45	Met
ABX	ANTIBIOTIC UTILIZATION-% OF ANTIBIOTICS OF CONCERN OF ALL ANTIBIOTIC SCRIPTS – Total (lower is better)	38.78%	38.36%	-0.42%	↓	Yes	N/A	N/A
CBP	CONTROLLING HIGH BLOOD PRESSURE (Age 18-85) BP < 140/90 (HYBRID)	43.14%	37.82%	-5.32%	↓	No	57.53	Not Met
IET	INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT - Total							
	Initiation of Treatment	35.24%	35.32%	0.08%	↑	No	38.03	Not Met
	Engagement of Treatment	6.82%	6.71%	-0.11%	↓	No	10.07	Not Met
MPM	ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS							
	ACE Inhibitors or ARBs	87.45%	87.22%	-0.23%	↓	No	89.87	Not Met
	Diuretics	87.41%	86.68%	-0.73%	↓	No	87.04	Not Met
	Total	87.41%	86.91%	-0.50%	↓	No	87.05	Not Met
URI	APPROPRIATE TREATMENT FOR CHILDREN WITH URI	84.00%	87.16%	3.16%	↑	Yes	88.09	Not Met

Identifier	Measure	Results 2015	Results 2016	Change from 2015 to 2016	Up or Down ?	Stat. Sig.?	DCH Target 2016	Target Met / Not Met
TJC PC-01	ELECTIVE DELIVERY (HYBRID)	2.32%	NR	N/A	↑	N/A	2.00	N/A
SAA	ADHERENCE TO ANTIPSYCHOTICS FOR INDIVIDUALS WITH SCHIZOPHRENIA	19.63%	31.53%	11.91%	↑	No	60.68	Not Met
HPV	HUMAN PAPILLOMAVIRUS VACCINE FOR FEMALE ADOLESCENTS (HYBRID)	21.93%	22.84%	0.91%	↑	No	N/A	N/A
MMA	MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA – 5 to 64 Years							
	Medication Compliance 75% for 5-11 yrs. old	20.95%	20.28%	-0.66%	↓	No	32.80	Not Met
	Medication Compliance 75% Total	19.41%	20.25%	0.84%	↑	No	34.84	Not Met
AMA-PCPI	MATERNITY CARE-BEHAVIORAL HEALTH RISK ASSESSMENT (HYBRID)	5.46%	5.58%	0.12%	↑	No	N/A	N/A
SEA	Dental Sealants for 6-9-year-old Children at Elevated Risk	20.56% New	11.18%	-9.39%	↓	Yes	12.90	Not Met

Responding to the Unique Needs of the Members

Adult Preventive Health Strategy

Adult Screenings

The measures that Peach State uses to monitor the effectiveness of preventive care initiatives and the care that its adult members receive are the Adult Access to Preventive/Ambulatory Health Services (AAP) and Adult BMI Assessment (ABA) performance measures.

Results:

- AAP: 20-44 years old – 2015 (77.87%) vs. 2016 (77.22%). No statistical difference
- ABA: 2015 (82.38%) vs. 2016 (85.88%). No statistical difference

2016 Interventions and activities***:***

- In 2016 Peach State dedicated a Member and Community Advisory Board meeting to a discussion about the barriers to adult members receiving preventive health. The Southwest Regional MCAB was selected as the dedicated regional meeting for this measurement due to its members' consistent attendance. The total number of members in attendance for the selected meeting was 20. Discussion about barriers to the adult members receiving preventative care were:
  - lack of transportation
  - unable to get off work
  - no primary care doctors that take Peach State near their residence
  - prevention hasn't been a major component of their life

  Remedies and interventions suggested by the MCAB attendees to address the barriers that were shared included increase in providers who accept Peach State, greater awareness of the transportation value-adds, and larger incentives to receive preventive health care.

Proposed 2017 Interventions and Activities***:***

- Education about benefits and incentives**:** In 2017, as a result of the information obtained during the MCAB meetings, Peach State enhanced the “Value Add” benefit flyer to clearly show the transportation benefit available for preventive health appointments. The Plan will also implement (Q3, 2017) the Peach Pays Program which includes incentives for adult members for obtaining certain preventive health services.
- Identify a vendor who can perform home health assessments which include BP, BMI and make appropriate referrals
- Pilot the “Peach Pays” Healthy Rewards Program
- Identify practitioner offices who have the highest number of noncompliant members and send letters to those members under the provider’s name encouraging the member to schedule an appointment
- Continue to recruit available urgent care centers in the shortage areas and partner with our primary care offices by offering incentives for extended and after-hours coverage to improve access thereby reduce the Non-emergent ER utilization. The 2017 recruitment Work Plan will focus on primary care shortage areas in an effort to close gaps and

improve access. Peach State will also analyze trends in the third pattern in 2017 to determine if the high ER utilization might be related to PCP effectiveness and/or compliance with CPGs

Women's Health

Preventive Care

The measures that Peach State uses to monitor the effectiveness of programs and interventions designed to improve the rates of women's health preventive care are Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS) and Chlamydia Screening (CHL).

Results:

- CCS: 2015 (68.56%) vs. 2016 (66.19%) – No statistical difference
- CHL: 2015 (59.83%) vs. 2016 (62.60%) - Statistical significant improvement
- BCS: 2015 (66.90%) vs. 2016 (66.12%) - No statistical difference

2016 Interventions and Activities

- **Cervical Cancer Screening Day**: In September 2016, Peach State Health Plan collaborated with Southwest Georgia Primary Care to host a Cervical Cancer Screening Day. Plan members were 'invited' to attend the CCS Day to earn a $25 Walmart gift card. There were 197 members called, of which, 20 made appointments.
- Effectiveness: Five members completed their CCS. Four of the five members became 'compliant' for the CCS measure as a result of the event; one member's eligibility with the Plan termed October 1 and she was no longer in the denominator. Medical results of CCS intervention:
  - 2 Patients had abnormal test results
  - 1 Patient tested positive for HIV
  - 2 Patients tested positive for STD
- Findings: The Peach State staff who worked to plan the event noted that there was another OB/GYN office across the street from the location of the CCS Day and members stated that although they were provided with the address, they were not sure of the location. In the future, signs and/or banners will be used to assist members with identifying locations of events such as this. The numbers are not always reflective of the benefits of the intervention. For the five members who attended the event, their health outcomes will be improved by treatment of conditions found. There was no outreach to determine the reasons the other 15 members did not keep their appointment. Screening days scheduled in CY 2017 will include this outreach.

- **Peach State Health Plan Data Drill Down on Chlamydia Screening**: In 2016, Peach State completed a root cause analysis and data drill down to develop possible interventions, and pilot at least one of them using rapid cycle methodology to improve rates of chlamydia screening. Peach State Health Plan theorized that Pediatricians were the high-volume provider type for non-compliant members' ages 16-20 years old in the CHL denominator. We used the data to determine where to expand our provider outreach program on the use of urine testing for Chlamydia screening which had been successfully piloted in the Atlanta Region in 2015. Peach State Health Plan researched member claims history, and during root-cause analysis and data drill down, Peach State Health Plan noted that Pediatricians were not the provider type associated with the event

that put non-compliant 16-20 year old members in the HEDIS denominator for Chlamydia screenings. Following are the top 10 provider/practitioners attributed to non-compliant members.

- There were two Pediatric practices in the Atlanta region with the most non-compliant members (5) in the denominator. Review of the member's claims indicated that the diagnosis that put the member in the denominator was contraceptive prescriptions. A review of the member's claims history identified that there was no chlamydia testing during the CY.
    - One OB/Gyn practitioner in the Atlanta region had 13 non-compliant members in the Chlamydia Screening denominator. This OB/Gyn (from claims) appears to be prescribing contraceptive without chlamydia testing.
    - One practitioner had 33 non-compliant members in the CHL screening denominator. This practitioner is the medical director at the Public Health Department in an area of the SW. Data drill down noted that Providers in the PHD are performing member requested pregnancy tests which put the member in the denominator.
    - Four of the top 10 providers attributed to non-compliant members were hospitals. Data drill down showed that claims from hospitals on the list noted urine pregnancy tests as the reason the member was denominator eligible. The pregnancy tests were performed prior to MRIs/CTs/ X-rays for inpatient/ED visits which is medically appropriate but not an exclusion for the measure.
    - The top two laboratories, Quest and Labcorp, were both among the top 10 providers with more non-compliant members ages 16 to 20.

- **Mammogram Compliance Feedback**: At the end of CY 2015, Peach State conducted a survey of women for whom mammography was recommended and who had not had a mammogram in the last 2 years. Based on the feedback from the survey, it was determined the lack of members' motivation to schedule/keep screening mammograms was an issue. Peach State developed a Peach Pays Incentive program for members to encourage them to get their mammogram. The mammogram incentive will be implemented in Q3, 2017.

Proposed 2017 Interventions and Activities

To address member's desire to obtain screenings and the need for ongoing education on the importance of preventive screenings, Peach State proposes the following interventions/activities for CY 2017:

- The CY 2016 CHL rate remains above the DCH target but below the 90th percentile which suggests further opportunity for improvement. Peer- to-peer education of OB/GYNs who are prescribing contraceptive without performing Chlamydia screening tests will be conducted in CY 2017 by Dr. Joffe. The Plan is currently (June 2017) planning a meeting with the PHD in the SW to discuss opportunities to educate and encourage screening for Chlamydia when females present for pregnancy testing. Peach State is working to use the data and analysis to develop thoughtful interventions to deploy in CY 2017.
- Peach Pays Incentive**:** In 2017, the Plan will implement (Q3, 2017) the Peach Pays Program which includes incentives for women to obtain their cervical and breast cancer screenings.
- Work with FQHCs to conduct Peach State Days specific to CCS and BCS.

- Email 'blast' education regarding the need for CCS and BCS to members and providers
- October Women's Health Initiative for Women's Wellness for CCS, BCS and CHL including a letter to members that providers can send out to educate members on the need for preventive services and invite to call in for an appointment.
- Partner with American Cancer Society for
    - Collaborative education and joint outreach to members.
    - Mail collaterals/postcards based on DRAGG analysis findings.

Pregnancy

The measures that Peach State uses to monitor the effectiveness of programs developed to improve pregnancy outcomes are: Timeliness of Postpartum Care (PPC-Post), Frequency of Prenatal Care (FPC), and Timeliness of Prenatal Care (PPC). During 2016 rates for C-section deliveries remained constant at 29.32% in 2015 and 30.68% in 2016.

Results:

- FPC (81%+): 2015 (59.00%) vs. 2016 (48.10%) - Statistical significant decrease
- PPC – prenatal: 2015 (77.49%) vs. 2016 (73.72%) - No statistical difference
- PPC-Post – postpartum: 2015 (59.72%) vs. 2016 (61.07%) - No statistical difference

The following table below shows the birth outcomes for Peach State members who delivered in 2016:

All Peach State Deliveries Birth Weight Categories	2015	2016	% Change ↑↓	Statistical Significance
Normal Birth Weight	88.0%	87.6%	↓0.4%	Not significant
Low Birth Weight	9.1%	9.5%	↑0.4%	Not significant
Very Low Birth Weight	2.94%	2.89%	↓0.5%	Not significant

2016 Interventions and Activities**:** We employed the interventions included in our Start Smart for Babies and High Risk OB Care Management programs to improve rates of PPC-Prenatal, FPC, and PPC-Post-partum, and reduce the rate of LBW and VLBW deliveries. See the "Effectiveness of Care Management" section within this document.

- **PIP**: In CY 2015, Peach State partnered with high-volume OB/GYN providers, Drs. Robert and Rodney Dourron at DeKalb Medical Center, on a rapid cycle PIP to improve postpartum visit rates (PPC-Post). In CY 2016, the Peach State Health Improvement Workgroup for Women noted ongoing challenges with receiving the data from the Dourron office resulting from office day-to-day responsibilities and staff turnover. The Workgroup determined that other opportunities to increase post-partum visits should be

explored and reviewed data to identify a new/different focus. The workgroup theorized that women who received a C-section were less likely to meet the 21-56 day standard because of the need to have the incision checked 2 weeks postpartum.

- Data drill down identified that C-sections accounted for approximately 1/3 of Peach State deliveries but the postpartum rate among those women was roughly equal to the vaginal deliveries. The theory about C-Section PPC-Post rates being lower because they have a visit prior to day 21 was disproved.
- This discovery, and conversations with OB/GYNs suggested that the Plan intervene in this measure by re-educating OB/GYN practitioners about the current OB incentive in place. The Plan believes that the Provider who has a relationship with the member will be better able to influence the member to attend their postpartum visits than the plan.

- **Baby Showers:** In CY 2016, Peach State initially identified pregnant members 35 years or older and educated them on the importance of prenatal and postpartum care. After reviewing monthly data and outcomes (PPC, FPC, LBW) the Plan reassessed and modified the intervention to target members identified in the Southwest region as having one of the following risk factors: Advanced Maternal Age, Alcohol Usage, and/or Substance Abuse. Peach State worked with various community partners to host baby showers targeting high-risk members. During the shower, education was provided to the members about the importance of breastfeeding, prenatal and postpartum care, reproductive life planning, birth spacing, plan benefits, the importance of EPSDT preventive services for their unborn child, and assistance with community resources. The main goal of the baby showers was to improve birth outcomes.
  - Effectiveness: There were 25 Members who were identified and received outreach from the start of this intervention in Q3 2016. Of those, all 6 members who have delivered had a healthy baby.

- **The Women Involved and Nurturing** (W.I.N.) Program in collaboration with Public Health Departments and FQHCs which was implemented in CY 2015 continued in CY 2016. The collaboration focused on improving perinatal outcomes and reducing the infant mortality rate. Peach State hosted educational forums for all women receiving services in the FQHCs. During these forums, Peach State focused on the importance of reproductive life planning, family planning options, caring for infants and other parenting issues. Peach State staff highly encouraged members and family members to attend. Some topics included during the 2016 sessions were the importance of prenatal and postpartum care, choosing a birth control method before you deliver, and birth spacing.
  - Effectiveness: There were a total of 10 Healthy Lifestyle (WIN) events targeting pregnant members to educate them on the importance of prenatal and postpartum care. There were a total of 80 members who attended and delivered. Of those 80 members, 95% had a healthy baby and 5% had a baby that had to be admitted into the NICU. Of those (95%) who had a healthy baby, 89% of mothers delivered a baby of normal Birth Weight baby.

CY 2017 Proposed Interventions:

Preliminary data analysis and root cause analysis indicates that the majority of members delivering in CY 2016 were not nulliparous. Anecdotal feedback from multiparous members indicated that mothers are less 'concerned' about prenatal/postpartum care after their first

pregnancy/delivery. Many mothers assume to be familiar with the pregnancy process and believe the need for timely and frequent prenatal visits as well as timely postpartum visits will not have a negative effect on the pregnancy outcome, the newborn, or the mother's health post-delivery For these reasons, Peach State proposes the below interventions which focus on member education.

- Postpartum Visit Education: In CY 2017, Peach State plans to deploy an alert that will show providers the members that are not compliant for the postpartum visit and advise them of the money that they could have received as part of the incentive program. This alert will be delivered via the provider portal and Provider Relations/Provider Assistance teams will conduct education.
- Incorporate Baby Monitors into Start Smart incentive and raffles at Baby Showers after survey showed this was the more desirable incentive for completion of prenatal and postpartum visits.
- Enhance education and outreach programs to members in the Southeast region as the DRAGG analysis showed low compliance in this area. The outreach education will be used to improve understanding of prenatal and postnatal care.
- Provider education enhancement about the importance of early notification of pregnancy and available incentive.
- For LBW / VLBW, enhance pregnancy stratification process for earlier enrollment of at-risk mothers into the high-risk CM program.
- Hire and train smoking cessation counselors to enhance the Puff Free Pregnancy DM program.
- Partner with Southern Crescent Women's Health (SCWH) related to their centering pregnancy program. The Centering Pregnancy Program consists of a group of 10-12 patients (members) that go to the OB office as a group for physical exams and education. Centering is associated with decreased low birth weight rates. SCWH is now accepting Peach State and our members for entrance into their centering model.
- Create and implement interventions to reduce elective and unnecessary C-sections:
    - Implement C-Section CPG coding training for providers who are not providing correct diagnoses to identify when they perform medical appropriate C-sections.
    - Implement nonpayment policy for C-sections billed without an appropriate diagnosis code. This will reduce the C-section rate.

Adults with Medical Conditions

Common Adult Conditions

The conditions that are most prevalent in Peach State's adult population include the following:

- Diabetes
- Mental Health
- High Risk OB/ Premature infants (covered under the Women's Health section)

***Diabetes*:**
As of December 2016, Peach State Health Plan served 2,410 members identified with Primary Risk Category of diabetes, 35.39% children and 64.61% adults. Of the adult members, 64.55% are African American, 16.51% are male and 83.49% are female. The measures that Peach State uses to monitor the effectiveness of programs and interventions designed to improve rates of diabetes care are the Comprehensive Diabetes Care (CDC) sub-measures listed below.

Results:

- HbA1c Testing: 2015 (81.80%) vs. 2016 (83.48%) - No statistical difference
- Poor Control - > 9: 2015 (59.72%) vs. 2016 (61.04%) - No statistical difference
- Good Control - <7: 2015 (23.52%) vs. 2016 (22.46%) - No statistical difference
- Eye Exam: 2015 (59.36%) vs. 2016 (59.83%) - No statistical difference
- Attention to Nephropathy: 2015 (91.87%) vs. 2016 (88.70%) – No statistical difference
- BP <140/90: 2015 (52.83%) vs. 2016 (46.78%) – Statistical significant decrease

There were two sub-measures which met DCH targets, eye exams and attention to nephropathy.

2016 Interventions and Actions:

For additional information about the Diabetes DM program, please refer to the sections: “Overall DM Program Highlights” and “Diabetes DM Highlights” within this document.

- **Formal Diabetes Focus Group**: As a result of low compliance with the diabetes sub-measures and an interest in improving outcomes for members with diabetes, Peach State conducted a formal diabetes focus group in the Fall of CY 2016. The diabetes focus group was conducted in the SW region as the data showed this region to have the lowest compliance for the sub-measures as well as the least controlled HbA1c results. Twelve members participated in two focus groups.
  - Findings: The Diabetes focus group provided feedback on barriers and motivational ideas to improve compliance and outcomes:
    - Many members were frustrated with their lack of control and improvement of their condition. Most were dealing with multiple health issues as well as family and other life problems. Many knew what they should be doing and knew it was up to them to improve their condition.
    - Most members visited their doctors or other specialists frequently, but did not know what tests and screenings were needed at every visit.
    - Getting reminders from doctors and working with care managers helped keep the members on track in managing their condition.
    - Many members would welcome help extended to them in various forms—from tools to help their family support them to peer groups or management from providers. They see their family as key pillars of support, but desire more assistance from providers and plans to gain control over their own health.

- **Diabetes Day**: As a result of the feedback from the focus study conducted during the fall of 2016, as well as the ongoing challenges with compliance, Peach State Health Plan hosted a Diabetes Wellness Day on April 1, 2017 in Albany GA. The goal of the Diabetes Wellness Day was to educate, engage, and empower members to better manage their diabetes in an effort to improve their overall health. Event planning and development of the initiative was collaborative and multidisciplinary with involvement from both community and Plan staff.
    - Peach State Quality Improvement (provide care gaps for members and offer assistance with scheduling and/or arraigning assistance)

- Medical Management (provide information on Care Management programs)
- Member Services/Community Outreach (inform members about their Plan benefits and how to contact Peach State)
- Envolve People Care (providing information on Behavioral Health and Disease Management Programs)
- Walgreens (perform HbA1c and Blood Pressure checks)
- Physician Assistant, Daniel Roberson from Albany Area Primary Care (medication and medical questions)
- Registered Dietitian, Susan Nelson from Fit 2 Do (healthy cooking demonstration)
- Exercise Instructor (Zumba demonstration)

A total of 254 live calls as well as reminder POM calls were made to diabetics within 30 miles of the event site. Postcards were mailed out to each member as a visible reminder of the event. The staff from DM and CM also invited diabetic members who were on their caseloads. The total count of members who called to RSVP was 52. Each member had the option of inviting up to up to four caregivers/guests to ensure the entire family unit could be involved in improving the member's outcomes.

