
Quality Assessment Performance Improvement Program Evaluation

Medicaid and PeachCare for Kids

Peach State Health Plan - 2015

Peach State Health Plan 2015 QAPI Program Evaluation

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Executive Summary for 2015

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, and strength/weakness/opportunity/threat analysis to develop annual QAPI Program goals and objectives. We utilize the Institute for Healthcare Improvement (IHI) Triple Aim for Health Care Improvement as the framework for evaluating the success of our QAPI Program.

Through evaluation of our 2015 QAPI Program, as documented in this report, Peach State identified the following key achievements and lessons learned during 2015, and priorities for changes in the QAPI Program for 2016.

Achievements in 2015

- ☞ Peach State's continuing commitment to quality improvement enabled us to maintain NCQA commendable accreditation status, and to achieve improvement in more than 40% of performance measures between 2014 and 2015. We met four of seven 2015 QAPI Program objectives.
- ☞ We further integrated quality improvement into our organizational culture and daily management processes from line staff to senior leadership.
- ☞ Peach State adopted Lean Six Sigma methodology for both clinical and non-clinical process improvement, and increased the number of staff throughout the company that had achieved Green Belt certification to over 25, including all Quality Department staff. In addition, all members of our Senior Leadership Team received Lean Six Sigma Champion training.
- ☞ We implemented a Quality Strategic Planning model and enhanced our improvement methodology, including rapid cycle tests of change.
- ☞ 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 developed partnerships with culturally diverse providers (such as Nuestros Ninos Pediatrics) to enhance our cultural competency and to address health disparities.
- ☞ 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.
- ☞ We implemented effective interventions to address areas of dissatisfaction identified by analysis of member and provider satisfaction survey trends.

Lessons Learned from 2015

- ☞ We are still on a learning curve for Quality Strategic Planning, and for identifying, prioritizing, and implementing effective interventions. Our goals and objectives need to be more tightly linked to the strategic planning process. Our interventions need to be scalable and sufficiently resourced.

- ☞ We need to improve our use of improvement methodology, particularly the planning phase and rapid cycle tests of change.
- ☞ We need to periodically rebalance our strategic focus on individual age and condition-related outcomes to ensure that all outcomes have positive trends over time.
- ☞ We are still on a learning curve for developing and implementing effective strategies and interventions targeting specific populations of members with demonstrated disparities that are culturally appropriate and that have measurable impact on the targeted members.
- ☞ We need to improve our ability to assist members to change their health behaviors.
- ☞ Peach State's methodology for assessing the disease burden of our enrolled population, using our predictive modeling application, did not identify any primary risk factor for nearly 27% of members. We need to improve our ability to distinguish between truly healthy members and members that may not be receiving needed services.
- ☞ We need to improve our ability to engage network providers in sustained participation in trials of potential improvement interventions.

Priorities for Change in 2016

- ☞ Peach State will continue our commitment to improving member outcomes, evaluated through the Triple Aim Framework, and to meeting our annual QAPI Program and DCH objectives.
- ☞ We will enhance our Quality Strategic Planning process: develop 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.
- ☞ We have restructured Quality Department management in 2016 to improve accountability and effectiveness in achieving program objectives. The Vice President of Quality position is responsible for strategic direction as well as daily oversight and leadership.
- ☞ We will enhance leadership and staff training, with support from, and collaboration with, IHI, focused on better aligning business planning with quality planning, and on effectively measuring the effectiveness of each intervention.
- ☞ Peach State will 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 the effectiveness of barrier analysis by engaging the Centene corporate market research team to conduct more structured member focus groups.
- ☞ Enhance 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 segments of our membership and to drill down to more specific conditions within those categories.
- ☞ Implement targeted outreach to members (nearly 12% of all members in 2015) who were eligible for more than 90 days and had no claims for services of any type to assist them to complete a Health Risk Assessment and to schedule a PCP appointment (or prenatal visit for pregnant members) when appropriate.

- 🔗 Implement targeted outreach and care coordination for members identified as receiving services from multiple PCPs to facilitate their assignment to a medical home.

Introduction

Overview of QAPI Program

Since 2006, Peach State Health Plan (Peach State, Plan) has been one of three Care Management Organizations (CMO) responsible for covering Medicaid, PeachCare for Kids® (Georgia's standalone Children's Health Insurance Program (CHIP)), and Planning for Healthy Babies (P4HB) members in Georgia pursuant to its contract with the Department of Community Health (DCH). As of December 2015, Peach State provided healthcare coverage for approximately 385,500 people.

Peach State's Quality Assurance and Performance Improvement (QAPI) Program philosophy is to ensure a systematic, comprehensive, evidence-based, data-driven approach to care. The QAPI Program continuously, objectively, and systematically monitors and analyzes performance and implements strategies to evaluate and continuously improve the quality, appropriateness, accessibility, and availability of culturally and clinically appropriate health care for all members, including those with special healthcare needs. Our over-arching goal is to improve the health status of members and, where the member's condition is not amenable to improvement, to maintain the member's current health status by implementing measures to prevent any further deterioration of health status. This includes the identification of members at risk of developing conditions, the implementation of appropriate interventions, and designation of adequate resources to support the interventions. Peach State adopted and continues to utilize the Institute for Healthcare Improvement (IHI) Triple Aim for Health Care Improvement as a framework for evaluating the success of its QAPI program. As a quality driven organization, Peach State understands that an effective QAPI Program is critical to meeting goals, improving care and health outcomes for its members, and reducing per capita costs.