- Effectiveness: The number of members who attended the Diabetes day was 10 accompanied by 15 caregivers. A 'post event' survey was provided and members shared the following when asked what motivated their attendance:
  - "The Rep who called me was very convincing to come to the event"
  - "I enjoyed the event and appreciated the education received. Now I can better manage my diabetes"
  - "Came for the diabetes information and to know my A1c level"
  - "I came to the workshop to become more aware of diabetes management; how to stay healthy and to help my daughter become more aware on how diabetes can affect your health"
  - "Diabetes education, cooking demo, and enjoyed kid's activities"
- Findings: Peach State Health Plan is currently conducting a cost analysis and brainstorming methods to improve the number of members who attend events as this such as collaborating with a provider or local pharmacy. Outreach was conducted to the 42 members who called to RSVP and did not attend to determine why they did not show up to the event. Four members answered and were willing to provide a response. Three members stated that something came up last minute and one said she 'changed her mind". This information will assist with planning/development of future Diabetes Wellness Days. One attendee was already enrolled in Care Management. The remaining attendees declined enrollment but accepted materials describing the CM program.

- **Diabetes Action Plans and Trackers:** In CY 2016, Peach State Health Plan mailed out state approved diabetes action plans as well as blood glucose trackers to 31 members in the Southwest (SW) region. The SW region was chosen as the data showed this region as the least compliant for all of the sub-measures associated with the DM Program as well as the least controlled HbA1c results. The Plan partnered with Phoebe Physicians Group in Albany to work on this small pilot program. The purpose of the action plan was to encourage ownership of diabetes management and have a physician meet with these members during the tracking period.

- Effectiveness**:** Of the action plans that were sent to the 31 members, HbA1c values were obtained for eight (8) members. The Plan worked with Phoebe Physicians group and captured the members HbA1c value prior to the member receiving the mailer and the results were compared to an HbA1c value after the member tracked their blood sugar levels twice a day for 90 days. The results concluded that 75% (6 out of the 8) of those members had a drop in their HbA1c compared to their initial values. This intervention was effective for those members who participated in the pilot. This intervention will likely be abandoned as there were not many members who participated and the intervention was intensive for the members, provider and the Plan. Peach State plans to replace this intervention with one in which we will work with an FQHC to increase diabetes compliance and screening rates. The Plan will review data to determine which region of the state has the greatest opportunity to improve diabetes metrics and will strive for a partnership with an FQHC in that region

- **Medication Therapy Management (MTM) Program**: In CY 2016, a Medication Therapy Management (MTM) program was developed. The MTM outreach coordinators accessed CVS Claims system, which provided real time medication information. In addition, MTM outreach coordinators could access on a daily basis a list of members who were 5 days late or more on an expected medication refill. In a targeted approach, the Plan contacted members that were 5 days late in filling their diabetes medications. Each call to the member was preceded (same day) by a real time pharmacy claim review to confirm if the member did, in fact, pick up their medication.
  - Effectiveness: Calls by the clinical pharmacy team to members began in June 2016 for this MTM program. There were over 2,000 calls to members from June 2016 through the end of December 2016. The goal was to improve medication adherence. During those 7 months of the program the average fill rate was 48%. This program was implemented as a pilot and will be used as baseline. A goal will be established for 2017 and the intervention will continue.

The interventions, although effective for those who participated, were limited in scope due to member participation, and limited in geography. As a result, there was no impact on the overall HEDIS performance measure results.

2017 Proposed Activities:

To address barriers identified through the Focus Groups which included members being frustrated by their everyday needs leading to self-care challenges as well as their desire to have Plan support, Peach State has identified the below proposed activities:

- **Peach Pays**: Peach State developed a Peach Pays Incentive program for members to encourage them to obtain their HbA1c and to maintain an HbA1c result lower than 9. The incentive and initiative was developed based on member feedback during in-person events and the focus group conducted in 2016. The diabetes incentive will be implemented in Q4, 2017.

- **Medication Therapy Management**: In CY 2016 Peach State initiated a contract with PharmMD. PharmMD is **a** Medication Therapy Management company that partners with local clinicians and pharmacists to educate members on healthy habits, remove barriers, and intervene personally to keep members fully compliant with their medications. In CY 2017, Peach State will implement a medication adherence program with PharmMD

Solutions for members diagnosed with Diabetes. Metrics to determine effectiveness of the PharmMD Solutions program may include:
  - The percent of members in the medication adherence program who became adherent (compared to non-participants);
  - The percent of members in the medication adherence program who achieved HbA1c <9 within two quarters (compared to non-participants).

- Discuss a pilot program with a vendor for obtaining lab tests for members with diabetes in their homes for their convenience and to allow little disruption into member's lives.
- Investigate potential pilot with a "vision van" to further improve diabetic eye exam rates
- Work with FQHCs to get members in for all needed visits (not just diabetic specific care); thereby improving overall health and outcomes. This intervention will decrease the need for multiple appointments for diabetic care/screenings.
- Develop/adopt a member friendly CPG to assist with better understanding of required care for diabetics and provide a tool for members to assist with self-care and knowing which tests/screenings are needed.

Mental Health

Peach State had 2,362 adult members with a mental health diagnosis (Depression, Bipolar, and Mood Disorders) as of December 2016. Of those, approximately 40.47% of members with mental health diagnoses were Black or African American, 58.21% were White, 0.80% were Asian and 0.52% were Other Race. The percentage of members who identified with Latino/Hispanic ethnicity was 2.15%. With regard to gender, 5.84% were male and 94.15% were female. Regionally, members with a mental health diagnosis reside in the following regions: Atlanta 46.69% North 4.40%, East 1.35%, Southwest 24.21%, Southeast 2.66%, and Central 20.66%.

The measures that Peach State uses to monitor the effectiveness of behavioral health related programs and interventions are: Follow-Up after Hospitalization for Mental Illness (FUH), Antidepressant Medication Management (AMM), and Adherence to antipsychotics for individuals with schizophrenia (SAA)

Results:

- FUH – 7: 2015 (55.77%) vs. 2016 (50.75%) - Statistical significant decrease
- FUH – 30: 2015 (72.53%) vs. 2016 (66.67%) - Statistical significant decrease
- AMM – acute: 2015 (38.66%) vs. 2016 (40.76%) - No statistical difference
- AMM – continuation: 2015 (23.89%) vs. 2016 (24.84%) - No statistical difference
- SAA: 2015 (19.63%) vs. 2016 (31.53%) - No statistical difference

Peach State met the DCH targets for FUH 7 and 30 day. DCH targets for AMM (acute or continuation) and SAA were not met.

Behavioral Health Care Management Program. Peach State's behavioral health care management program supports all of its behavioral health clinical efforts and initiatives. Psychiatric inpatient utilization represents the highest need and acuity in the behavioral health continuum. All members accessing that level of care are automatically enrolled in care management. There are many instances when an in-person CM services are needed in order to engage members in outpatient BH providers with whom they might have been engaged. This provides an opportunity to engage members in CM and strengthen their ability to self-manage

and maintain compliance, in order to improve outcomes. Additional information can be found in the "Effectiveness of CM Program" section.

Follow-up after Mental Health Hospitalization 7/30 Day

For members to regain full recovery after an Inpatient Mental Health stay, following up with a mental health provider within 7 or 30 days of discharge is vital. Not only do these appointments decrease readmission rates but they also help members access the most appropriate level of care and most effectively continue their recovery and improve their quality of life. Additional information can be found in the "Effectiveness of CM Program" section.

2016 Interventions:

- Peach State intended on stationing an on-site care manager at inpatient Psychiatric facilities in the metro Atlanta region. Despite numerous attempts, Peach State was not successful in implementing this initiative; it was abandoned. A pilot in which a BH CM coordinates with the hospital discharge planner on 7 day FUH visit was implemented in May 2016. Due to moderate volume of inpatient psychiatric admission, Lakeview Behavioral health was identified as the pilot facility with which to partner to improve 7 day follow up after hospitalization by offering education and coordination of all discharge appointments.
    - Effectiveness: Between the months of May 2016 and December 2016, a total of 124 members were admitted to Lakeview and received discharge planning by an Envolve CM staff. The Envolve CM staff coordinated the 7 day FUH appointment with the community provider, Lakeview discharge planning staff, and member/member family. As a result of these coordinating efforts, 40 of 124 members successfully made their 7 day FUH for a percentage of 32.25%. Peach State determined this intervention to be successful as the initial goal was 25% of members would keep their appointment.

2017 Proposed Interventions

- Interventions implemented did not make an impact as the FUH – 7 day follow up rate experienced a statistically significant decline. EPC completed the full integration of Cenpatico Behavioral Health, LLC, an NCQA accredited managed behavioral health organization into the Centene Corporation to provide a high level and seamless physical and behavioral health service integration through co-location of staff and shared systems and platforms. EPC will work with Peach State to implement behavioral health homes which may have a positive impact on mental health/behavioral health follow up and outcomes for members.
- Train EPC staff to identify providers who already have an established relationship with the member so the hospital discharge planner can schedule appointments easily with this provider rather than trying to find a new one.
- Hire dedicate DC planner for intensive involvement and provider interfacing with IP facilities.
- Develop a program that would reward a member with a gift card that would be given to members once they discharge from an inpatient stay.

Antidepressant Medication Management

Antidepressant medications work most effectively when they are taken consistently. Peach State care managers track members from their initial prescription fill for an antidepressant medication through the following 6 months. This period of time allows the member to adjust to the correct medication and dosage and also to see positive effects from the medication. Barriers to member adherence to medication include members' lack of understanding about the pharmacology of the drugs and the process to experience the effects of the medication, and members not remembering to refill their prescriptions before running out. Additional information can be found in the "Effectiveness of CM Program" section.

2016 Interventions:

- Peach State initiated a two-stage POM campaign on December 18, 2015 and that was to be continued into 2016. The POM campaign was not continued as the demographic information (phone numbers) lead to greater than 95% of calls not being answered.
- Peach State designed a pilot a Medication Therapy Program, where outreach pharmacy coordinators will call members who either just filled the first prescription for an antidepressant and/or who are 5 days late in filling a prescription, educating them on the importance of proper medication adherence. The AMM MTM Program will be implemented in Q3, 2017.

Antipsychotic MTM: From August 2016 through December 2016, Envolve launched an in-market Anti - Psychotic MTM initiative geared toward improving member adherence to anti-psychotic medications. Envolve CM staff made 65 live outreach calls to member/member families to alleviate any identified barriers to medication adherence and encourage them to resume their prescribed anti-psychotic medication. As a result of these calls, 37 of the 65 members contacted successfully obtained their medication within 30 days of Envolve CM staff initial outreach for a 57 % of medication compliance. This exceeded the goal of 50%.

Month	Calls Made	30 Day Successful Anti-psychotic fill, post outreach
August	1	0
September	31	22
October	22	15
November	5	0
December	6	0
Total:	65	37

Proposed 2017 Interventions and Activities

- Potentially pilot program to locate a provider who will see members on day of discharge from a facility

- Potentially pilot with a mobile BH provider to see members in the Atlanta region in their homes within 7 days of discharge from a facility
- Potentially partner with a Community Service Board to assist with performing services in high need areas
- Adopt and share one page guidelines for PCPs to use to improve outcomes
- Educate providers on BH services and available mental health providers in their communities
- Work with BH vendor to address non-adherence with all of these programs

Children's Health

Children's Preventive Health Strategy

Approximately 85.49% of the 2016 membership (as reported in December 2016) was 20 years of age or younger. Approximately 50.24% of Peach State members aged 20 years and under were female and approximately 49.76% were male members. Of all Peach State members who were ages 20 years or younger: 54.71 % were Black or African American, 36.99% were White, 3.17% were 'unknown' and 3.13% were Asian. There were 86.78% of members 20 years of age or younger whose ethnicity was reported as Non-Latino/Hispanic; 13.10% reported Latino/Hispanic and 0.12% had an unknown ethnicity. There were 54.98% of members aged 20 years or younger who were considered healthy

Preventive health care is one of the most important aspects of keeping healthy children healthy. Studies indicate that all children are at increased risk of developing preventable conditions if appropriate care is not provided when they are sick or injured. When children fail to receive necessary health care, their lives and the lives of their families can be affected for many years[5]. The strategy to improve the health of the child population includes the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program and interventions. Peach State's EPSDT Program is designed to ensure that members access the comprehensive preventive care benefits available. This benefit is designed to assist with the identification and early diagnosis and treatment of conditions which, if undetected, could result in serious illness and/or costly care. The EPS part of the EPSDT benefit provides preventive health screenings that include well visits, immunizations, lead testing, developmental screenings, obesity prevention and preventive dental care.

Peach State uses fourteen (14) performance measures to evaluate the quality of care related to children's health. The 2015 and 2016 rates for these measures were compared and the 2016 rates were compared to the DCH targets.

Results:

MEASURE	SUB-MEASURE	2015	2016	Sig.	DCH Target
ADV - Annual Dental Visit - *ADMIN*	2-3 YEARS	44.05%	39.98%	Yes	45.07%
	19-21L	37.57%	35.07%	No	**34.43%**
AWC - Adolescent Well-Care Visits - *HYBRID*		47.60%	50.00%	No	**49.15%**
CAP - Children and Adolescents' Access to Primary Care Practitioners - *ADMIN*	12-19 YEARS	88.78%	88.73%	No	90.06%

5 https://www.ncbi.nlm.nih.gov/books/NBK230385/

MEASURE	SUB-MEASURE	2015	2016	Sig.	DCH Target
CIS - Childhood Immunization Status - *HYBRID*	COMBO 3	79.09%	71.88%	Yes	81.25%
	COMBO 10	34.38%	26.68%	Yes	35.88%
DVS/CAHMI - Developmental Screening in the first three years of life - TOTAL (DEV-CH) - ***Hybrid***	TOTAL	50.60%	56.59%	No	56.80%
IMA - Immunization for Adolescents - *HYBRID*	COMBO 1	86.78%	87.02%	No	87.87%
LSC - Lead Screening in Children -*HYBRID*		80.05%	**83.17**%	No	**79.67%**
W15 - Well-Child Visits in the First 15 Months of Life - 6 or More Visits - *HYBRID*		67.79%	**63.73**%	No	66.24%
W34 - Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life - *HYBRID*		68.99%	**72.80**%	No	**72.02%**
WCC - Weight Assessment and Counseling on Nutrition and Physical for Children/Adolescents - *HYBRID*	BMI	67.79%	**73.32**%	No	**67.23%**
	Nutrition	66.59%	**68.27**%	No	**61.44%**
	Physical Activity	57.21%	**57.93**%	No	**53.89%**

Peach State achieved a statistically significant decrease in two measures in CY 2016, ADV: 2-3 year-old, and CIS combo 3 & 10. Seven of the fourteen measures achieved or exceeded DCH targets in CY 2016.

In addition to the 14 performance measure rates, Peach State also utilizes the CMS-416 screening rate and sealant rate to assess health outcomes of the childhood population. The Combined Medicaid and PCK members CMS-416 screening rate in 2015 (67%) vs. 2016 (71%) demonstrated a statistical significant increase, however it did not meet the DCH target (80%)

Despite ongoing education and interventions, carefully designed by the Children's Health Improvement Workgroup utilizing brainstorming procedures and tools such as Ishikawa and Key Driver Diagrams, Peach State has not seen the statistically significant improvements in the screening rates that were expected.

Preventive Visit Disparities*:* Peach State continued to identify health care disparities and differences in compliance in an effort to appropriately address issues and improve outcomes for all enrolled children. The following information identified significant differences in compliance based on, region, age, race/ethnicity and gender as well as initiatives to address each disparity.

- **Region Focused.**

  Peach State monitored monthly administrative performance measure rates. This monitoring noted that the Southeastern Georgia Families region had lower compliance

rates for HEDIS well visits than any other region in Georgia. The Plan's EPSDT staff spoke with members during Peach State Days, health fairs and other in-person events and learned that members believed that practitioners were requesting unnecessary visits and that there was no medical reason to make/keep well visit appointments. Peach State determined that Plan education may supplement practitioner efforts in getting members to obtain well visits and sent emails to 404 non-compliant members in the Southeast Region encouraging them to receive their preventive visit for a nominal incentive. Twenty-three members (5.6%) completed there well visit within 90 days of the email.

- **Ethnicity Focused.**

  Peach State collaborated with Southern Crescent Pediatrics Riverdale location in an attempt to reach Hispanic/Latino members and improve their compliance with well child visits. This location of Southern Crescent Pediatrics services a high volume of Hispanic/Latino members and had a low compliance rate for well child visits. The Plan utilized the My Health Direct scheduling system to conveniently schedule member appointments without conference calling the office and to reach members (caregivers) during times when they were likely to be home, evenings and weekends. The EPSDT Coordinators contacted 63 members and scheduled 27 member appointments. There were 22 members (81.48%) who completed their well visit appointment. The caregivers of the 5 members who did not complete their well child visits were contacted to inquire as to why they scheduled and did not keep their appointments. The parents stated that they forgot, didn't have time to take off from work, conflict of interest, and child really wasn't sick. Rescheduling was offered but refused.

- **Race Focused.**

  Monthly administrative rates indicated that Black or African American males in the Southwest region had the lowest adolescent well -care (AWC) visits. A $30 Walmart gift card incentive was offered to members for completing their AWC visit. This incentive was chosen based on a December 2015 parent meeting where the majority of members stated an incentive to a local grocery store would be very beneficial. The EPSDT Coordinators performed live outreach to caregivers of Black or African American males in the SW region and offered an incentive for completion of their AWC visit by December 31, 2016. There was a total of 391 members, who received outreach, of which 78 of their caregivers answered and were educated about the importance of timely and routine AWC visits, offered scheduling and transportation arrangement assistance and informed about the member's eligibility for an incentive. There were 58 appointments scheduled and 43 appointments completed (approximately 74%).

Barrier identification

As a result of low compliance with the EPSDT preventive (well child/adolescent) visits, the Plan (using a vendor) conducted formal well- visit focus groups in late 2016. The 11 groups consisted of PeachCare for Kids and Medicaid caregivers and were conducted in all regions except for the East as the Plan could not get member caregivers to commit to attend. Caregivers of both compliant and non-compliant members (based on claims data) were invited and attended. Three of the 11 groups were specific to Spanish speaking (Hispanic/Latino ethnicity) members and a translator was present to assist with communication.

- Key insights from the focus group included:
  - Nutrition, physical activity and well-child visits were frequently cited as important among non-compliant member's caregivers. Many had children with chronic conditions and utilize their benefits and frequently visited providers for non-well child services.
  - Most non-compliant member's caregivers believed in the importance of well visits and lacked awareness they were not compliant.
  - Parents were reliant on provider staff to direct appointments and care.

- Barriers identified during the focus groups included:
  - Perceived lack of importance given that the child looks well and the child is regularly seen for a chronic illness and doesn't need vaccinations for school.
  - The school does not require well visits.
  - Well child visits are confused with visits necessary for vaccines only or sport physicals.
  - Provider's inflexibility on late arrival to appointments and limiting parents from having all of their children seen for their well-child appointments in the same visit.
  - For Hispanics, well visits are not part of their culture, as they are often not conducted in members' country of origin.

- Interventions/actions to address findings: Peach State is currently working with the Member Advisory Committee/Board and the Provider Advisory Committee to identify methods to address the feedback and barriers identified by members.
  - The Plan needs to develop a communication strategy to impart the importance of preventive visits to members more clearly. This may include:
    - Handouts for providers to distribute to members as members rely heavily on provider's direction.
    - Clearly defining the difference in immunizations and sports physical requirements.
  - Peach State Health Plan needs to work to develop interactive tools for members to track their appointments and double check how their providers may be guiding them.
  - The Plan needs to discuss the member perception of provider inflexibility with the provider community.

As a result of the feedback from the formal focus group about the involvement of the school, Peach State met with Family Health Center of Georgia's (FHCG) School Based Clinic staff in December 2016. The staff shared that many of their clinics were underutilized. The Peach State staff and FHCG discussed implementing initiatives to increase use of the clinic by Plan members by:

- Inviting members to complete their well visit at the clinic.
- Continue to partner with Clayton SBC and adding a partnership for Douglas County SBC.

- Encouraging athletes to have their 'sports physical' at the clinic; the FHCG staff would perform a full well visit in lieu of the sports physical and complete the necessary paperwork.

Peach State will provide outcomes of the initiatives in the CY 2017 QAPI Evaluation.

2016 Interventions

Peach State has continuously analyzed the data and discussed ways to engage, educate and involve members and providers in identifying barriers to care and exploring opportunities to address those barriers. In addition to the interventions included in the Health Disparities section, the below interventions were implemented in CY 2016.