Peach State maintained NCQA "Commendable" Accreditation status, as we have since our first year of eligibility. Our QAPI Program continues to use evidence based national and community best practices to respond and adapt to changing member demographics and epidemiological concerns. Peach State incorporates input from clinical and 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. This annual QAPI Program Evaluation was developed with the participation and support of key staff throughout the organization prior to being presented to the Quality Oversight Committee and the Board of Directors for additional recommendations and final approval.

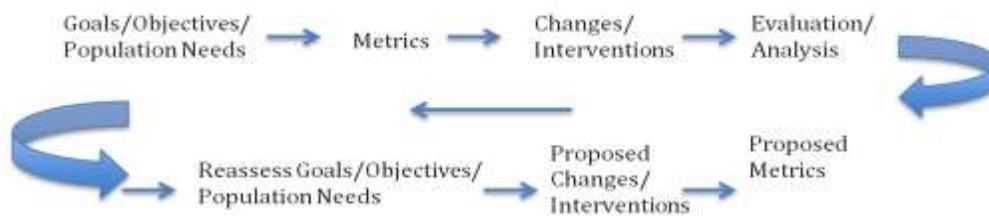
Leading by Example

Peach State's leadership creates energy, synergy, and focused guidance by setting the direction for the QAPI Program and demonstrating a continuous commitment to achieving the organization's QAPI goals. To cultivate a spirit of quality within the organization and further encourage continuous quality improvement of services and programs, the entire Senior Leadership Team (SLT) completed Lean Six Sigma Champion training in 2015. Peach State embraces quality as a workplace culture and philosophy, not simply a separate function within the health plan. The Culture of Quality is embedded into every aspect of the organization. Every employee is a quality advocate and participates in improving processes, services, and the culture in which they work. Peach State's SLT and department level leaders use the Continuous Quality Improvement (CQI) process, a proactive, cyclical, data-driven technique, in all decision-making.

In 2015, multidisciplinary workgroups established in 2014 continued to review clinical and operational performance indicators and progress toward expected goals. The six workgroups in place during 2015 were Adult Health, Women’s Health, Children’s Health, Chronic Disease, Behavioral Health, and Member Experience and Provider Satisfaction. Peach State made some refinements in 2015 to the multidisciplinary clinical and operational workgroups, which included creating the behavioral health specific workgroup and reorganizing the workgroups to achieve better alignment with performance indicators and desired outcomes.

The multidisciplinary workgroups were responsible for implementing and executing improvement initiatives and utilized the Plan, Do, Study and Act (PDSA) Cycle methodology introduced by Walter Shewhart of Bell Labs and further developed by his student, W. Edwards Deming. Using rapid cycle tests of change, the PDSA methodology supports the development and implementation of interventions, monitors performance, and evaluates the effectiveness of each cycle of interventions. The workgroups met at least bi-monthly and status updates were provided to SLT on a monthly basis.

The workgroups follow an annual quality cycle:



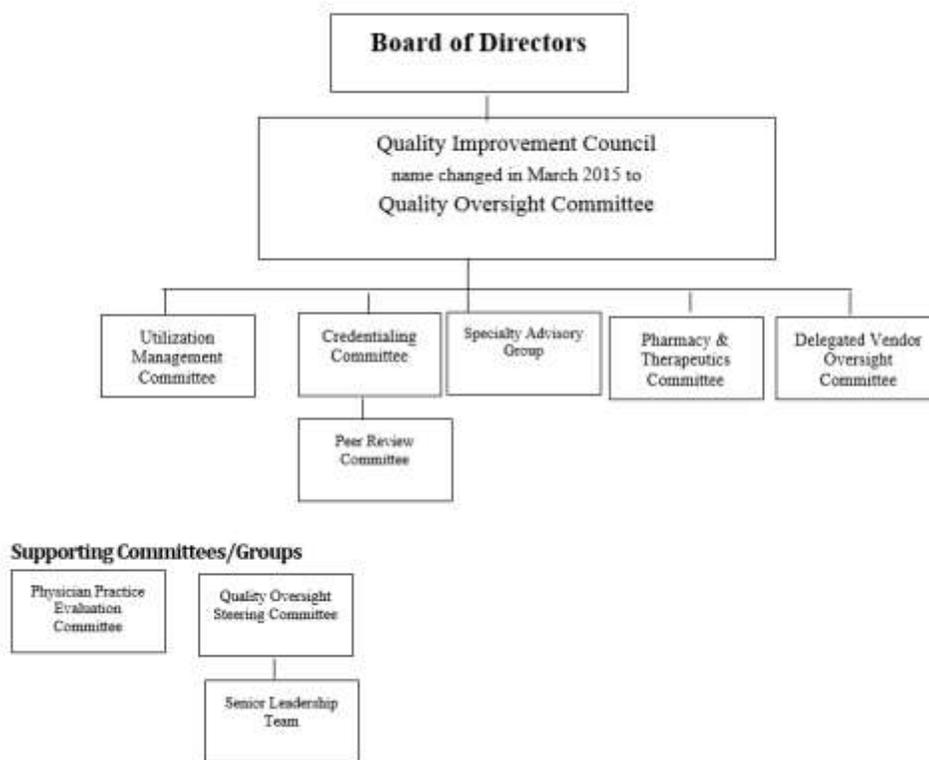
Peach State Health Plan Organizational Structure, 2015