- **School Partnership**: Peach State Health Plan is a partner in excellence with Argyle Elementary School in Cobb County. Argyle is a Title I school meaning that most members are the school received free or reduced lunch and would likely qualify/be enrolled in Georgia Families. In addition, approximately 40% of members at the school are of Hispanic/Latino ethnicity. By being a partner in excellence Peach State Health Plan gained access to utilize the school and members to conduct various interventions. In October 2016, a Movie Night for families was held at the school and Peach State Health Plan was present to speak with members about the importance of preventive health visits and assist with identification of needed care (care gaps).
  - Effectiveness: There were 50 parents/caregivers present. All of the parents identified as having Medicaid or PCK, however, only five were Peach State parents. The Peach State staff reviewed the member's care gaps; two were compliant with well visits and three were not. The Peach State staff offered and provided scheduling assistance for the three non-compliant members.
  - Findings: The three non-compliant members did not receive their well visits by December 2016. There was not sufficient feedback from Plan members at the event (as there were only five). Peach State will continue this partnership and work to identify barriers/interventions.

- **General Dental Education:** As part of Peach State Health Plan's partnership with Argyle Elementary School, a Dental Education Day was conducted by a school nurse and Peach State Health Plan staff was in attendance. The staff initially outreached to Bibb county schools in the Central region as the compliance for preventive dental visits in the region was low and Bibb County had the lowest compliance in the region. The Bibb County School District would not allow Peach State to conduct interventions in any elementary school. The intervention was finally conducted at Argyle ES (Cobb County). The ADV HEDIS measure for the zip code for Argyle ES was 49.8%, which provided an opportunity for improvement. The purpose of this Dental Education Day was to educate the school's 1st through 4th graders (278 students) about prevention for dental caries. There were four sessions held and in each session the students viewed a five minute video on how to prevent dental caries and how to have good oral health. The students were also given information on gum disease and the importance of nutrition. There was a demonstration on how to brush, floss and the purpose of mouthwash. After the presentation, each student was given a dental care kit containing a toothbrush, floss, toothpaste and a parent dental guide. The school provided Peach State Health Plan member's parents with information on how to contact the Plan for assistance with scheduling a dental appointment for their children.

- Effectiveness: Peach State Health Plan did not receive any calls from the parents to assist in scheduling a dental appointment.

- **Partnership to Provide Dental Screenings/Cleanings:** Dental Peach State Health Plan partnered with the J.C. Lewis Primary Health Care Center in Savannah, Ga (Chatham County) for a Dental Day. The purpose of the Dental Day was to provide cleanings to Plan members who were ages 5-11 years old. Child friendly education (puppet show) on the importance of brushing, flossing and visiting a dentist was provided as well. Peach State Health Plan invited members in the area to attend. The dental cleaning appointments were divided by the three Georgia CMOs and Peach State was allowed to invite 60 members.
  - Effectiveness: Two (2) Peach State Health Plan children received dental cleanings during the dental day.
  - Findings: The Dental Day was scheduled to take place on a school holiday; however, due to missed days, the School Board used the school holiday to make up for school days missed during a storm. This lead to a small turnout. Peach State will continue to work with JCLPHCC to conduct Plan specific events.

- **New Member Orientation (NMO) Sessions**: Peach State Health Plan's EPSDT team attended 12 NMO sessions between July and December 2016. The EPSDT team provided explanation of EPSDT to the new members, the importance of receiving care, assistance available for making appointments, the process for who and how to contact their PCP and provide information on the periodicity schedule, the importance of scheduling and keeping appointments for medical and dental screenings and any additional appointments to treat or fix problems found during the visit.
  - Effectiveness: There were 221 members who attended the NMO sessions. Forty-three members (19.45%) attended an NMO session and completed their preventive health visit within 90 days. The EPSDT staff conducted 'surveys' while at NMO sessions. The EPSDT team surveyed 50 members and/or caregivers to determine barriers for them not completing their preventive visits. Below are the top five responses provided by members/caregivers:
    1. Member is not sick
    2. Taking time off from work
    3. They need reminder calls, emails or texts
    4. Parents have an illness themselves
    5. Parents/ members don't have a support system

  - Proposed for 2017: Peach State Health Plan will continue to host NMO sessions. For high volume membership areas, the Peach State Health Plan EPSDT staff will work to increase member awareness and attendance. The goal is to improve member contact in an effort to increase the percentage of attendees that have their 90 day initial visit.

- **Email Campaign**: Peach State Health Plan emailed all non-compliant members (not just those in a specific region, race/ethnicity or gender) in Q3, 2016. The email encouraged members (caregivers) to schedule and keep a well visit by December 31, 2016. A $25 Walmart gift card was offered as an incentive for timely completion of the visit and the

email included instructions on how to call the Plan and retrieve their incentive. There were 11,382 emails sent, of which 2,093 were opened and 51-Returned (bounce back).

- Effectiveness: There were 552 (26%) completed preventive health visits after the email campaign. Although there was an incentive offered, no members called to retrieve their incentive.
- Findings: It cannot be determined if sending an email about preventive health visits was the primary reason members received their well visits. The parent may have scheduled the visit prior to the email or scheduled.

- **EPSDT Medical Record Review (MRR) Re-Audit Modification:** Peach State continued to perform quarterly EPSDT Medical Record Reviews according to DCH requirements to improve provider documentation compliance with EPSDT requirements. The provider's selected for the audit are chosen using a true random methodology prescribed by DCH. Practitioners who submit claims for a member's preventive visit in one quarter are eligible to have the medical record of the member audited during the next quarter. Each age applicable element of the Bright Future Guideline is reviewed to ensure the provider followed the guideline when performing the EPS visit. Peach State issued a Corrective Action Plan (CAP) to providers who scored less than 85% on one element of the EPSDT MRR or who do not have required equipment according to DCH's "Form A." As part of the EPSDT medical record review, PCPs are required to do a risk assessment and document a referral or inability to refer to a dental home if one has not been established.
  - Effectiveness**:** During 2016, there were 399 providers audited, of which 19 providers received at least one Corrective Action Plan (CAP). All providers who received a CAP were re-audited the following quarter. Approximately 75% of providers who were re-audited passed the audit. Providers who did not pass the re-audit were scheduled for a second re-audit the following month. All of the providers that were re-audited a second time passed the audit.

- **Provider Pay-for-Performance (P4P) Program:** Over 63% of Peach State's membership was assigned to Peach State provider groups who were enrolled in the P4P program. The P4P program provides incentives to provider groups who achieve high scores on specific measures. To improve the health outcomes of children, several preventive health measures were included in the P4P program.
  - Effectiveness: The provider groups enrolled in the P4P Program scored higher on the preventive health measures than provider groups not enrolled in the P4P Program and the difference was statistically significant. More details are included in the "Provider Network" section.
  - PIP: In 2016, Peach State continued the rapid cycle PIP in the area of Oral Health. The PIP carried out a rapid cycle testing of interventions on a small (targeted) group to identify effective strategies to improve compliance. For more details, see section "2016 PIP Summary and Results".
  - Improving Oral Health –Candler Dental Group's 6-9 year old members who needed at least one sealant application on a premolar.

Proposed 2017 Interventions and Activities

In an effort to address the barriers identified in the focus groups:

- Lack of importance and understanding of what constitutes a comprehensive a preventive care (well visit)
- Lack of school requirements/school involvement in education about the importance of preventive care
- Convenience/lack of provider flexibility

Peach State proposes implementing the below initiatives/activities to increase compliance:

- **Quarterly Healthy Baby, Bright Futures 1st Birthday Party:** The Plan is implementing quarterly birthday parties for children turning one and their caregivers. The purpose of the birthday party will include:
  - Reviewing Peach State Health Plan benefits
  - Educating on the importance of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and renewing benefits to prevent a break in coverage
  - Identifying any care gaps and connecting the members' parents/or guardian with the appropriate services.
  - Healthy Baby, Bright Future 1st Birthday Party will kick off its first birthday parties, at targeted regions where our Healthy Start program is actively located in hospitals
- **Children 0 to 21 years old**: Peach Pays Program – To improve outcomes, Peach State will implement the DCH approved healthy reward program, Peach Pays that provides incentives for completion of well child visits.
- **Children 3 to 21 years old**: The Plan noted a greater than 25% increase in visit rate after emails were sent to caregivers of non-compliant members. This cost effective and resource light intervention appears to show some efficacy. The Plan is working to review/revise email scripting and determine methods of obtaining email addresses for more members.
- **Children 3 to 21 years old**: Peach State Health Plan is working with the Family Health Center of Georgia (FQHC), with multiple locations in the Atlanta region, to host late hours Peach State Days to get members brought in by their working parents for their preventive health visits.
- **Children 3 to 21 years old:** Peach State Health Plan is working with the Douglas County SBC to implement a 'School Health and Physical Day' to provide Plan members with well visits for the members in lieu of sports physicals for members who are in proximity to the SBC.
- **Children 3 to 21 years old:** Peach State Health Plan is working with McClarin Alternative High School that has a mother/baby program. The mother baby program allows for the mother to attend school and her child to attend the in-school daycare. The purpose of the mother/baby program is to improve the graduation rate for females who become mothers in high school. Peach State will work with the SBC to provide well visits for the Plan's mothers and their Peach State babies.
- **Coordinated Outreach from the Plan and Provider**: Peach State will identify practitioner offices who have the highest number of noncompliant members:
  - Mail letters to those members under the provider's name encouraging the member to schedule an appointment

  - Implement a pilot program in East and Southeast regions in which a Plan EPSDT Coordinator will contact members from their provider's office and assist with scheduling appointments.
- **Provider Engagement:** Peach State understands the importance of provider engagement and assistance with encouraging members to schedule and keep preventive screening/visit appointments. The plan will continue education, P4P programs, web based tools such as care gap reports in addition to the initiatives below for CY 2017:
  - Educate providers that a "sports physical" visit for school can be combined with an adolescent well child visit
  - Partner with PCP offices and offer incentives for extended and after-hours coverage to improve access and reduce the Non-emergent ER utilization.
- **Improving Dental Visits**: During previous years, DentaQuest outreached to members/caregivers using postcards and auto-dialer calls during the fourth quarter of the year. In December 2016, DentaQuest's contract with Peach State Health Plan was terminated and a partnership with Dental Health and Wellness (DHW), a Centene Corporation sister company, was implemented. Additional proposed activities are as follows:
  - July 1, 2017, Implement "Dental Homes" in an effort to educate members and increase preventive dental visits
  - Implement POM calls to remind members of the importance of dental visits
  - Partner with a FQHC that performs dental services to hold a "Dental Day" in which non-compliant members are called by the Plan or FQHC and invited to have the service completed.

Common Conditions in Children

Children often have acute, short-term illnesses such as upper respiratory tract or ear infections. However, some children develop chronic illness which last anywhere from a few months to a lifetime. Early diagnosis and treatment of chronic conditions as well as routine follow up care and compliance with medication therapy is important in lessening the overall impact of the condition on the child and family and improving long-term outcomes. This section will include information on Asthma and Mental/Behavioral Health Conditions.

Asthma

Peach State had 22,100 members identified with Asthma as a Primary Risk Category as of December 2016. These members were majority male (56.33%), Black or African American (65.19%), aged 20 and younger (96.98%), and residing in the Atlanta Region (59.10%).

Peach State used the Medication Management for People with Asthma 5-11 years old –75% and 12-18 years old – and 75% (MMA) to assess the health status of asthmatics.

Results:

- MMA 5-11 yrs. - 75%: 2015 (20.95%) vs. 2016 (20.28%) – No statistical difference
- MMA Total -75%: 2015 (19.41%) vs. 2016 (20.25% %) – No statistical difference

There was no statistically significant difference when rates for 2015 were compared to 2016. In addition, neither rate achieved the DCH target.

2016 Interventions

Numerous interventions were in place in 2016. In addition to those listed below, a detailed description of the interventions is included in the section "Asthma DM Highlights."

- **Medication Therapy Management:** In a targeted approach, Peach State contacted members that were 5 days late in filling their asthma controller medications. Each call to the member was verified by a real time pharmacy claims review to confirm if the member did, in fact, pick up their controller medication.
  - Effectiveness: For the month of June 2016, 39% of members that our clinical team called went on to get their controller medications. The following months were as follows July 41%, August 43%, September 39%, October 44%, November 39%, and December 32%. This data will serve as a baseline reflecting the implementation of the MTM program and will lead to the selection of a goal.
  - Actions: Calls to members began in June 2016 and this MTM (medication therapy management) program is ongoing and will continue in 2017.

- **Asthma Action Plan and Tracker Pilot**: A small test pilot program was conducted with Snapfinger Pediatrics, an office located in the Atlanta Region (high non-compliance with medication compliance) and willing to work with the Plan to identify and assist with tracking members. Forty-seven members were identified as moderate to severely asthmatic. These members were mailed an asthma action plan and tracker.
  - Effectiveness. 10 of the 47 members made an appointment with Snapfinger Pediatrics to review the action plan and disease state. Of those 10 members, 6 members filled prescriptions for their controller medications after being in the pilot program.
  - Actions: The Plan mailed out asthma action plans and trackers to 2,296 members who were identified as moderate to severely asthmatic. The Plan is working to identify methods to determine efficacy of the asthma action plan and trackers for CY 2017.

2017 Interventions

Peach State Health Plan continues to have challenges improving asthma medication compliance. Through anecdotal conversations with members as well as root cause analysis conducted by the Plan, the barriers were determined to be:

- Lack of knowledge of the members and caregivers on triggers.
- Lack of understanding by members and caregivers of the importance of compliance with controller medication.

The following 2017 interventions as well as those listed in the "Asthma DM Highlights" will be implemented to address findings.

- Member education and reminders for members to see a provider and follow-up with prescription orders.
- Enhance the program with medication adherence reminder phone calls from Peach State and/or vendors.

Attention Deficit Hyperactivity Disorder (ADHD)

As of December 2016, Peach State had approximately 22,079 children identified with ADHD. This assessment uses the child psychiatric disorders Primary Risk Category of the Major

Primary Risk Category of BH/MH/SA. Due to insufficient identification using the major risk categories, Peach State used the Quality Spectrum Insight (QSI) HEDIS measure which indicated that as of December 2016, Peach State has approximately 3,557 children identified with ADHD. Of these members, approximately 38.07% of the children were White, 58.48% Black or African American, 0.25% Asian and 3.74% percent all other races. With regard to gender, 67.02% were male and 32.98% were female. Regionally, children reside in the Atlanta Region (36.74%), Southwest Region (36.10%), Central Region (22.83%), North Region (1.94%), Southeast Region (1.63%) and the East Region (0.76%).

Peach State measures effectiveness of its programs for ADHD by monitoring the follow-up care for children prescribed ADHD medication through the initiation and continuation phases.

Results:

- ADD – Initiation: 2015 (43.84%) vs. 2016 (45.69%) - No statistical difference
- ADD – Continuation: 2015 (58.82%) vs. 2016 (59.84%) - No statistical difference

The 2015 rates for these metrics were compared to the 2016 for the trending assessment and compared to DCH targets. There was one measure that exceeded the DCH target (ADD-initiation). There was no statistically significant change from 2015.

2016 Interventions

- **POM Calls:** In 2016, Peach State continued with POM calls and added a prompt that allowed members to speak with a live person who could offer assistance with addressing barriers such as scheduling follow up appointments, transportation, or finding a new physician. The POM calls were made to any member who did not have a follow up apt. within 30 days of the initiation of ADHD medication.
  - Effectiveness: There were 7,122 automated calls made; of which, 6,366 had no answer and eight calls were disconnected. There were 452 voicemails were left and 290 callers who listened to the message. Six of the 290 callers were transferred to Care Management through the prompt that allowed them to request to speak with a live person.
  - Findings: Peach State Health Plan is reviewing the calls to determine if there is a specific 'no answer' reason as 97% of the calls were not answered/disconnected. The POM calls will not continue as they have not been determined to be effective in reaching members (caregivers). The "Unable to Reach" numbers are traditionally high and include reasons such as incorrect phone numbers, disconnected, members not answering and there is no way to leave a message.
- Peach State partnered with the Children's Clinic of LaGrange to pilot a modified prescribing program for ADHD medications. The pilot tested if reducing the amount of medication dispensed by half would gently encourage the parent or guardian to make and keep the follow-up appointment within the 30 day window. It would also provide time for rescheduling, if necessary.

Member prescribed less than 30 day supply on 1st fill		
INITIATIVE Day Dispense Compliant	RX Days <30	RX Days<30
39%	14	22

As a result of follow up conversations, the practitioners at the pilot office noted that they had a hard time remembering to only prescribe 14 days and to schedule a 14 day follow up appointment.

Proposed 2017 Interventions and Activities

To address continued difficulty with increasing the number of members' newly diagnosed with ADHD who return for initial and continuation follow up visits Peach State will implement the following initiatives.

- Peach State will implement 14 day initial fill on medication to encourage members to schedule and keep a follow up visit within 30 days.
- The Plan will continue education on ADHD CPGs, CAPs for providers who do not meet minimum standards of use (>80% overall score or score on one element of review).

Effective Member Communication Strategies

Member Satisfaction - CAHPS® Scores

In 2016, SPH Analytics, a National Committee for Quality Assurance (NCQA) HEDIS Survey Vendor, was selected by Peach State Health Plan to conduct its 2016 Consumer Assessment of Healthcare Providers and Systems (CAHPS□)□ 5.0H Medicaid Adult and Child Member Satisfaction Survey.

- Adult CAHPS Methodology: The required sample size was 1,350 in accordance with NCQA protocol for adult Medicaid plans. SPH Analytics collected 303 valid surveys (136 Mail and 167 Telephone) from the eligible member population. After adjusting for ineligible members, Peach State's survey response rate was 16.6%. The survey was conducted in Spanish for non-English-speaking members. The total number of completed surveys in Spanish was11.

- Child CAHPS Methodology: In accordance with NCQA protocol for Child Medicaid plans, the required sample size was 1,650. SPH Analytics collected 599 valid surveys (228 Mail and 371 Telephone) from the eligible member population which provided a 26.5% response rate after adjusting for ineligible members. The survey was also conducted in Spanish for non-English-speaking members with 123 surveys completed in Spanish.

The tables below display the summary rate results for composites (collections of the results of several questions) and attributes (results of individual questions) on the 2016 Child and Adult CAHPS Surveys, compared to the 2015 Child and Adult CAHPS Surveys and the NCQA percentile for each rate.

Child CAHPS

Child CAHPS 5.0	2016 (599 Total Respondents)		2015 (830 Total Respondents)	
Composites, Attributes and Key Questions	**Percentile**	**Rate**	**Percentile**	**Rate**
Getting Needed Care	41st	83.60%	50th	83.60%
Q14. Ease of getting care, tests or treatment child needed		89.90%		87.50%
Q28. Obtained child's appointment with specialist as soon as needed		77.40%		79.70%
Getting Care Quickly	33rd	87.50%	50th	87.50%
Q4. Child obtained needed care right away		88.50%		92.00%
Q6. Child obtained appointment for care as soon as needed		86.50%		82.90%

Child CAHPS 5.0	2016 (599 Total Respondents)		2015 (830 Total Respondents)	
Composites, Attributes and Key Questions	**Percentile**	**Rate**	**Percentile**	**Rate**
How Well Doctors Communicate	37th	92.40%	25th	92.20%
Q17. Child's doctors explained things in an understandable way		92.60%		92.50%
Q18. Child's doctors listened carefully to you		95.60%		94.50%
Q19. Child's doctors showed respect for what you had to say		96.80%		95.20%
Q20. Child's doctors spent enough time with you		84.70%		86.40%
Customer Service	47th	88.70%	50th	85.80%
Q31. Getting information/help from customer service		83.90%		79.10%
Q32. Treated with courtesy and respect by customer service staff		93.40%		92.60%
Shared Decision Making	32nd	76.90%	N/A	79.00%
Q10. Doctor/health provider talked about reasons you might want your child to take a medicine		90.80%	93.1%	93.10%
Q11. Doctor/health provider talked about reasons you might not want your child to take a medicine		60.00%		65.50%
Q12. Doctor/health provider asked you what you thought was best for your child when talking about starting or stopping a prescription medicine		79.80%	N/A	78.40%
Health Promotion and Education	52nd	69.70%	N/A	71.00%
Coordination of Care (Q22)		83.30%	50th	79.90%
Ease of Filling Out Forms (Q34)		94.50%	<25th	93.50%
Summary Items (Rating 8, 9 and 10)				
Rating of Health Care (Q13)	72nd	87.90%	50th	87.30%
Rating of Personal Doctor (Q23)	80th	90.70%	75th	88.40%
Rating of Specialist (Q27)	58th	87.10%	50th	85.50%

Child CAHPS 5.0	2016 (599 Total Respondents)		2015 (830 Total Respondents)	
Composites, Attributes and Key Questions	**Percentile**	**Rate**	**Percentile**	**Rate**
Rating of Health Plan (Q35)	85th	89.30%	50th	88.50%

Key Drivers are those measures which are determined by multiple linear regression analyses to be the most strongly correlated with the Summary Rates: Rating of Health Care, Rating of Personal Doctor, Rating of Specialist and Rating of Health Plan.

Composites and attributes are divided into "Plan Strength" for measures at or above the 75th percentile compared to the Medicaid Child Book of Business (SPH Analytics – Survey vendor), "Areas to Monitor" for measures between the 50th and 75th percentiles and "Opportunities" for measures below the 50th percentile. The Medicaid Child Book of Business corresponds to the data gathered by the survey vendor form all the Medicaid plans they conduct surveys for.

The Key Driver Opportunities for the Child CAHPS in 2016 for Rating of Health Plan were Getting Needed Care, Getting Care Quickly, and How Well Doctor's Communicate and Shared Decision Making. The selection of "Rating of Health Plan" as the measure of choice for improvement is related to Peach State's QAPI Goals and Objectives (Improve the overall member experience with Peach State – Achieve statistically significant and continued improvement on the Children's CAHPS score for overall member satisfaction with the health plan)

Highlights from the 2016 Child CAHPS survey results included:

- Rating of Your Personal Doctor and Rating of Health Plan were at or above the 80th percentile according to NCQA Quality Compass.
- Three composite measures, Getting Needed Care, Getting Care Quickly and Customer Services decreased their ranking from a 50th percentile in 2015 to below the 50th percentile in 2016 according to NCQA Quality Compass.
- There was no statistically significant difference between the 2016 and 2015 rates.

Adult CAHPS

Adult CAHPS 5.0	2016 (303 Total Respondents)		2015 (474 Total Respondents)	
Composites, Attributes and Key Questions	**Percentile***	**Rate**	**Percentile***	**Rate**
Getting Needed Care	46th	80.80%	43rd	78.80%
Q14. Ease of getting care, tests or treatment needed		84.50%		79.80%
Q25. Obtained appointment with specialist as soon as needed		76.50%		77.90%

Adult CAHPS 5.0	2016 (303 Total Respondents)		2015 (474 Total Respondents)	
Composites, Attributes and Key Questions	**Percentile***	**Rate**	**Percentile***	**Rate**
Getting Care Quickly	21st	77.30%	16th	76.40%
Q4. Obtained needed care right away		78.60%		81.70%
Q6. Obtained appointment for care as soon as needed		76.00%		71.10%
How Well Doctors Communicate	30th	89.80%	35th	91.40%
Q17. Doctors explained things in an understandable way		91.90%		91.90%
Q18. Doctors listened carefully to you		89.00%		93.20%
Q19. Doctors showed respect for what you had to say		90.70%		93.10%
Q20. Doctors spent enough time with you		87.80%		87.20%
Customer Service	73rd	89.20%	84th	82.90%
Q31. Getting information/help from customer service		82.80%		74.20%
Q32. Treated with courtesy and respect by customer service staff		95.60%		91.70%
Shared Decision Making	18th	75.80%	14th	77.60%
Q10. Doctor/health provider talked about reasons you might want to take a medicine		92.00%		97.50%
Q11. Doctor/health provider talked about reasons you might not want to take a medicine		62.50%		64.10%
Q12. Doctor/health provider asked you what you thought was best when talking about starting or stopping a prescription medicine		72.70%	<10th	71.30%
Health Promotion and Education (Q8)	11th	66.30%	<10th	70.60%
Coordination of Care (Q22)	<10th	73.90%	<10th	77.70%
Providing Needed Information (Q29)	22nd	60.90%	10th	70.30%

Adult CAHPS 5.0	2016 (303 Total Respondents)		2015 (474 Total Respondents)	
Composites, Attributes and Key Questions	**Percentile***	**Rate**	**Percentile***	**Rate**
Ease of Filling Out Forms (Q34)	23rd	92.60%	16th	96.10%
Summary Items (Rating 8, 9 and 10)				
Rating of Health Care (Q13)	84th	77.60%	73rd	89th
Rating of Personal Doctor (Q23)	36th	79.10%	38th	81.30%
Rating of Specialist (Q27)	25th	78.90%	29th	82.00%
Rating of Health Plan (Q35)	54th	75.70%	47th	71.20%

The Key Driver Opportunity (measure below the 50th percentile for the Adult CAHPS Book of Business – SPH Analytics survey vendor) for Adult CAHPS in 2016 for Rating of Health Plan was Customer Service.

Highlights from the 2016 Adult CAHPS survey results included:

- Rating of Health Care composite increased its ranking from 2015 to 2016 to above the 80th percentile according to NCQA Quality Compass.
- Each of the following: How Well Doctor's Communicate, Customer Service, Rating of Personal Doctor and Rating of Health Care Specialist showed a decrease in NCQA Quality Compass percentiles from 2015 to 2016.

There was no statistically significant difference between the 2015 and 2016 rates for any of these results.

Member Experience and Provider Satisfaction Workgroup Improvement Activities

Peach State analyzed both composite and individual scores to identify the most meaningful opportunities for improvement. Peach State also assessed member satisfaction by monitoring member grievance and appeals data and through targeted surveys to determine satisfaction with specific programs and/or services such as Care Management, Disease Management, and specific activities such as Baby Shower events that provided health education and risk screening to pregnant members. Peach State's Member Experience and Provider Satisfaction Workgroup reviewed the results of all surveys and member satisfaction-related data and developed initiatives and actions to improve key areas, which correlate to overall member satisfaction (i.e., Key Drivers).

In 2016, Peach State implemented numerous initiatives to improve member satisfaction based on prior year's CAHPS Survey results (2015) and on current year (2016). For example, Peach State developed a member checklist and post-visit survey designed to make it easy for members to use during physician appointments to assist with improving decision making and gauging member's experience with their Peach State's PCP.

2016 CAHPS Initiatives

Intervention	Satisfaction Area Addressed	Implementation Dates
Peach State developed a member checklist and post survey designed to make it easy for members to use during physician appointments to assist with improving decision making and gauging member's experience with their Peach State's PCP. Member Checklist were mailed to 67,491 new members for the period of Q2 – Q4 2016	Member perception of how well doctors communicate.	Q2 2016
Implemented Personal Advocate for Care (PAC) to provide new members with a concierge level service for the first 90 days of enrollment for any care needs. To include selecting a PCP, locating specialist and setting up appointments. Peach State's Personal Advocate For Care successfully contacted 36% or 24,513 new members in 2016. Members received assistance with selecting a PCP, coordination/scheduling of appointments, assisting with registering via the web portal to complete their HRA and any other needed services.	Member perception of inability to get appointments with specialists as soon as needed	Q1 2016
Partnered with MyHealth Direct to provide technology that allows CSR's access to Providers appointment schedule to schedule appointments real time. 1,783 appointments were scheduled for Members via the MyHealthDirect scheduling tool.	Members' perception of difficulty getting needed care or inability to get appointments with specialists as soon as needed	Q4 2015
Continued integrated workgroup (Member Experience and Provider Satisfaction) with senior leadership representation from Member Services, Contracting & Provider Relations to address GeoAccess needs and concerns identified by members.	Member perception of inability to get appointments with specialists as soon as needed	Q4 2015
Enhanced process of outreaching and auditing key specialists each month to ensure appointment availability, to include data from member escalations.	Member perception of inability to get appointments with specialists as soon as needed	Q1 2016

Intervention	Satisfaction Area Addressed	Implementation Dates
In 2016, the Physician Locator Specialist scheduled 638 appointments for members via the MyHealthDirect scheduling tool.		
Conducted mandatory refresher customer service training for all Customer Service Representatives (CSRs) to focus on service delivery to improve overall member satisfaction	Member perception of difficulty obtaining information/assistance from the Member Services Call Center	Q1 2016
Re-launched year round Quality Training campaign for CSRs to reinforce the basics of good customer service	Member perception of difficulty obtaining information/assistance from the Member Services Call Center	Q1 2016
Implemented after call survey to receive immediate feedback and gage member's interaction with call center staff. Based on the after call survey question, "Was the team member able to address and resolve your issue" 96.3% of the members surveyed stated "Yes"	Member perception of difficulty obtaining information/assistance from the Member Services Call Center	Q4 2015

2016 Interventions and Activities

In 2016, Peach State conducted the interventions discussed in the above table. Interventions focused on improving customer service, included:

- Re-launched year-round "Providing a Personal Touch on Every Call" training campaign for CSRs to provide personalized service on every call.
- Implemented the Personal Advocate for Care program to provided concierge level customer service to new members for the first 90 days.
  - 36% or 24,513 new members were contacted in 2016 in efforts to provide Personal Advocate for Care services.
- Implemented after Call Survey that is offered to every member at the end of a call to solicit real time feedback and gage members experience with CSR.
  - Based on the after call survey question "Was the team member able to address and resolve your issue" 96.3% of the members surveyed responded favorably "Yes"
- Enhanced our appointment scheduling process for CSRs that enabled them to more easily offer members assistance with scheduling appointments for needed services.
  - In 2016, 1,783 appointments were scheduled for Members via the MyHealthDirect scheduling tool.

2016 CAHPS Initiatives

Member Communication Activities to Improve Satisfaction

Member engagement through ongoing communication, in the manner preferred by members, is at the heart of Peach State's outreach and communication strategy to improve members' experience with their care and the health plan. Peach State has implemented a variety of customer service, outreach, education and communication initiatives designed to assist its members with understanding their benefits, accessing care and preventive services, engaging in healthy behaviors, and achieving improved health outcomes. An educated and engaged member is more likely to understand and appropriately utilize services which will improve health outcomes, and will be a satisfied member.

Peach State staff are trained to provide helpful, accurate information during every interaction so that members receive the right information at the right time.

***2016 Initiatives and Activities*:**

- The Customer Service Representatives educated all members who contacted Customer Service on their Medicaid Rights and Responsibilities and how to select an appropriate Primary Care Provider (PCP).
- The Care Coordination, Care Management, and Disease Management staff provided integrated education as part of their overall assessment and care planning approach. The staff also provided care coordination, and collaborated with the member, the provider and the care team to develop strategies to support members' self-management. Information on the effectiveness of the CM and DM programs is included in the section "Effectiveness of the CM and DM Programs".
- The Member Connections Representatives (MCRs) extended the reach of the Medical Management/Care Management teams by communicating with and educating members in their homes and communities.
    - Results: During 2016, the MCRs had a 62% success rate at reaching high risk, hard to reach members through face-to-face interventions. It represented 5,555 members.
- The Plan Community Relations Specialists (CRSs) engaged with members at community events to promote healthy choices.
- Face-to-Face New Member Orientation: monthly member orientations were held across the state to meet, connect with and educate new members.
    - Results: During 2016, the CRSs engaged with approximately 612 new members to discuss benefits, value-adds, system entry for newly qualified Medicaid recipients and community outreach opportunities. Time was also provided for new members to practice registering and navigating the website and online opportunities.
- Mobile communications
    - For members in care management with limited access to telephone service, Peach State offered its ConnectionsPlus (or Caring Voices cell phones for members with behavioral health issues). Both were pre-programmed with phone numbers to their providers, Care Managers, health coaches, CSRs, NurseWise, and other important supports. A total of 9 phones were provided.

- For members who indicated during call interactions that there was no phone at their home, Peach State assisted them with completing their application for a SafeLink mobile phone to ensure that they could obtain reliable access to their providers. Approximately 71,000 members received a SafeLink mobile phone during this reporting period.

- Healthy Lifestyle Events: provided community education and activities: 12 healthy lifestyle events which consisted of community education at local Health Departments, Recreation Centers, and FQHC's
- Baby showers: four baby showers were conducted in 2016, one each quarter and in four different regions with the purpose of educating high risk pregnant women.
- Secure member portal: offered members online access to their personalized profile and information including their Online Care Gap Alert, TruCare self-management care plan, and their electronic personal health record. As of December 31, 2016, there were 101,068 unique registrants on the member portal.
- Email: Peach State sent out monthly "eblast" on health topics which reached approximately 67,409 members.
- MyHealthDirect (MHD): MHD offers a web-based solution that organizes and books open and available healthcare appointments into a searchable and schedulable inventory of healthcare services.

2017 Proposed Interventions and Activities

- MyPSHP Member Mobile App: Peach State anticipates deployment of the MyPSHP in Q2 2017, its first member-centric mobile application specifically designed to provide Peach State members with the informational resources and tools they need to understand their health coverage and stay engaged on an ongoing basis. MyPSHP is uniformly branded as a Peach State mobile tool so users will know instantly where to turn to for any assistance. . The deployment date for the MyPSHP Member Mobile App was delayed to 2017/2018. The reason for the delay is as follows: The Version 1 platform does not allow members to search for providers based on geographic location which is a required functionality and is currently offered by our competitors. Version 2, which is being deployed in 2017, includes this geographic search feature. .
- MyHealthDirect (MHD): MHD offers a web-based solution that organizes and books open and available healthcare appointments into a searchable and schedulable inventory of healthcare services via Peach State's website. Expected date of deployment is January 2018.
- Partnership with Uber Central: Peach State to execute partnership with Uber in Q3 2017 to improve member's ability to receive transportation assistance for same day appointments.
- Targeted Texting: Originally proposed for 2016, and postponed to 2017, has been abandoned due to member abrasion.

All of these activities are geared towards improving communications between Peach State, its members and providers and have been developed with the member/costumer in mind. Their impact on member satisfaction is certain given that an educated member will use the health care services available to him/her wisely and upon receipt of information will contact Peach State staff.

Community Collaborations

Consistent with Peach State's goal of meeting the members where they are, Peach State sponsored, offered and/or participated in a wide range of community outreach and education events in 2016 to communicate with members in their communities. Examples include:

- **Pamper Me PINK** – Peach State participated in six Pamper Me PINK events in which community agencies share important information with members (those enrolled in the Georgia Families program and with a cancer condition) about breast cancer and other types of cancers, how to perform self-breast examinations, signs and symptoms of cancer, where to seek supportive services and support groups for those coping with cancer, and coping after a mastectomy, etc. In addition to valuable health information targeting their specific health condition, various pampering services were also provided for free, including manicures, facials, hair styling, haircuts, massages, aromatherapy and more. The Pamper Me Pink Initiative was expanded to include educational opportunities in the faith based community "Praying Ourselves Pink". There were two "Praying Ourselves Pink" events conducted this year.
- **Spirit of Health** – These health and wellness campaigns are conducted throughout the regions and are specifically designed for the faith-based community and seek to address the "total well-being" of Peach State's Black or African American and Hispanic members as well as others within their communities. Participants received free health screenings, illness and disease prevention and health education, financial counseling, individual and marriage counseling, as well as health and funeral insurance counseling. Spirit of Health events have also led to other events such as a Summer Sports Camps designed to promote participation in multiple sports through which members feel empowered to achieve excellence. This year, there were 150 Spirit of Health events, which provided approximately 10,000 community member interactions.
- **Spirit of Health Ambassador** – This year, the Spirit of Health Initiative partnered with Ms. Dottie Peoples, renowned international gospel artist to accompany the SOH team to provide various services and community resources to the faith based community.
- **Adopt A School Program** – Peach State continued to partner with several public schools to conduct activities designed for students to include topics such as nutrition, medical and dental health and anti-bullying educational seminars. This year, our partnership provided 300 parent and student interactions.
- **No One Eats Alone** – National program adopted as an initiative to address the issues of separatism and elitism within the middle school population. Assemblies were held in 2 regions for which Peach State staff engaged with approximately 1,000 middle school age students.
- **Goodwill Career Resource Fairs** – There were 28 resource fairs held in 2016 to offer Medicaid members assistance with finding work, career counseling and other types of assistance related to finding a job.
- **Blessings in a Back Pack** – It is a national program that began in Kentucky when a teacher noticed children at her school who were on a free or reduced cost lunch program would return to school on Mondays tired, hungry and sluggish because there was little or no food

for the children to eat at home on the weekends. In CY 2016, Peach State donated new backpacks for 150-200 children in Title 1 schools throughout Georgia which enables them to carry the food home. To date, Peach State has assisted in serving over 300 children and continues to partner with Title 1 schools to provide a blessing in a back pack throughout the year.

- **Fresh Market Program** – This program was planned in 2015 and was implemented in 2016. Peach State purchased a Food Truck which was used to donate fresh fruits and vegetables in communities in which individuals have limited access to grocery stores. We partner with the Atlanta Community Food Bank and other community organizations to purchase fruits and vegetables to be donated and to provide health information and healthy food options to communities in need. The Mobile Market is rolling throughout Georgia daily with a robust schedule. As of December, 2016, the Mobile Market has visited 11 communities and served approximately 5,000 community residents.

Conclusion

Summary of Lessons Learned from 2016 QAPI Program

Peach State Health Plan's evaluation of its 2016 QAPI Program demonstrated both successes and continuing opportunities for improvement within the Plan's strategies and interventions. The Plan's Quality Oversight Committee reviewed the QAPI Program Evaluation findings and recommendations in order to learn from the experience, support the Continuous Quality Improvement cycle and continue to improve the quality of care and services received by Peach State members. Key lessons learned included:

- We must strengthen our processes for the monitoring, analysis, and evaluation of the delivery, quality, and appropriateness of healthcare furnished to members in the areas of underutilization or receipt of chronic disease or preventive healthcare and services.
- We needed a better process for obtaining input from families and guardians of members into the quality management and performance improvement process and activities.
- Although progress has been made in the QAPI Program Description, we must continue to develop the QAPI Program to ensure that it follows the DCH-Required guidelines. Including detailed descriptions on methodologies, data sources, member and provider input, analysis of interventions, and evaluation of the results of QAPI activities.
- Our interventions need to be scalable and sufficiently resourced.
- We need to continue to train all employees on the PDSA cycle and measuring effectiveness and improve our use of improvement methodology, particularly the planning phase and rapid cycle tests of change.
- Members in PCMHs and/or with providers in incentive programs were more likely to obtain needed services (preventive and routine) than those who were not.
- We need to further improve our ability to assist members to change their health behaviors.
- We need to continue to improve our ability to assist members to change their health behaviors. (e.g. Health literacy)
- Although our processes include rapid cycle process improvement, normally targeted at a select group of members based on our DRAGG analysis findings, we must still focus on all members with a given disease state.

Other Key Drivers of Changes in the QAPI Program for 2016

Population Assessment

Between 2015 and 2016, Peach State did not experience a significant change in the basic demographics of our membership. The following are examples of findings from these analyses that drove our selection of strategies for 2016

- Regional Analysis:
  - The East and Southeast regions showed the lowest compliance rates for well visits, adult access, and preventive services for women and dental visits for children.
  - The Southeast, East and Southwest regions had the lowest prenatal and postpartum visits
  - The East had the highest number of LBW babies born than any other region.
  - The Atlanta region had the least compliance with members ages 5-11 years old who refilled their asthma controller medication at least 75% of their treatment period

- The Southwest region had approximately ¼ of the members with diabetes and 75% had results that showed poor control of their diabetes.

- Race Analysis:
  - Well child compliance rates for Blacks/African Americans were lower than other races.
  - White women had lower compliance rates for preventive services for women compared to their Black or African American counterparts.
  - There were more unknown race male babies born with a LBW.
  - Black or African American members ages 5-11 years old were significantly less compliant with medication management for asthma
  - Black or African American members are the least compliant with Mental/Behavioral Health medication management and follow up visits
- Gender:
  - There were significantly more women than men with diabetes. Overall, females were less compliant (78.54%) with HbA1c testing than men (84.38%) but had better control than men.

DCH Goals

Elements in the DCH Quality Strategic Plan for Georgia Families and Georgia Families 360° (February 2016) that served as drivers for Peach State's Goals, Objectives, and Strategies for 2017 include, for example:

- Improving access to high quality physical, behavioral, and oral health care for all members
  - Increase and monitor access to health services for members
- Increase appropriate utilization of physical and behavioral health services by all members
  - Increase preventive health and follow up care service utilization
- Improve care for chronic conditions for all members
  - Improve care coordination programs
  - Improve evidence-based practices
  - Implement improvement activities focused on chronic conditions
- Decrease LBW and early elective inductions and C-sections
- Use of rapid cycle process improvement/plan-do-study-act principles
- Focus on decreasing healthcare disparities
- Improve appropriate utilization of services so that improvements will be documented in ER visit rates and utilization management rates
- Reduce the all cause readmission rate

SWOT Analysis

The annual SWOT analysis helped with direction setting for the QAPI Program's 2017 goals and objectives.

SWOT Analysis at end of 2016:

Strengths	**Weaknesses**
Innovative Programs (NICU CM, ER CM, Healthy Start, Member Connections, THINC) Local presence Member and provider satisfaction with the Plan Community Medical Director Tenure and experience of employees (stable leadership)	Lack of deployment of principles to improve processes by the 25 LSS Certified staff QAPI Program document integration Effectively demonstrating the Plan's understanding of the PDSA cycle Branding/community awareness of PS in certain Georgia Family regions Effective barrier/root cause analysis to decrease disparities in care and improve outcomes
Opportunities	**Threats**
Optimization of HIE, GaHIN, Availity Automation and advancement of IT solutions Integration and coordination of behavioral health and behavioral health homes Implementation of the Value Based Purchasing program Enhancement of communication and messaging to members and providers	New Market entrance (CareSource) Loss of rural healthcare providers-decrease access Hospital consolidation & physician acquisition Possible political changes that will impact Medicaid

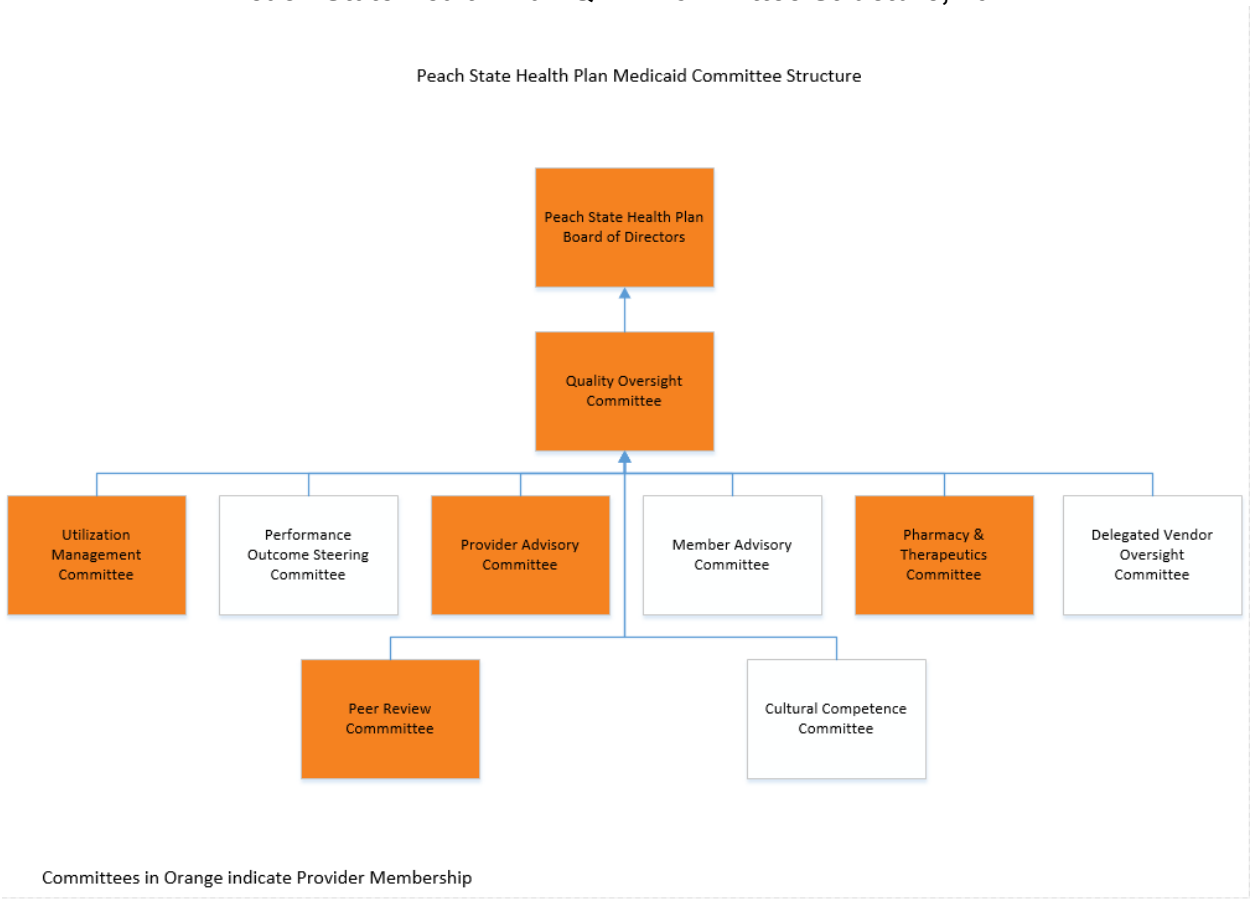
Program Changes for 2017

In late 2016, Peach State restructured the Quality Department management in to further streamline activities, better allocate resources and improve effectiveness in achieving program objectives. The Grievance and Appeals Department was moved back to the purview of the QI department and an additional QI Director and Senior Director were added. The QI Department leadership responsibilities are outlined below.

- Vice President of QI (Strategic Planner): responsible for strategic direction as well as daily oversight and leadership
- QI Senior Director: oversees provider profiling, the Pay-for-Performance program and value based purchasing
- QI Director- Operations: oversees operations such as ensuring appropriate documentation and policy development, and performance improvement project development, implementation, and evaluation; and EPSDT record reviews, outreach activities and performance measurement.
- QI Director- Performance Improvement: oversees HEDIS, CPG medical record review and data analytics, as well as performance measure related outreach interventions.
- QI Director- oversees the Accreditation processes and the Grievances and Appeals department

In addition, the Plan revised the Committee structure in early 2017. By re-designating several of the current committees more appropriately implementation and evaluation of activities will be more streamlined.

Peach State Health Plan QAPI Committee Structure, 2017



Peach State developed the following additional high-level changes for our QAPI Program for 2017 based on our annual Quality Strategic Planning Process, including lessons learned from our 2016 experience, population assessment, environmental scan, DCH goals, and SWOT analysis.

- Continue to enhance our Quality Strategic Planning process and develop a comprehensive QAPI Program Description with goals and objectives that are tightly linked to strategic planning, the Quality Strategic Plan for Georgia Families and Georgia Families 360, and the Triple Aim framework.
- Develop and prioritize strategies and potential interventions that are scalable and sustainable.
- Conduct PDSA and effectiveness training for all managers and above in order to improve our use of improvement methodology, particularly the planning phase, rapid cycle tests of change and measuring effectiveness.
- Adopted the DCH definition of Children with Special Healthcare needs: Members (adults & children) who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by members (adults and children) generally.
- Determined that routine members/provider feedback and input on the QAPI Program must be conducted each year. Each CY Q2 will be dedicated to sharing results/plans and obtaining feedback from members during meetings and in-person events and obtaining feedback from providers during QOC and PAC.

- Continue to implement targeted population-specific outreach and interventions that are culturally appropriate and measurable in order to decrease regional, racial, and ethnic disparities in outcomes.
- We will enhance our ability to assess members' readiness to change and to employ techniques such as motivational interviewing to encourage member behavior change appropriate for their level of readiness.
- Enhance processes to obtain input from families and guardians of members into quality management and performance improvement activities.
- Strengthen our processes for monitoring, analyzing, and evaluating the delivery, quality, and appropriateness of healthcare furnished to members in the areas of underutilization or receipt of chronic disease or preventive healthcare and services.
- Implement targeted outreach and care coordination for members identified as receiving services from multiple PCPs to facilitate their assignment to a medical home.
- Continue enhancing the number of Patient Centered Medical Homes in the network and implement Dental Homes as well as Behavioral Health Homes.

2016 QAPI Goals, Objectives, Strategies, Outreach Activities, and Metrics

In 2017, Peach State continued to structure the QAPI Program goals using the Triple Aim of improving member health, enhancing member care experiences, and decreasing per capita healthcare costs. The goals, objectives, and strategies for 2017 align with the DCH Quality Strategic Plan for Georgia Families and Georgia 360 (February 2016) are shown in the following tables.

Peach State obtained member and provider feedback on the 2017 goals, objectives, strategies and intervention. For CY 2017, Feedback from nineteen (19) members was obtained through:

- In-person New Member Orientation (NMO) on June 3, 2017
- Healthy Baby, Bright Future 1st Birthday Party on June 17, 2017

General feedback obtained provided during the events included:

- CY 2016 goals, objectives and strategies:
  - There were nine (9) members who believed that the goals set were reasonable with appropriate activities and incentives to meet them
- CY 2017 goals, objectives and strategies
  - One parent disagreed with the follow-up completion once medication has been prescribed for ADHD goal; stating "if it was not met last year, how can it be met this year".
- Suggested interventions to meet established goals for CY 2017 included
  - Home visits to determine why the children aren't being taken to the doctor for scheduled visits.
  - Make it legal (mandatory) that parents are required to take their children to the doctor.
  - Make sure members are aware of incentives offered for completing visits.

Provider feedback was be obtained during the quarterly Provider Advisory Pediatric Specialty Subgroup meeting held June 5, 2017 and the Georgia American Academy of Pediatrics (June 7-10, 2017). Feedback from the twenty-four (24) providers included:

- CY 2016 goals, objectives and strategies:
  - There were twenty-one (21) providers who believed that the goals set were reasonable with appropriate activities

- CY 2017 goals, objectives and strategies
  - Well thought out
  - Consider reducing the percentage of increase for ADHD
  - Consider adding working with the State to make well visits (for children) mandatory
  - One provider suggested the Plan “Make sure goals are not set to hold providers responsible for members who are non-compliant”.

- Suggested interventions to meet established goals for CY 2017 included:
  - Impose penalties on the parents of non-compliant members to emphasize accountability
  - Remove the incentives offered to members
  - Set-up events at grocery stores to engage parents and give away school lunch boxes.
  - Make sure parents are aware of the transportation services offered.
  - Get schools involved by making preventive visits mandatory for attendance like it is with immunizations.
  - Make sure there is coordination of care between dentists, PCPs and any specialty doctors.
  - Give parents a digital baby book to complete for W15 visits via a downloadable application to their cellphones.
  - Continued Peach State Days

Members and providers are encouraged to share their feedback about the QAPI Program, its goals, objectives, strategies and outcomes by contacting the Plan. This information is shared in the member handbook, on the PSHP.com website and in at least one newsletter a year.

The goals, objectives, and strategies for 2017 are shown in the following tables.

Goal 1. Improve Member Health **DCH Goal – Improved Health for Medicaid and PeachCare for Kids (CHIP) Members		
Objective 1.1 - Improve access to physical health, behavioral health and oral health for members so that select performance metrics for 2017 will reflect a relative two percent increase over 2016 rates. Metrics: HEDIS: W34, AWC, PPC (Prenatal Care) and FPC 81%+, ADV- Total Child Core Set: Dental Sealants; Preventive Dental CMS 416: participation and screening rate **DCH Objective 1: Improve access to high quality physical health, behavioral health and oral health care for all Medicaid and PeachCare for Kids members so that select performance metrics will reflect a relative 10% increase over CY 2014 rates as reported in June of 2020 based on CY 2019 data.		
STRATEGY	**POTENTIAL INTERVENTIONS**	**METRICS**
1.1.1 Increase and monitor access to health services for members	Partner with an Atlanta area school based clinics to perform preventive well visits on children in grades Kindergarten- High School.	Number of school partnerships Number of PS members who use the school/SBC for preventive services
	Increase enrollment of local education agencies (LEAs) as telemedicine originating site providers to improve access to telemedicine services.	Number of LEAs enrolled as telemedicine site Number of members who used the newly enrolled LEA for services via telemedicine
	Implement dental homes to increase sealants for eligible members age 6-9 years old	Implementation of Dental Homes and trend monthly rates Number of members who receive a preventive service Number of members who receive a preventive service and are eligible and receive a sealant

Objective:1.2
Increase appropriate utilization of physical health, behavioral health and oral health so that select performance metrics for 2017 will reflect a relative two percent increase over 2016 rates.

Metrics:

HEDIS ADV (total); PPC (Prenatal & Postpartum Care); FUH -7 day; ADHD- initiation; W34, AWC, CAP

Child Core Set: Preventive Visits

**DCH Objective 2: Increase appropriate utilization of physical and behavioral health services by all Medicaid and PeachCare for Kids members so that select performance metrics will reflect a relative 10% increase over CY 2014 rates as reported in June of 2020 based on CY 2019 data.

STRATEGY	POTENTIAL INTERVENTIONS	METRICS
1.2.1. Increase Preventive health and follow up care service utilization	For members who are newly prescribed ADHD medication, institute the ability for providers to prescribe a 21 day supply of the new medication to encourage members (caregivers) to schedule and keep an appointment for 30 days after the prescription fill date.	Track and compare monthly ADD initiation rates for providers who prescribe 21 day supply versus those who do not
	Work with high volume mental health facilities to pilot methods to increase the 7-day follow up such as in home follow up, referral to CSBs, telemedicine and/or in-person follow up in the hospital on the day of discharge	Number of members seen on the day of discharge, in home, referrals to CSBs and telemedicine visits
	Improve members' engagement in healthy behaviors by offering the DCH approved Peach Pays reward program for specific preventive services (visits)	Number and amount of rewards given by preventive service/visit
	Partner with the DPH to increase awareness of SIDS and improve postpartum visit rates by providing portable bassinets or partner with Healthy Mothers, Healthy Babies to provide infant sleep box and SIDS information to mothers who present for their timely (21-56 day) postpartum visit.	Number of members who receive a timely PPV Number of portable bassinets or infant sleep boxes provided to members
	Partner with Southern Crescent Women's Health (SCWH) to increase Prenatal and Postpartum care (and decrease LBW rate) with the use of the centering program.	Number of members enrolled in the centering program PPC rates for women at SCWH in the Centering Pregnancy Program compared to those who are not in centering program.

STRATEGY	POTENTIAL INTERVENTIONS	METRICS
1.2.1. Increase Preventive health and follow up care service utilization (Cont)	Assist providers in the East and Southeast regions with the largest number of members who have not been in to see a provider for a preventive screening and mail letters on the provider's behalf encouraging the member to schedule an appointment.	Number of letters mailed Number of members scheduled as a result of the letter Number of scheduled appointments kept
	Identify members using quest analytics/GIS mapping and promote members in high non-compliant areas to access services at an FQHC/assigned dental home and/or working with mobile dental facilities to service members.	Number of members who receive a preventive service from FQHC/assigned Dental Home and/or mobile unit
Objective 1.3: Improve care of chronic conditions for all members such that identified measures of effectiveness demonstrate a relative two percent improvement over 2016 rates. Metrics: Quarterly CPG reported rates will meet the overall compliance target of 80% HEDIS: AMM acute and continuation; MMA 75% 5-11 year olds; CDC - Control >9 (lower is better); HbA1c Testing, CDC-Eye Exam **DCH Objective 3: Improve care for chronic conditions for all Medicaid and PeachCare for Kids members so that health performance metrics relative to chronic conditions will reflect a relative 10% increase over CY 2014 rates as reported in June of 2020 based on CY 2019 data.		
STRATEGY	**POTENTIAL INTERVENTIONS**	**METRICS**
1.3.1 Improve Care Coordination Programs	Increase the percent of patient centered medical homes, behavioral health homes, and dental homes	Number of PCMHs; Comparison of HEDIS rates for members seen in PCMH to those not seen in PCMH Number of Behavioral Health Homes; Comparison of HEDIS rates for members seen in BHH to those not seen in BHH Number of Dental Homes; Comparison of HEDIS rates for members seen in DH to those not seen in DH

STRATEGY	POTENTIAL INTERVENTIONS	METRICS
	Medication Therapy Management Program for Antidepressants, Diabetes and Asthma	Number of members contacted for MTM Refill rate for members in MTM after initial call/education Number of members with at least 3 consecutive months of refills after initial MTM contact
1.3.2 Improve evidence-based practices	Ensure providers utilize evidence-based guidelines to manage and assist their patients in managing chronic conditions (ADHD, Asthma and Diabetes)	CPG Audit results – Improvement in scores quarter over quarter for ADHD, Diabetes and Asthma
	Collaborate with DCH and other CMOs to implement clinical practice guidelines for hypertension.	Adoption of (collaborative) Hypertension CPG
1.3.3 Implement improvement activities focused on chronic conditions	Increase the rate of members who are ages 5-11 years old who have persistent asthma and were dispensed appropriate medications that by using in-home environmental assessment and education to encourage members who are non-compliant with the use of Asthma controller medications to refill their controller mediation within 30 days after the in-home visit (Collaborative PIP)	Number of members who refilled medication within 30 days of in-home assessment
	Implement home or mobile laboratory services for Diabetic members to obtain HbA1c, BP readings and diabetic retinal eye exams	Number of members who receive lab services at home or via mobile provider
Goal 2. Improve Member & Provider Experience with Care		
Objectives: Improve member experience with the Plan by decreasing top two grievance reasons from CY 2016 to CY 2017 Improve Provider Satisfaction with the Plan by educating providers, real time, on claims pricing Metrics: Member Grievance count for CY 2016 and provider satisfaction survey results		
STRATEGY	**POTENTIAL INTERVENTIONS**	**METRICS**
2.1.1 Achieve improvement in the overall member satisfaction with the health plan.	Identify top grievance reason and develop interventions to address	Reduction in Grievances for top two issues

STRATEGY	POTENTIAL INTERVENTIONS	METRICS
2.1.2 Achieve improvement on the provider satisfaction survey results for overall satisfaction with the health plan.	Implementation and deployment of a Real Time Editing and Pricing secure web portal function to be used when filing claims on the Peach State secure portal	Feedback from providers related to Real Time Editing and Pricing on Portico

Objective 3. Lower per Capita Cost

**DCH Goal - Smarter Utilization of each Medicaid dollar

Objective 3.1: Have smarter utilization of each dollar by improving select rates associated with appropriate utilization of services/visits by a relative two percent when comparing 2016 rates to 2017 rates

Metrics: Child Core Set: C-Section Rate; Nulliparous C-Section Rate; Elective Delivery Rate, Low Birth Weight Rate, Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD).

HEDIS: AMBA- ER use

Other: All Cause Readmission Rate

**DCH Objective 1: Improve member's appropriate utilization of services so that improvements will be documented in ER visit rates and utilization management rates for the adult and the child populations compared with the CY 2014 rates as reported in June of 2020 based on CY 2019 data.

**DCH Objective 2: In collaboration with the Georgia Hospital Association's Care Coordination Council, reduce the all cause readmission rate for all Medicaid populations to 9% by the end of CY 2019 as reported in June of 2020.

STRATEGY	POTENTIAL INTERVENTIONS	METRICS
3.1.1 Ensure providers are not reimbursed for non-medically necessary early elective deliveries	Implement policy and system edits to deny payments for early elective inductions and Cesarean Sections	Number of providers educated Number of facilities who accurately identify reasons for C-sections Number of providers remediated and no longer coding incorrectly
3.1.2 Use Centering Pregnancy to decrease LWB	Partner with Southern Crescent Women's Health (SCWH) to use Centering Pregnancy to decrease LBW rate (and increase PPC)	Number of members enrolled in the centering program Weight of babies born to mothers in SCWH Centering Pregnancy Program

STRATEGY	POTENTIAL INTERVENTIONS	METRICS
3.1.3 Decrease Opioid prescriptions for non-cancer diagnosis	Implement Peach State Opioid Program to establish a reasonable and appropriate opioid utilization monitoring and management program that will assist in preventing overutilization of opioids and substances of abuse.	Implementation of Opioid Program Number of members enrolled
3.1.4 Reduce ER visits for ambulatory sensitive conditions	Develop and implement ED Diversion Pilot	ED Use for target facility/population
3.1.5 Improve the transition of care process	Ensure the discharge planning process from inpatient facilities includes coordination and facilitation of post-discharge appointments and medication reconciliation	Plan All Cause Readmission Metric

** DCH Goal and Objectives were taken from the DCH Quality Strategic Plan for Georgia Families and Georgia Families 360, February 2016 (http://dch.georgia.gov/sites/dch.georgia.gov/files/2016-Quality-Strategic-Plan-Final-6.17.16.pdf)

Review and Approval

Peach State Health Plan developed a comprehensive and cohesive QAPI Program Description, Evaluation & Work Plan. The DCH guidelines were applied to the QAPI Program Evaluation and will be sent to DCH for approval in June 2017.

The annual QAPI Program Evaluation has been reviewed and approved by the Quality Oversight Committee and will be presented to the Peach State Health Plan Board of Directors.

06/29/2017

Dean Greeson, MD, MBA — Date Signed
Senior Vice President, Medical Affairs/Chief Medical Officer
Peach State Health Plan

RESUBMITTED TO DCH FOR APPROVAL 04/28/2017

Appendix A- Review of Standards Corrective Action Plan
Department of Community Health (DCH)

Corrective Action Plan

for

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

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

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

Appendix A- Review of Standards Corrective Action Plan
Department of Community Health (DCH)

Corrective Action Plan

for

Standard I—Clinical Practice Guidelines			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
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*			
Findings: Peach State's documents, including the Quality Management Report Analysis PS CPG Compliance Monitoring Report, stated that it used evidence-based CPGs, preventive health guidelines, and other scientific evidence as applicable in the development, implementation, and maintenance of clinical systems used to support utilization and care management. Peach State reviewed member and provider educational materials and staff training materials for compliance or adherence with CPGs. During the compliance review interviews, the CMO also stated that staff were trained on CPG use in medical management processes during new employee orientation.			
Required Actions: Peach State must implement a process to ensure that decisions involving utilization management and coverage of services, made by the CMO's staff, are consistent with the clinical practice guidelines.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
1. At least annually, a multidisciplinary meeting to review Clinical Practice Guidelines (CPGs) will be conducted to include Vendors, Quality Improvement, Medical Management, Pharmacy, Medical Affairs, Provider Relations and Member Services. The meetings will	1. Meeting minutes and signed attestation	1. Shay Hawkins, Director, Quality Improvement (QI)	1. July 1, 2017

Appendix A- Review of Standards Corrective Action Plan
Department of Community Health (DCH)

Corrective Action Plan

for

Standard I—Clinical Practice Guidelines			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
be held to review the CPGs and to ensure that decisions, to which the guidelines apply, are consistent. Further, the cross-departmental meetings will review member and provider driven documents to ensure distributed content and materials are consistent with the guidelines. If guidelines are changed between annual meetings, due to updates in the literature upon which they are based, an ad hoc meeting is held to review the specific guideline that changed, if needed. 2. At least annually, an assessment of all UM staff responsible for decisions regarding utilization management and coverage of services (physicians and authorization nurses) will be conducted to ensure consistency (as applicable)	2. Overall assessment score >90% for each staff member. Staff who do not score at least 90% will be remediated and retested following the process as defined in Policy and Procedure CC.UM.02.05	2. Donna Mariney, Director, Medical Management (MM) Operations	2. Completed December 2016

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with the clinical practice guidelines.			

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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: Peach State conducted provider satisfaction surveys, including surveys for care management, disease management, and member experience, as well as a CAHPS member satisfaction survey for both children and adults. Peach State collected the data, analyzed the results, and implemented interventions to improve performance. Peach State initiated a PIP to improve the survey response rate in the Atlanta region. The policies, procedures, program descriptions, or evaluations did not specify methods, other than surveys, for obtaining information from members, their families, or their guardians for consideration in the development and implementation of QAPI activities. During the compliance review interviews, Peach State staff described a plan to conduct focus groups in each region. Peach State planned to use external consultants to conduct the focused groups to obtain additional member input. However, Peach State was in the planning process and had not implemented the focused groups.			
Required Actions: Peach State must implement processes to obtain input from families and guardians of members into quality management and performance improvement activities.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
Peach State Health Plan obtains and includes input from participating providers and information from			

Standard II—Quality Assessment and Performance Improvement			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
members, their families and guardians of members in the development of quality management and performance improvement activities in the following means: 1. For CY 2017 - Feedback from members will be obtained through: A. In-person New Member Orientations (NMO), B. 1st Birthday parties, ' C. 'Spring into Your Health' events, D. Parent Nights, E. Member and Community Advisory Committee meetings, F. Peach State Days, G. Other in person events where members are present, and/or H. Member Grievances	1. Peach State will include member feedback on the CY 2017 QAPI goals/objectives and interventions in the CY 2016 QAPI Evaluation conclusion section. Peach State Health Plan will evaluate the feedback obtained from members through New Member Orientations, 1st Birthday Parties, Spring into Your Health or Parents Nights, etc. by bringing the feedback to the Performance Oversight Committee will review, prioritize and develop appropriate changes or interventions to the QAPI program using the PDSA cycle from the feedback provided by members, their families or guardians. The 2017 QAPI work plan will be updated with feedback as appropriate and shared with QOC quarterly.	1. Veronika Mix, Director Community Relations & Shay Hawkins, Director QI	1. June 2017

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2. Peach State Health Plan will conduct formal focus groups every two years. CY 2016 was the initial year. 3. Provider Feedback will be obtained during the quarterly Provider Advisory Committees, Specialty Subgroup meetings, annual AAP/AAFP/Society meetings and other in-person provider contacts as well as quarterly QOC meetings. 4. Policies and procedures for the NMO Sessions will be revised to include using at least one New Member Orientation (NMO) Session each month to involve members, their families, and their guardians in the development and implementation of quality	2. Feedback from formal focus groups will be compiled and shared with the Performance Oversight Steering Committee. The QAPI goals, work plan and interventions will be updated appropriately using the PDSA cycle and reported to the QOC for review and approval. 3. Peach State will include provider feedback on the CY 2017 QAPI goals/objectives and interventions in the CY 2016 QAPI Evaluation conclusion section. 4. Completed revision to NMO P&P are reviewed and approved by the P&P Committee and reported to the Compliance Committee and Board on a Quarterly basis.	2. Thailla Tisdale, Director Marketing and Communications; LaTonya Sesberry, Manager QI 3. Alan Joffe, MD Community Medical Director 4. Veronika Mix, Director Community Relations	2. Every two years (ongoing) 3. June 2017 4. July 2017

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management and performance improvement activities. The Policy will include the requirement to have a 'write up' detailing feedback received from members, their families, and their guardians related to quality management and performance improvement activities. 5. Peach State Health Plan will continue to discuss quality management and performance improvement activities during quarterly Quality Oversight Committee (QOC) and Utilization Management Committee (UMC) meetings which include external physicians. The timing of the meetings will allow for ongoing evaluation and revision to the QAPI Program. 6. Moving forward, each year Q2 will be dedicated to sharing results/plans and obtaining feedback from members during	5. Meeting minutes which will reflect conversation and feedback. The timing of the meeting will allow for ongoing evaluation and revision to the QAPI Program. Feedback will be consolidated and evaluated and input incorporated into the QAPI Program for the current year.	5. Michael Strobel, Vice President (VP), QI (QOC) and Laquanda Brooks, VP, MM (UMC) 6. Chevron Cardenas, VP Operations; Michael	5. Ongoing

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meetings and in-person events and obtaining feedback from providers during QOC and PAC.	6. Feedback will be used to determine goals/objectives and interventions for the current CY. Each year Peach State will include member and provider feedback on goals/objectives and interventions in the QAPI Evaluation conclusion section.	Strobel, QI VP & Shay Hawkins, Director QI	6. June of each CY

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6. The CMO achieved DCH-established performance targets. *State-specified element*

Findings: Peach State did not meet all of the DCH-established performance goals for CY 2014 and CY 2015. The CMO showed statistically significant increases in 10 measure rates. The CMO showed statistically significant decreases in 14 measure rates. The following results were noted:

Peach State 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	97.26%	96.74%	☐	NC
25 Months–6 Years	89.96%	89.17%	☐	NC
7–11 Years	91.50%	91.17%	☐	NC
12–19 Years	88.63%	88.78%	☐	93.50%
Adults' Access to Preventive/Ambulatory Health Services				
20–44 Years	81.17%	77.87%	☐	88.52%
Annual Dental Visit				
2–3 Years	45.07%	44.05%	☐	54.20%
4–6 Years	74.66%	72.77%	☐	NC
7–10 Years	77.15%	76.03%	☐	NC
11–14 Years	69.94%	69.85%	☐	NC
15–18 Years	59.32%	59.19%	☐	NC
19–20 Years	—	37.57%	NT	34.04%[4]

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Total	67.67%	66.97%	□	NC
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment				
Initiation of AOD Treatment—Total	39.65%	35.24%	□	43.48%
Engagement of AOD Treatment—Total	8.24%	6.82%	□	14.97%
Care Transition—Transition Record Transmitted to Health Care Professional				
Care Transition—Transition Record Transmitted to Health Care Professional	0.23%	0.00%	□	NC
Colorectal Cancer Screening				
Colorectal Cancer Screening	—	49.29%	NT	NC
Adult BMI Assessment				
Adult BMI Assessment	80.56%	82.38%	□	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.

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.

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Peach State 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	65.05%	67.79%	☐	64.30%
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	69.91%	68.99%	☐	72.80%
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	49.07%	47.60%	☐	48.90%
Prevention and Screening				
Childhood Immunization Status				
Combination 3	79.63%	79.09%	☐	80.30%
Combination 6	43.52%	36.30%	☐	59.37%
Combination 10	40.28%	34.38%	☐	38.94%
Lead Screening in Children				
Lead Screening in Children	79.40%	80.05%	☐	75.34%
Appropriate Testing for Children with Pharyngitis				

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Appropriate Testing for Children with Pharyngitis	80.31%	82.14%	☐	83.66%
Immunizations for Adolescents				
Combination 1 (Meningococcal, Tdap/Td)	76.39%	88.90%	☐	71.43%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Total	69.21%	67.79%	☐	55.09%
Counseling for Nutrition—Total	64.81%	66.59%	☐	60.58%
*Counseling for Physical Activity—Total**	60.19%	57.21%	☐	51.38%
Developmental Screening in the First Three Years of Life				
Total	46.28%	50.60%	☐	46.36%
Percentage Of Eligibles Who Received Preventive Dental Services				
Percentage Of Eligibles Who Received Preventive Dental Services	52.17%	51.46%	☐	58.00%
Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk				
Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk	—	20.09%	NT	NC
Upper Respiratory Infection				
Appropriate Treatment for Children with Upper Respiratory Infection				
Appropriate Treatment for Children with Upper Respiratory Infection	83.50%	84.00%	☐	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.

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[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.

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

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

Peach State 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	68.53%	68.56%		76.64%
Breast Cancer Screening				
Breast Cancer Screening	71.02%	66.90%		71.35%
Chlamydia Screening in Women				

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Total	56.71%	59.83%	□	54.93%
Human Papillomavirus Vaccine for Female Adolescents				
Human Papillomavirus Vaccine for Female Adolescents	24.54%	21.93%	□	23.62%
Prenatal Care and Birth Outcomes				
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	82.13%	77.49%	□	89.62%
Postpartum Care	70.30%	59.72%	□	69.47%
Cesarean Section for Nulliparous Singleton Vertex[4]				
Cesarean Section for Nulliparous Singleton Vertex	NR	2.09%	NT	18.08%
Cesarean Delivery Rate, Uncomplicated[4]				
Cesarean Delivery Rate, Uncomplicated	29.84%	29.32%	□	28.70%
Percentage of Live Births Weighing Less Than 2,500 Grams[4]				
Percentage of Live Births Weighing Less Than 2,500 Grams	9.04%	8.87%	□	8.02%
Behavioral Health Risk Assessment for Pregnant Women				
Behavioral Health Risk Assessment for Pregnant Women	0.00%	5.46%	□	NC
Early Elective Delivery[4]				
Early Elective Delivery	NR	2.32%	NT	2.00%
Antenatal Steroids				
Antenatal Steroids	NR	0.00%	NT	NC

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Frequency of Ongoing Prenatal Care				
Frequency of Ongoing Prenatal Care				
≥81 Percent of Expected Visits	57.77%	59.00%	□	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.*

— 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.

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.

Peach State Chronic Conditions Results

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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	83.63%	81.80%	☐	87.59%
HbA1c Poor Control (>9.0%)[4]	53.17%	59.72%	☐	44.69%
HbA1c Control (<8.0%)	37.32%	32.51%	☐	46.43%
HbA1c Control (<7.0%)	27.73%	23.52%	☐	36.27%
Eye Exam (Retinal) Performed	58.63%	59.36%	☐	54.14%
Medical Attention for Nephropathy	77.82%	91.87%	☐	80.05%
Blood Pressure Control (<140/90 mm Hg)	53.17%	52.83%	☐	61.31%
Diabetes Short-Term Complications Admission Rate (Per 100,000 Member Months)				
Diabetes Short-Term Complications Admission Rate[4]	18.15	15.46	NT	--
Respiratory Conditions				
Asthma in Younger Adults Admission Rate (Per 100,000 Member Months)[4]				
Asthma in Younger Adults Admission Rate	4.55	3.19	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	28.70	23.78	NT	--
Pharmacotherapy Management of COPD Exacerbation				
Systemic Corticosteroid	—	80.70%	NT	74.94%
Bronchodilator	—	82.46%	NT	83.82%

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Cardiovascular Conditions				
Heart Failure Admission Rate (Per 100,000 Member Months)[4]				
Heart Failure Admission Rate	5.45	4.54	NT	--
Controlling High Blood Pressure				
Controlling High Blood Pressure	36.64%	43.14%	□	56.46%
Persistence of Beta-Blocker Treatment After a Heart Attack				
Persistence of Beta-Blocker Treatment After a Heart Attack	—	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.

** 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 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.

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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.

Peach State 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	43.58%	43.84%	☐	53.03%
Continuation and Maintenance Phase	58.19%	58.82%	☐	63.10%
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up	56.78%	55.77%	☐	63.21%
30-Day Follow-Up	72.79%	72.53%	☐	80.34%
Antidepressant Medication Management				
Effective Acute Phase Treatment	39.57%	38.66%	☐	54.31%
Effective Continuation Phase Treatment	24.86%	23.89%	☐	38.23%
Screening for Clinical Depression and Follow-Up Plan				
Screening for Clinical Depression and Follow-Up Plan	2.86%	7.48%	☐	NC
Adherence to Antipsychotic Medications for Individuals with Schizophrenia*				
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	33.33%	19.63%	☐	61.37%
Use of Multiple Concurrent Antipsychotics in Children and Adolescents				

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Total	—	0.25%	NT	NC

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[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.

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

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

Peach State Medication Management Results

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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	87.24%	87.45%	☐	88.00%
Annual Monitoring for Members on Diuretics	86.63%	87.41%	☐	87.90%
Total	86.74%	87.41%	☐	88.25%
Medication Management for People With Asthma				
Medication Compliance 50%—Ages 5–11 Years	44.06%	45.40%	☐	NC
Medication Compliance 50%—Ages 12–18 Years	39.67%	41.64%	☐	NC
Medication Compliance 50%—Ages 19–50 Years	44.19%	50.96%	☐	NC
Medication Compliance 50%—Ages 51–64 Years	NA	NA	NT	NC
Medication Compliance 50%—Total	42.56%	44.34%	☐	NC
Medication Compliance 75%—Ages 5–11 Years	18.82%	20.95%	☐	32.32%
Medication Compliance 75%—Ages 12–18 Years	16.03%	16.58%	☐	NC
Medication Compliance 75%—Ages 19–50 Years	23.26%	19.75%	☐	NC

Medication Compliance 75%—Ages 51–64 Years	NA	NA	NT	NC
Medication Compliance 75%—Total	18.03%	19.41%	□	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 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.

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.

Peach State 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]	54.10	52.44	NT	52.31
Outpatient Visits—Total	309.79	303.03	NT	NC
Inpatient Utilization—General Hospital/Acute Care—Total				
Total Inpatient—Average Length of Stay—Total	3.39	3.47	NT	NC
Total Inpatient—Average Length of Stay—<1 Year	—	8.92	NT	NC

Standard II—Quality Assessment and Performance Improvement				
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Medicine—Average Length of Stay—Total	3.43	3.41	NT	NC
Medicine—Average Length of Stay—<1 Year	—	4.61	NT	NC
Surgery—Average Length of Stay—Total	8.43	8.37	NT	NC
Surgery—Average Length of Stay—<1 Year	—	20.83	NT	NC
Maternity—Average Length of Stay—Total	2.75	2.82	NT	NC
Mental Health Utilization—Total				
Any Service—Total—Total	8.01%	7.68%	NT	NC
Inpatient—Total—Total	0.38%	0.41%	NT	NC
Intensive Outpatient or Partial Hospitalization—Total—Total	0.13%	0.12%	NT	NC
Outpatient or ED—Total—Total	7.93%	7.59%	NT	NC
Plan All-Cause Readmission Rate[4]				
Age 18–44	—	12.32%	NT	NC
Age 45–54	—	11.21%	NT	NC
Age 55–64	—	5.26%	NT	NC
Age 18–64—Total	—	11.87%	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.

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[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.

Peach State 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	10.88%	13.16%	☐	NC
1–12 Weeks	13.19%	11.87%	☐	NC
13–27 Weeks	58.56%	52.61%	☐	NC
28+ Weeks	16.20%	14.53%	☐	NC
Unknown	1.16%	7.83%	☐	NC

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Race/Ethnicity Diversity of Membership				
Total—White	19.73%	34.32%	□	NC
Total—Black or African American	49.09%	53.57%	□	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.*

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
1. CAP - CHILDREN AND ADOLESCENTS' ACCESS TO PRIMARY CARE PRACTITIONERS - 12 to 19 Years	**1. CAP**		**All items listed will be completed by 12/31/2017**

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The 2017 DRAGG analysis shows members in the East and Southeast regions have the lowest CAP rates. In addition, black/African Americans also have the lowest CAP rates in all regions. A) PSHP will identify providers in the East and Southeast regions with the largest number on members who have not been in to see a provider. We will mail a letter under the provider's name (upon their approval) encouraging the member to schedule an appointment. B) PSHP will identify providers in the East and Southeast region and pilot a program where a Peach State Health Check coordinator will call members from the provider's office and schedule appointments. C) Because many teenagers are only seen for a sports physical will begin to educate providers about how to provide well visits	A. Number of members who contact the provider to schedule an appointment upon receipt of the letter. B. Number of members, who after scheduling an appointment for either intervention, show for the appointment. C. AWC and CAP rates.	A) Chandrae Pryor, Dir. QI B) Latonya Sesberry, QI Manager C) Chandrae Pryor, Dir. QI	

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and ensure sports physical 'paperwork' is completed. **2. AAP - ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES—20 to 44 Years** The 2017 DRAGG analysis shows Black/African Americans tend to have the lowest compliance with visiting a doctor out of all reported races. A) Identify a vendor who can do home health assessments including collecting BP, BMI and make appropriate referrals. Pilot the intervention in the Central Region where data shows low compliance rates. B) Pilot the Peach Pays $20 Healthy Rewards Program.	**2. AAP** A) Compare AAP compliance rates monthly for members who receive the home visit in the Central region vs. those who do not. B) Monitor and track the number and amount of healthy rewards that are distributed by gender, race and region.	A) Chandrae Pryor – QI Director B) Alfred Miller, Manager Quality Improvement Analytics	

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C) PSHP will identify providers in the East and Southeast regions with the largest number on members who have not been in to see a provider. We will mail a letter under the provider's name (upon their approval) encouraging the member to schedule an appointment	C) Monitor and track the number of members who contact the provider to schedule an appointment upon receipt of the letter.	C) Chandrae Pryor – QI Director	
3. PERCENTAGE OF ELIGIBLES WHO RECEIVED PREVENTIVE DENTAL SERVICES – The 2017 DRAGG analysis data shows Black/African Americans have the lowest preventive dental rates in all regions. A) Implement dental homes (Dental Health and Wellness - DHW) B) POM Calls quarterly to remind members of the importance of dental services and inform them of their dental benefits	**3.** A) Implementation of Dental Homes and trend monthly rates B) Monitor and track the number of members who receive a POM call and completed the service	A) DHW and Alfred Miller, Manager Quality Improvement Analytics	

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C) Partner with a Federally Qualified Health Center who have dental services and have a Dental Day. D) Identify members using quest analytics/GIS mapping and promote members in high non-compliant areas to access services at an FQHC/assigned dental home and/or working with mobile dental facilities to service members. **4. ADV - ANNUAL DENTAL VISIT** - 2 TO 3 YEARS - TOTAL A) Implement dental homes (DHW) B) POM Calls quarterly to remind members of the importance of dental services and inform them of their dental benefits C) Partner with a Federally Qualified Health Center who has dental	C) Monitor and track the number of members who receive a service D) Monitor and track the number of members who receive a service **4. ADV** A) Implementation of Dental Homes and trend monthly rates. B) Monitor and trend monthly rates for ADV	B) Travis Brice, Manager, Member Services C) Latonya Sesberry, Manager, Quality Improvement D) Larry Santiago, Senior Director QI A) DHW and Alfred Miller, Manager Quality Improvement Analytics	

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services and have a Dental Day Services D) Identify members using quest analytics/GIS mapping and promote members in high non-compliant areas to access services at an FQHC/assigned dental home and/or working with mobile dental facilities to service members. **5. CCS & BCS - CERVICAL CANCER SCREENING & BREAST CANCER SCREENING** The 2017 DRAGG analysis showed white females were less compliant than other races by 6.04 percentage points.	C) Monitor, trend and compare monthly rates for FQHC with Dental Day Services vs. all other FQHCs D) Monitor and trend the number of members who receive a service **5. CCS and BCS**	B) Travis Brice, Manager, Member Services C) Latonya Sesberry, Manager, Quality Improvement D) Larry Santiago, Senior Dir. QI	

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Peach State will partner with providers to reach members for their needed well woman services. A) Work with FQHCs to conduct Peach State Day (Clinic Days) specific to CCS and BCS. B) Email blast education regarding need for cervical cancer screening and breast cancer screening. This is a new intervention. C) Women's Health Initiative in October for Women's Wellness for CCS, BCS and CHL - Develop a letter to members that providers can send out reminding them of the need for a Cervical Cancer Screen and/or Breast Cancer Screen and invite them to call and schedule an appointment. D) Partner with the American Cancer Society (ACS) to conduct	A) Review rates prior to and after the Peach State Day, Calculate ROI including other disease states identified. B) Review claims for members who received email to determine if they received a cervical cancer & breast cancer screen post intervention C) Number of providers who agree to participate and number of members who have a gap closed after October intervention.	A) Alan Joffe, MD Community Medical Director B) Al Miller, Manager QI and Thailla Tisdale, Director M&C C) Alan Joffe, MD Community Medical Director	

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education and joint outreach to members. **6. PPC - PRENATAL AND POST-PARTUM CARE** Data shows females under the age of 18 have a lower compliance rate of prenatal care than those over 18 however the difference is not significant. In addition, women in the SE region are far less compliant with prenatal and postpartum visits. A) Feedback was given by pregnant and new moms during surveys related to what would motivate members to attend baby showers. Members identified baby monitors as a motivator for attending educational baby showers. PSHP has now	D) Minutes from the meeting **6. PPC** A) Monitor and track the number of pregnant mothers who attend the educational baby showers.	D) Alan Joffe, MD Community Medical Director A) Nadine Carter, Director, Care Management &	

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incorporated baby monitors into the program to encourage members to attend baby showers. B) Enhancing education and community outreach to members in the SE region's to improve understanding the importance of prenatal and postpartum care C) Provider education about the early notification of pregnancy **7. FPC - FREQUENCY OF ONGOING PRENATAL CARE—81% or More Expected Visits (HYBRID)** A) Feedback was given by pregnant and new moms during surveys related to what would motivate	B) Monitor and track the increase in HEDIS rates C) Monitor and track the increase in NOPs received **7. FPC**	Donna Mariney, Director, Medical Management Operations B) Nadine Carter, Director, Care Management & Donna Mariney, Director, Medical Management Operations C) Laquanda Brooks, VP Medical Management	

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members to attend baby showers. Members identified baby monitors as a motivator for attending educational baby showers. PSHP has now incorporated baby monitors into the program to encourage members to attend baby showers. B) Enhancing education and community outreach to members in the SE region's to improve understanding the importance of prenatal and postpartum care C) Provider education about the early notification of pregnancy **8. PQI-09 - PERCENTAGE OF LIVE BIRTHS WEIGHING LESS THAN 2,500 GRAMS**	A) Monitor and track the number of pregnant mothers who attend the educational baby showers. B) Monitor and track the increase in HEDIS rates C) Monitor and track the increase in NOPs received	A) Nadine Carter, Director, Care Management & Donna Mariney, Director, Medical Management Operations B) Nadine Carter, Director, Care Management & Donna Mariney, Director, Medical Management Operations	

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A) PSHP used our data to identify two groups of individuals at risk of delivering LBW babies. The first group are those who have been pregnant previously with a history of preterm (LBW) deliveries. They are automatically stratified as high risk and offered Care Management services. The second group of individuals are first time pregnant women with risk factors/conditions such as Smoking, HTN, Diabetes that were previously stratified as low risk; however, the data indicated that they were at a greater risk of delivering a LBW baby so the plan changed its current algorithm to identify these members as high risk for early engagement in CM services. B) Assign members at high risk to high risk pregnancy program and	**8. PQI-09** A) Number of members identified as high risk	C) Laquanda Brooks, VP Medical Management A) Nadine Carter, Director, Care Management & Donna Mariney, Director Medical Management Operations	

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develop individualized plan based on member's risk factors. C) Hire and train smoking cessation counselors to conduct phone counseling with pregnant members who smoke. D) Incentivize pregnant members who test positive for nicotine at the first prenatal visit, to stop smoking and remain nicotine absent as of postpartum visit E) Partner with Southern Crescent Women's health Related to their centering program **9. IQI-21 - CESAREAN DELIVERY RATE** See #10 below	B) Monitor and trend the number of mothers who were identified as potential for delivering low birth weight babies. C) Number of members who remain nicotine free D) Number of members who remain nicotine free, receive the incentive and indicate they remained nicotine free because of the incentive.	B) Nadine Carter, Director, Care Management & Donna Mariney, Director Medical Management Operations C) Charles Kim, Senior Director Pharmacy D) Dr. Dziabis, Chief Medical Director E) Alan Joffe, MD Community Medical Director	

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10. PC-02 - CESAREAN SECTION FOR NULLIPAROUS SINGLETON VERTEX (HYBRID) In 2016, PSHP completed a study whereby we reviewed 348 elective cesarean sections. 348 charts and claims were reviewed and 30 provider practices identified as coding inappropriate elective cesarean sections. A medical director met with the providers and educated them on inappropriate coding. A. Produce GAOBGYN newsletter article with the findings. B. Working with the OBGYN society to create a letter to address the coding issue and explain the error being made in not including a diagnosis for C/S.	E) Number of members enrolled in centering program and deliver a baby of normal weight. **9. IQI-21 and PC-02** See # 10 below **10. PC-02**		

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C. Implement nonpayment policy for all C/S without the appropriate Diagnosis code. **11. CDC - COMPREHENSIVE DIABETES CARE—All Components (HYBRID)** - HBA1C TEST - HBA1C POOR >9 - HBA1C CONTROL <8% - HBA1C CONTROL <7% - ATTENTION TO NEPHROPATHY - BP CONTROL <140/90 MM HG There were 1900 members who were reviewed to identify health care disparities in receiving HgA1c testing and if the testing showed the member had control of their diabetes. There were significantly more women (1,613) than men (215). Overall, females were less compliant (78.54%) with HgA1c testing than men (84.38%) but had	A) Decrease in elective C-sections for those providers remediated B) Number of c –section claims coded correctly C) Number of C/S claims coded incorrectly and denied. **11. CDC**	A) Alan Joffe, MD Community Medical Director B) Alan Joffe, MD Community Medical Director C) Alan Joffe, MD Community Medical Director	

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better control than men. The Southwest region had approximately ¼ of the members reviewed. Of these members, 75% had results that showed poor control of their diabetes. Further, although no group had more than 52.31% compliance with eye exams, white males were the lowest with 42.59% A) Place a Care Gap Alert on the Provider Portal identifying Members with diabetes B) Discuss pilot with a vendor like Exam One or Lab In A Box for obtaining lab tests for members with diabetes C) Piloting Peach Pays Healthy Rewards in the Southwest region D) Potential pilot with the Vision Van			

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E) Potential pilot with Vision Works or another network provider to outreach to members telephonically F) Work with FQHCs to get members in for all visits related to diabetic services **12. ADD - FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION** - Initiation - Continuation A) Implement 14 day initial fill on medication to encourage members to schedule and keep a follow up visit within 30 days B) Continue education on ADHD CPGs	A) Generalized intervention. Best evaluation is to track and trend HEDIS measure B) The number of members who utilize vendor service C) Number and amount of healthy rewards that are distributed D) Number of members who utilize the service	A) Alfred Miller, Manager, Quality Improvement Analytics B) Chandrae Pryor, Dir. QI C) Alfred Miller, Manager Quality Improvement Analytics D) Envolve Vision E) Envolve Vision F) Chandrae Pryor, Dir. QI	

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C) Working with vendor to address non adherence **13. FUH - FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS** - 7 DAY - 30 DAY 2017 DRAGG analysis data shows black/African American members in Atlanta and central region have the lowest compliance rate for 7 and 30 day follow up. A) Potentially pilot a program to locate a provider to see member on day of discharge B) Potentially pilot with a mobile behavioral provider to see the members in the Atlanta region in the home within 7 days post discharge C) Working with vendor to address non adherence	E) Number of members who receive services after successful outreach F) Number of members who receive services **12. ADD** A) Track and compare monthly ADD initiation rates for providers who prescribe 14 day supply versus those who do not B) Quarterly CPG compliance score	A) Charles Kim, Senior Director, Clinical Pharmacy Services B) Chandrae Pryor, Dir. QI C) Michael Strobel, Vice President (VP), QI	

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D) Potential partnership with Community Service Board to assist with performing services in high need (low provider) areas	C) Identify initiatives to improve outcomes		
	13. FUH		
14. AMM - ANTIDEPRESSANT MEDICATION MANAGEMENT - Effective Acute Phase Treatment - Effective Continuation Phase Treatment		A) Cenpatico	
Black or African American females make up the largest group of non-compliant members for the antidepressant medication management measure.		B) Cenpatico	
A) Adopting and sharing one page guidelines for primary care providers to improve member care B) Working with vendor to address non adherence	A) Number of members seen on the day of discharge B) Numbers of members seen in their home C) Identify initiatives to improve outcomes	C) Steve Dziabis, Chief Medical Director D) Cenpatico	

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15. MMA - MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA—5 to 64 Years - Medication Compliance 75% for 5–11 yrs. old The compliance rate for members ages 5-18 years who were dispensed an asthma controller medication that they remained on for at least 75% of their treatment period was significantly lower for both genders of Black/African American members (16.61%) than White members (27.04%). Of the three regions that had more than 50 members who were in the denominator (Atlanta, Central and Southwest) the Atlanta region had the least compliance. The 5-11 year old compliance rate was four percentage points higher than the 12-18 year old compliance rate.	D) Establishment of Partnership **14. AMM** A) Adoption of guideline B) Identify initiatives to improve outcome	A) Cenpatico B) Steve Dziabis, Chief Medical Director	

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A) Member education / reminders to see provider and follow medication prescription - Medication adherence phone calls from Peach State and vendors **16. CBP - CONTROLLING HIGH BLOOD PRESSURE (HYBRID)** A) Implement Disease Management Program B) Medication adherence phone calls to start mid-year **17. SAA - ADHERENCE TO ANTIPSYCHOTICS FOR INDIVIDUALS WITH SCHIZOPHRENIA**	**15. MMA**	A. Jared Safran, Clinical Pharmacist	

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A) Potentially pilot with a mobile behavioral provider to go see the member in the home B) Potential partnership with the Community Service Board to assist with performing for Mental Health services in high need (low provider) areas C) Working with vendor to address non adherence	A) Track and trend monthly MAA rate	A) Nadine Carter, Director, Care Management & Donna Mariney, Director Medical Management Operations	
18. IET - INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT - Initiation of Treatment - Engagement of Treatment	**16. CBP** A) Compliance rate of members enrolled in Disease management program vs. those who were not.	B) Charles Kim, Senior Director, Clinical Pharmacy Services	
A) Education of the Primary Care Physicians on available mental health providers in their community	B) Number of phone calls made and number of members who became compliant.		

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B) Working with vendor to address non adherence		A) Cenpatico	
19. URI - APPROPRIATE TREATMENT FOR CHILDREN WITH URI	**17. SAA**	B) Cenpatico	
A) Education in the Spring about appropriate antibiotic prescribing	A) Number of members seen at home	C) Cenpatico	
B) Speak with members at New Member Orientations about what to expect when they have URI and fever	B) Establishment of partnership		
	C) Identify initiatives to improve outcomes		
20. Well Child Measures - **W34** - **AWC** 2017 DRAGG analysis data shows members in the Southeast region are less compliant with W34 and AWC services.	**18. IET**	A) Cenpatico	

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A) Implement Peach Pay Healthy Rewards pilot in the Southeast Region B) Peach State Days C) Education at New Member Orientation (NMO) Sessions D) School Based Clinic (SBC)Collaboration E) Pilot at FQHC for medical and dental visits F) Partner with high schools with a daycare on campus **21. CIS** - Combo 3 - Combo 6 - Combo 10 2017 DRAGG analysis data shows Black/African American's in all	A) Track and trend monthly IET rates B) Identify initiatives to improve outcomes **19. URI** A) Track and trend monthly URI rates; Track rates for top antibiotic prescribers B) Numbers of members who attend New Member Orientation sessions	B) Cenpatico A) Alan Joffe, MD Community Medical Director B) Veronika Mix, Director Community Relations	

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regions have the lowest compliant rate with immunizations however, other than Asians, no racial group was above 25% compliant in any given region. A) Work with GA AAP on educating providers using newsletters to share results of immunization results B) Starting in the Fall focus on fluvention for babies C) Provider newsletter article	**20. W34 AWC** A) Number and amount of rewards given B) Number of PS days , number of members invited, number of members attended C) Number of NMO, number of members who attend, number of member who receive a screening in 90 days D) Identification of SBC to partner with and interventions to pilot E) Number of members who attend	A-F) Latonya Sesberry, Manager, Quality Improvement	

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	F) Implementation of partnership and identification of interventions **21. CIS** A) Development of newsletters with GA AAP B) Development and implementation of information for members and providers C) Development of newsletters	A-C) Thailla Tisdale, Director M&C and Jared Safran, Sr. Clinical Pharmacist and Latonya Sesberry, Manager, Quality Improvement	

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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: Peach State embraced a QI environment within the organization. Peach State used IHI's Triple Aim for Healthcare Improvement as a framework to evaluate the success of the QAPI Program. In addition, Peach State adopted Lean Six Sigma, as well as the PDSA processes developed by W. Edwards Deming. Peach State trained senior leadership and all QI staff, as well as other staff members, in the Lean Six Sigma methodology for both clinical and nonclinical processes. Twenty-five staff members achieved Green Belt status, and all senior management completed Lean Six Sigma Champion training. References were included in the QAPI Program Description, the QI Work Plan, and the QAPI Program Evaluation. During compliance review interviews, the CMO indicated that it also used the Define, Measure, Analyze, Improve, and Control (DMAIC) model for operational improvement. While the QAPI Program Description showed improvement from the previous year's document, Peach State must continue to develop its QAPI Program Description to ensure that it follows the DCH-required guidelines. Peach State's various program evaluations should include detailed descriptions on methodologies, data sources, member and provider input, analysis of interventions, and evaluation of the results of QAPI activities. Peach State should strengthen its process by ensuring that evaluation documents are thorough so that they may be used to develop quality roadmaps for quality assessment and performance improvement.
Required Actions: Peach State must continue to develop a comprehensive QAPI Program Description. The QAPI Program Description must be developed according to the DCH guidelines. The CMO's QAPI Program Description must be approved by DCH as meeting the DCH guidelines.

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

RESUBMITTED TO DCH FOR APPROVAL 04/28/2017

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1. Peach State Health Plan will continue to develop a comprehensive and cohesive QAPI Program Description, Evaluation & Work Plan. 2. Peach State Health Plan will apply the DCH guidelines and submit the QAPI Program Description to DCH for approval in June 2017. 3. Peach State Health Plan will identify data sources used to determine intervention focus and evaluation as well as the data sources used for the QAPI Program. The data sources will be included in the QAPI Program Description and the QAPI Evaluation. 4. Peach State adopted the PDSA methodology for evaluating quality. A QI training on the PDSA cycle will be completed by Manager Staff and above with a test afterward to ensure all staff	1. DCH feedback on thoroughness of CY 2017 QAPI Program Description 2. DCH feedback on thoroughness of CY 2017 QAPI Program Description 3. Identification of the QAPI Program data sources in the CY 2017 PD and CY 2016 Evaluation 4. The number of staff who attend PDSA Cycle training; the number of staff who achieve a 90% on the PDSA Cycle post-	1. Michael Strobel, VP, QI 2. Shay Hawkins, Director, 3. Shay Hawkins, Director, QI 4. Michael Strobel, VP, QI and Shay Hawkins, Director, QI	1. June 30, 2017 2. June 30, 2017 3. June 30, 2017

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understand how to apply the PDSA cycle to their daily responsibilities and improving outcomes. Staff will be 'retrained' until at least a 90% is achieved on the test. 5. Peach State Health Plan's QI VP conducted a "How to Measure Effectiveness Training" pilot with Management Staff. The training evaluation feedback from attendees indicated the training was helpful and should be given to all staff. An evaluation test was composed and will be used to assess the staff's understanding of effectively measuring effectiveness of actions after the training is conducted. The training will be provided to each department. Staff will be 'retrained' until at least a 90% is achieved on the test. 6. See Section 4, Standard II (above) "Including information	test, the number of staff who had to be 'retrained' on the PDSA Cycle. 5. The number of staff who attend the Measuring Effectiveness training; the number of staff who achieve a 90% on Measuring Effectiveness post-test, the number of staff who had to be 'retrained' on Measuring Effectiveness.	5. Michael Strobel, VP, QI	4. October 2017 5. December 31, 2017

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from participating providers and information from members, their families, and their guardians in the development and implementation of quality management and performance improvement activities" for interventions to address obtaining member and provider feedback. 7. PSHP will dedicate one quarterly all staff meeting each year to quality updates and training.	6. Section 4, Standard II (above) 7. Track & monitor staff understanding via Survey Monkey tool.	6. Michael Strobel, VP, QI and Shay Hawkins, Director, QI 7. Michael Strobel, VP, QI and Shay Hawkins, Director, QI	6. October 2017 7. October 2017

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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: The QAPI Program Description stated that members with special healthcare needs were not excluded from the QAPI Program; however, it did not describe how the special needs population was integrated into the QAPI activities. Peach State did not provide documentation of implemented processes to assess the quality of care furnished to members, including those with special healthcare needs. During the compliance review interview, Peach State described its EPSDT medical record review process that concentrated on identifying missed components of the EPSDT visit. Peach State completed approximately 400 EPSDT medical record reviews annually, and the most recent results indicated a 92 percent provider compliance rating. The CMO also described its process to tier physicians according to quality outliers, such as access to care and use of asthma action plans. However, Peach State did not define a population, such as the focus populations described by the CMO which included the EPSDT population, or asthma members as members with special healthcare needs.

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Required Actions: Peach State must strengthen its processes for the monitoring, analysis, and evaluation of the delivery, quality, and appropriateness of healthcare furnished to members in the areas of underutilization or receipt of chronic disease or preventive healthcare and services. Peach State must define members with special healthcare needs and include its method of monitoring, analysis, evaluation, and improvement for the delivery, quality, and appropriateness of healthcare furnished to members with special healthcare needs in its program descriptions and evaluations. Peach State must consider use of data, such as outcome data, to evaluate the quality and appropriateness of care furnished to members, including those with special healthcare needs.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
1. Peach State Health has a comprehensive QAPI program that aims to address the needs of its membership. These activities include regular monitoring, analysis and evaluation of the appropriateness and delivery of utilization for its membership facing chronic disease, those needing preventive healthcare and/or with special healthcare needs. Peach State Health Plan has adopted the Department of Community Health's definition of special healthcare needs as members (adults & children) who have or are at increased risk for a chronic physical, developmental,	1. Completion and submission of the CY 2017 QAPI and CM Program Evaluation	1. Laquanda Brooks, VP MM and Michael Strobel, VP QI	1. Ongoing

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behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by members (adults and children) generally. 2. Through trend analysis reports and utilizing predictive modeling tools that look at IP, ER and medication utilization data; Peach State Health Plan monitors the over and underutilization of services of its membership. The mechanisms in which this information will be monitored and evaluated will be by the plan's Care Management staff and a cross-departmental team to determine if current programs and interventions are appropriate and whether further targeted interventions may be needed. These interventions will be initiated through a PDSA cycle. Using this information Peach State Health Plan will conduct a series of barrier analyses to identify opportunities to improve	2. These interventions will be evaluated as a function of the Quality Oversight Committee and Utilization Management Committee during quarterly meetings	2. Dr. Dean Greeson, SR. VP MA, Laquanda Brooks, VP MM and Michael Strobel, QI VP	2. Ongoing

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performance and the overall health outcomes for its membership to include those with special healthcare needs. These activities and outcomes will be updated in the CM and QAPI Program Description(s) and Evaluation(s). 3. Peach State Health Plan will continue to discuss quality management and performance improvement activities during quarterly Utilization Management Committee (UMC) which reports to the Quality Oversight Committee (QOC) and includes external physicians. These activities and outcomes will be updated in the CM Work Plan and QAPI Evaluation.	3. Ongoing monitoring and evaluation to the QAPI program based on feedback received during meeting minutes which will reflect conversation and feedback. The timing of the meeting will allow for ongoing evaluation and revision to the QAPI Program.	3. Laquanda Brooks, VP MM and Michael Strobel, QI VP	3. Ongoing

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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: The Peach State's UM Program Description stated: "The CMO may also use the Subacute/SNF Nursing guidelines to assist in determining medical necessity for subacute or skilled nursing care for members with catastrophic conditions or special health care needs." The UM Program Description included goals and objectives for ensuring the delivery, quality, and appropriateness of healthcare furnished to all members. However, the CMO did not link the goals and objectives to its processes for how it monitored, analyzed, or evaluated the delivery, quality, and appropriateness of healthcare furnished to members with special healthcare needs. In addition, Peach State did not provide documentation of implemented processes to assess the quality of care furnished to members, including those with special healthcare needs. During the compliance review interview, Peach State described its EPSDT medical record review process that focused on identifying missed components of the EPSDT visit. Peach State completes approximately 400 EPSDT medical record reviews annually, and the most recent results indicated a 92 percent provider compliance rating in the area of EPSDT. The CMO also described during the interview session its process to tier physicians according to quality outliers such as access to care and use of asthma action plans. However, Peach State did not define populations of members with special healthcare needs.			
Required Actions: Peach State must define mechanisms to assess the quality and appropriateness of care furnished to its members, including those with special healthcare needs.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**

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1. As mentioned previously, through the use of trend analysis reporting and predictive modeling tools, Peach State Health Plan has identified several mechanisms at monitoring and analyzing the quality and appropriateness of care furnished to our members including those with special healthcare needs. Peach State monitors under and over utilization of services, quality of care concerns, and adherence to clinical practice guidelines for its membership to include those with special health care needs. For example, the health plan utilizes a pharmacy utilization report that identifies high risk sickle cell members who are non-compliant with their Hydroxyurea maintenance medications. As a recommendation of the UMC committee, the health plan identified the following targeted intervention that aimed to increase medication compliance	1. Completion and submission of UM and QAPI Program Description (CY 2017) and Evaluations (CY 2016)	1. Laquanda Brooks, VP MM and Michael Strobel, QI VP	1. June 30, 2017

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by assigning a care manager to conduct face to face home visits to establish a rapport with the family and work collaboratively with the primary care physician to ensure the member was prescribed the appropriate medications resulting in fewer sickle cell crisis ER and/or IP visits. 2. Peach State Health Plan will continue to discuss quality management and performance improvement activities during quarterly Utilization Management Committee (UMC) which reports to the Quality Oversight Committee (QOC) and includes external physicians. These activities and outcomes will be updated in the CM Work Plan and QAPI Evaluation	2. Ongoing monitoring and evaluation to the QAPI program based on feedback received during meeting minutes which will reflect conversation and feedback. The timing of the meeting will allow for ongoing evaluation and revision to the QAPI Program.	2. Laquanda Brooks, VP MM and Michael Strobel, QI VP	2. Ongoing

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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: Peach State's QAPI Program included reports with recommendations and actions taken; however, the feedback provided to members and network providers about these activities is limited. For instance, Peach State provided copies of member newsletters that included a statement about the member satisfaction survey. The narrative stated that Peach State would use the results of the survey to help improve, and that the CMO was working on the area of getting members an appointment with a specialist and in the area of customer service. During the compliance review interview, Peach State staff provided two newsletters that directed members where to call to receive more information about QAPI activities, and another newsletter described some of the results of QAPI activities. Peach State provided three copies of the provider newsletter during the compliance review interviews. Each provider newsletter described QAPI projects but did not include a summary of assessments of actions taken or recommendations that have been implemented. For example, the newsletter mentioned that providers improved the HEDIS scores and that Peach State conducted office reviews, which included medical record reviews, but Peach State did not inform the providers that a certain percentage of records were problematic, which improvements were implemented, which HEDIS scores were problematic, or which recommendations were implemented after review and analysis. Peach State documentation stated that "at least annually, Peach State provides information, including a description of the QAPI Program and a report on the Plan's progress in meeting QAPI Program goals to members and providers." At a minimum, the communication includes information about QI Program goals, processes, and outcomes as they relate to member care and services and must include plan-specific data results such as HEDIS and PIP results. Primary distribution is through the member/provider newsletter and via the CMO's website. Peach State's Quality Management Program Description describes goals and objectives to track, trend, and report data and outcomes. The documentation would be strengthened by including information on how, as a result of data analysis or evaluation, indicated recommendations are implemented.
Required Actions: Peach State must update its QAPI Program Description to describe how it shares quality improvement results and provides feedback to members and providers. Peach State must document the results and feedback that are shared with

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members and providers, as well as the methods used (e.g., member and provider newsletters, individual or population-specific communications or website updates).			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
1. Peach State Health Plan will update the QAPI Program Description to describe how it shares quality improvement results and provides feedback to members and providers. 2. Peach State will share results of HEDIS and EPSDT medical record reviews via newsletter during Q4, 2017 and each year during Q4. The newsletters will describe the QAPI program, projects and work plan including a summary of assessments of actions taken or recommendations that have been implemented. The newsletter will also include specifics about which performance measures were problematic as well as the medical record concerns and what recommendations were	1. Completion and submission of the CY 2017 QAPI Program Description 2. Publication of the Provider newsletter in Q3.	1. Shay Hawkins, Director QI 2. Shay Hawkins, Dir. Quality Improvement Thailla Tisdale, Director M&C	1. June 30, 2017 2. December 2017

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implemented after review and analysis.			
3. Peach State Health Plan will document the results and feedback shared with members, and the methods of communication. In collaboration with all departments, the Plan's Marketing and Communications department will develop a QI Communication Plan. This plan will include a quarterly calendar of QI result topics and feedback received to share with members and providers via the member and provider websites at PSHP.com. Information provided may include: Summary of assessments of actions taken or recommendations that have been implemented to improve HEDIS scores and/or medical record reviews. Methods used for communicating may include blast fax, email, PSHP.com	3. Completion of QI Communication Plan	3. Chevron Cardenas, VP Operations	3. July 1, 2017

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portals (member and provider) and newsletters. 4. Peach State Health Plan will continue to discuss quality management and performance improvement activities during Quality Oversight Committee (QOC) and Utilization Management Committee (UMC) meetings which include external physicians. Additionally, for our provider network, methods used for communicating may include blast fax, email, PSHP.com portals, face to face visits and newsletters. 5. See Section 4, Standard II (above) "Including information from participating providers and information from members, their families, and their guardians in the development and implementation of quality management and	4. Ongoing monitoring and evaluation to the QAPI program based on feedback received during meeting minutes. 5. Section 4, Standard II (above)	4. Michael Strobel, VP, QI (QOC) and Laquanda Brooks, VP, MM (UMC)	4. June 2017

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performance improvement activities" for interventions to address obtaining member and provider feedback.			

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15. The CMO's QAPI program includes a methodology and process for conducting and maintaining provider profiling. *Contract: 4.12.5.2*			
Findings: The QAPI Program Description stated that provider profiling was conducted and that Peach State used Centelligence Insight, a web-based reporting and management system that included advanced capabilities for provider practice pattern and utilization reporting. Peach State provided an example of a provider report card and provider profiles from its Impact Intelligence system. The system generated summary and detailed views of clinical quality and cost profiling information. The system supplied the CMO with provider, practice, and peer-level profiling information. Peach State provided examples of provider profiles. Peach State did not describe the methodology it used to conduct and maintain provider profiling.			
Required Actions: Peach State must have a documented methodology and process for conducting and maintaining provider profiling.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
1. Peach State Health Plan will develop a comprehensive Provider Profiling policy and procedure that includes tracked and trended data regarding utilization, complaints and grievances, prescribing, and member satisfaction. 2. Peach State Health Plan will receive approval by the QOC on the Provider Profiling P&P.	1. Completed revision to Provider Profiling P&P are reviewed and approved by the PAC and P&P Committees and reported to the Compliance Committee, QOC, and the Board on a Quarterly basis. 2. The Provider Profiling P&P will be presented for review and approval by the QOC	1. Michael Strobel, QI VP and Alan Joffe, MD, Community Medical Director 2. Michael Strobel, QI VP	1. June 2017 2. June 2017

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3. Peach State Health Plan will add the description of Provider Profiling to the 2017 QAPI Program Description.	3. Addition of the methodology and process for Provider Profiling will be added to the 2017 QAPI Program Description (PD). Review and approval of the CY 2017 QAPI PD by the QOC.	3. Shay Hawkins, Director QI	3. June 2017

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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: Peach State had a structured Patient Safety Plan that described the processes for monitoring and improving patient safety in clinical care and service delivery. The Patient Safety Plan described how Peach State addressed concerns or complaints regarding clinical care. The QM Patient Safety Plan was written in a manner that may cause confusion between grievances (expressions of dissatisfaction) and the grievance system. The grievance policies and procedures included how Peach State classified complaints according to severity, the involvement of the medical director, a mechanism to determine whether additional review by other committees was required, and a summary of the incident (including the final disposition). Peach State also had several policies that addressed patient safety and complaints, including the Grievance Process, Quality of Care Investigations, and Peer Review. 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.			
Required Actions: The QM Patient Safety Plan must clearly distinguish between grievances and the grievance system. The QM Patient Safety Plan must be approved by DCH.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
1. Peach State updated the 2016 Patient Safety Plan and distinguished between grievances and the grievance system. Peach State resubmitted the document at the time of the 2016 EQRO to DCH.	1. Approval received from DCH on October 12, 2016.	1. Lamar Watson, Manager Grievances and Appeals	1. Completed Approved by DCH (Erika Lawrence) 09/15/2016).

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2. Peach State will submit the 2017 Patient Safety plan to DCH with all requested updates.	2. Approval of 2017 Patient Safety Plan by DCH	2. Lamar Watson, Manager Grievances and Appeals	 RE Revisions Requested by 9 8 PS 2. June 30, 2017

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Standard II—Quality Assessment and Performance Improvement			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
21. Patient safety plan policies and procedures include: *Contract: 4.12.9.1* c. A mechanism for determining which incidents will be forwarded to the Peer Review and Credentials Committees. *Contract: 4.12.9.1*			
Findings: Peach State had a process document in its Patient Safety Plan, Quality of Care Investigations Policy, and the Peer Review Policy that classified incidents using a severity level. The medical director reviewed Severity Level III incidents and referred them to the Peer Review Committee if warranted. The process indicated that Severity Level IV incidents were routinely referred to the Peer Review Committee for evaluation and further action, unless the case was already under review in a hospital's internal peer review process.			
Required Actions: Peach State must review all quality of care concerns, even those that are referred to and are being reviewed by another entity, such as a hospital. Peach State must make its own quality of care determination, refer to its peer review process, and report to boards and regulatory agencies, as appropriate, as a result of the CMO's investigation process.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**

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1. Peach State Health Plan updated all policies and procedures to reflect that all quality of care concerns, even those that are referred to and are being reviewed by another entity, such as a hospital are reviewed by PSHP. PSHP makes determinations, referrals to peer review and reports to boards and regulatory agencies, as appropriate, as a result of the investigation.	1. All staff involved in the review of quality of care concerns were trained and tested on new and revised policies.	2. Lamar Watson, Manager Grievances and Appeals	April 30, 2017

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

21. Patient safety plan policies and procedures include:

Contract:

4.12.9.1

d. A summary of incident(s), including the final disposition, included in the provider profile.

Contract:

4.12.9.1

Findings: During the compliance review interview, Peach State indicated that it included the final disposition of quality of care cases and grievances in the provider profile. The CMO provided limited documentation that described which incidents or information were included in the provider profile or the process used to include profile information.

Required Actions: The CMO must update its Patient Safety Plan and other documents to clearly state how incidents and the final disposition of grievances, quality improvement cases, and peer review results are included in the provider profile. The processes must also describe how the provider profile information is used in operational areas such as network development, credentialing, and member provider assignment.

Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
1. Peach State Health Plan will update its Patient Safety Plan to clearly state how incidents and the final disposition of grievances, quality improvement cases, and peer review results	1. This intervention will be measured by successful implementation of a process and delivery of monthly files between DCH (Credentialing Committee) and PSHP regarding number of grievances by provider.	1. Lamar Watson, Manager, Grievances and Appeals	1. June 30, 2017

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Standard II—Quality Assessment and Performance Improvement			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
are included in the provider profile.			
2. Peach State Health Plan will update its Policies and Procedures to clearly state how incidents and the final disposition of grievances, quality improvement cases, and peer review results are included in the provider profile. The processes will describe how the provider profile information is used in operational areas such as network development, credentialing, and member provider assignment.	2. All staff involved in the review of quality of care concerns are trained and tested on new and revised policies.	2. Lamar Watson, Manager, Grievances and Appeals	2. April 1, 2017
3. Peach State Health Plan will work with the State to develop processes for ensuring updates to provider credentialing files.	3. Training , testing and Implementation of updated processes when DCH informs Peach State of the process to submit grievances, quality of care and quality data to the State of Georgia CVO to include in the credentialing process.	3. Dr. Dean Greeson, MD, Senior Vice President, Medical Affairs, Chief Medical Officer	3. July 1, 2017

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The following pages are for Peach State'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.

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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.			
August 2016 Re-review Findings: Peach State updated its Distribution of Member Handbook Policy to state the following: "Peach State shall mail to all enrolled member households a Member Handbook **every** year thereafter unless requested sooner by the member. Peach State shall provide instructions to both new and existing members on the process to view all member materials (including the provider directory) via the web portal. Additionally, members will be instructed via newsletters, on hold messages and Peach State's website to contact Member Services to request a soft copy of all member materials." Information provided by DCH indicates that the requirement to provide a member handbook annually has been waived. CMOs are instead required to notify existing members annually that the member handbook is available online and a hard copy is available upon request.			
August 2016 Required Actions: The CMO must update its Distribution of Member Handbook Policy to state that it notifies existing members annually that the member handbook is available online and a hard copy is available upon request.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
1. Peach State has revised its policy to state the plan shall mail a copy of the Member Handbook to new members monthly or upon request by the member. Peach State shall provide instructions to both new and existing members on the process to view all member materials (including the provider directory) via the web portal. A	1. Annual policy review will be conducted; includes existing content review and additions to content as needed	1. Chevron Cardenas, Vice President of Operations	1. June 2017

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Standard IV—Member Information			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
copy of the annual provider directory shall be made available via Peach State's website. Additionally, members will be instructed via newsletters, on hold messages and Peach State's website to contact Member Services to request a copy of all member materials. Additionally, the revised policy was reviewed with staff and will be resubmitted to the state on/before May 1st.			

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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* 2. The Contractor provides all newly enrolled members the provider directory within ten (10) calendar days of receiving the notice of enrollment from DCH or the State's Agent.			
August 2016 Re-review Findings: Peach State updated its Member Materials Policy to state: "Peach State shall provide instructions to both new and existing members on the process to view all member materials (including the provider directory) via the web portal. Additionally, members will be instructed via newsletters, on hold messages and Peach State's website to contact Member Services to request a soft copy of all member materials."			
August 2016 Required Actions: Peach State must update the Distribution of Member Materials policy and procedure to reflect CMO practice regarding how it will inform members of the availability of the provider directory.			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
1. Peach State has revised its policy to state the plan shall mail a copy of the Member Handbook to new members monthly or upon request by the member. Peach State shall provide instructions to both new and existing members on the process to view all member materials (including the provider directory) via the web portal. A copy of the annual provider directory shall be made available	1. Annual policy review will be conducted; includes existing content review and additions to content as needed	1. Chevron Cardenas, Vice President of Operations	1. June 2017

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Standard IV—Member Information			
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)			
via Peach State's website. Additionally, members will be instructed via newsletters, on hold messages and Peach State's website to contact Member Services to request a copy of all member materials. Additionally, the revised policy was reviewed with staff and will be resubmitted to the state on/before May 1st.			

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

5. **August 2016 Required Actions: 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)

Appendix A- Review of Standards Corrective Action Plan
Department of Community Health (DCH)

Corrective Action Plan

for

Standard II—Furnishing of Services				
Requirements—HSAG's Findings and CMO Required Corrective Actions (July 1, 2015–June 30, 2016)				
			seven days a week within 30 minutes or 30 miles	

3.

August 2016 Re-review Findings: Peach State did not meet the requirement to have at least 90 percent of members with access to providers within the time/distance analysis in the element. The CMO did not meet the requirements for either urban or rural areas in the following provider categories:

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

August 2016 Required Actions: Peach State must meet the geographic access standards for both urban and rural areas for PCPs, specialists, general dental providers, dental subspecialty providers, mental health providers, and pharmacies. Peach State must continue efforts to close its network adequacy gaps and keep DCH informed of its progress.

Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
1. In 2015 & 2016 Peach State aggressively pursued opportunities to recruit providers to meet geographic access standards. As a result of these efforts, Peach State's Q3 2016 results showed a decrease in the			- There are 35 specialty types used for Geo tracking and 159 counties in Georgia. This equates to 5,565 county specialty combinations. Using this methodology, as of Q3

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number of deficient specialty / county combinations by 25% versus Q2 2015. These gaps were decreased using the following strategies. a) Use of the LOI process during the State reprocurement to identify providers interested in contracting with Peach State. b) Use of the State 7400 file to identify and pursue non par providers c) Refinement of internal strategies to have teams target specific geographic areas to close gaps. d) Identify targeted non par providers noted on CVO to bring in to the network. e) Executed new participation agreements with large health systems including Upson Regional and Grady Health System.	- Measurement will be based on the number of county/specialty gaps closed. This is tracked and measured each quarter as part of the geo reporting process (applicable to all interventions; a-l). -	- Clyde White, Vice President, Contracting Peach State Health Plan	2016, Peach State had 360 deficiencies or 6.5%. This is a drop of 25% or 119 (8.6% of the combinations) compared to Q2 2015. The areas showing the largest drops include: Behavioral Health Facilities, Endocrinology, Infectious Disease, Rheumatology, and Vascular Surgery. - This is an ongoing effort as Peach State continues to receive new applications through interventions b & d and supports additional presentation sites through new interventions g-l. - In 2015, Peach State had three telehealth sites (South Central Primary Care, Edison Medical

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f) Maintain physician incentive programs to aid in the recruitment and retention of physicians with a strong commitment to quality. These processes will continue to be followed in 2017 to maximize every possible contracting opportunity. Peach State will continue to seek opportunities to contract with targeted providers to ensure that the needs of the populations served are met. Along with the items noted above, Peach State will continue to utilize Telehealth services and Single Case Agreements, where appropriate. to include the following RFP commitments which will be additional interventions:	- The number of providers and members varies each quarter. The gaps will be reviewed each quarter to determine where there are gaps and where there are opportunities to close those gaps (applicable to all interventions; a-1). - Measure percentage of members accessing care in those areas where sponsorship has occurred (applicable to interventions g-1).	- Clyde White, Vice President, Contracting Peach State Health Plan - Clyde White, Vice President, Contracting Peach State Health Plan	Center, and Bleckley Memorial Hospital). In 2016, Bleckley Memorial Hospital was dropped due to none use and two additional locations were added (Mountain Lakes Medical Center and Wheeler County School Based Health Center.

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g. Coordinate with other Georgia Families CMOs to promote telemedicine services, and improve access in areas with current specialist deficiencies. h. Sponsor presentation equipment placement through GPT in access deficient areas i. Provide marketing support to existing Telehealth sites j. Establish innovative reimbursement models for use of Telehealth Services k. Develop a multi-faceted Member/Provider Education Campaign to increase awareness and utilization of telemedicine in Georgia l. Identify and contract with all qualified Providers that serve as specialists in the GPT network.			