QAPI Program Governance

Peach State's decision-making and oversight consider the voice of the Plan's leadership, staff, providers, members and other stakeholders by engaging them in several key committees. Members, providers, advocates, and all levels of staff provide invaluable input to Peach State's improvement efforts and the QAPI program. The Peach State QAPI program committees ensure that the voice of the customer remains strong in all that the Plan does. The following quality committee structure was in place during 2015. We are simplifying the committee structure in 2016 by re-designating several of the current committees, more appropriately, as workgroups.

Peach State Health Plan QAPI Committee Structure, 2015



Peach State Health Plan's Board of Directors has responsibility for organizational governance and is the governing body of the Plan and the QAPI program. The Board designated the Quality Oversight Committee (QOC) to oversee the QAPI program and activities.

The QOC, Peach State's senior management and physician member committee, met quarterly in 2015, was led by our Vice President, Medical Affairs, and includes key health plan leaders from each department. To promote a clinical focus that aligns with the needs of the member and provider communities, the QOC includes representation from a diverse range of Peach State network providers, including those with specialized knowledge and expertise in treating individuals with special health care needs. The QOC provides a mechanism and forum for interdisciplinary participation in the QAPI Program and integrates quality improvement in the delivery of care and service throughout the Plan. The QOC reports to our Board of Directors.

For a complete description of the roles of each of the QOC sub-committees in the diagram above, please see Peach State’s Annual QAPI Program Description (page 8).

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 us to adopt high-level goals for improvement. The Plan selects areas of focus for improvement from within those broad goals. The SLT is a working, management-level, cross-functional workgroup representing all relevant operational areas. Supported by QI staff and overseen by the QOC, the SLT drives the development of the Annual QAPI Program Description and Work Plan, including the selection of areas of focus for improvement activities.

At the end of 2014, Peach State employed this strategic planning framework for 2015, in which, for example, we developed the following Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis.

SWOT Analysis, PHSP Quality Program 2014

<p><u>Strengths</u> Execution of Interventions Highly Qualified Staff Use of PDSA Methodology Support of Senior Leaders</p>	<p><u>Weaknesses</u> Data Integrity Assessing Effectiveness Processes to collect QI data</p>
<p><u>Opportunities</u> Triple Aim Mission Culture of Quality Awareness Quality Integration in all Departments</p>	<p><u>Threats</u> Loss of qualified staff to competitors Disease/health trends among members</p>

Our Quality Strategic Planning Process guided the refinement of the Plan’s quality improvement direction, development of annual goals and objectives, identification of emerging changes in the environment that will potentially impact Peach State, and alignment with the strategic objectives of DCH for the Georgia Families program.

Program Goals and Objectives for CY 2015¹

The table below shows Peach State’s QAPI goals and objectives for 2015, indicates whether each objective was met, and provides a summary of the Plan’s results for each. We developed our QAPI goals and objectives for 2016, presented in the Conclusions section of this document, based in part on these outcomes.

¹ Unless otherwise indicated, all data is calculated for CY

2015 QAPI Goals and Objectives – Met or Not Met

Triple Aim	Goal	Objective	Met/ Not Met	Summary
Improve Member Health	Goal 1: Improve care coordination for, and health literacy of Peach State members	Objective 1 – Readmission rates within 30 days for all diagnoses will remain below or equal to 8.5% for 2015	Met	Peach State experienced a decrease in 30-day readmissions; the Plan’s readmission rate was 7.7% based on the number and rate of authorizations for admissions.
		Objective 2 – Peach State Health Plan member ER visits rates will be at or below 592/1000 (average per month) for 2015	Met	Peach State’s ER visit rate for 2015 was 586/1000, below the target maximum rate of 592/1000.
	Goal 2: Improve member health outcomes through increased prevention and wellness programs	Objective 1 – Meet or exceed DCH goals or the next highest NCQA percentile for all Women’s, Children’s and Chronic Conditions measures as outlined in the DCH/CMO target list for 2015	Not Met	Total Women’s Measures – 6 Total met or exceeded goal –1 Total Children’s Measures – 13 Total met or exceeded goal –7 Total Chronic Condition Measures –18 Total met or exceeded goal –7
Improve Member & Provider Experience with Care	Goal 3: Improve the overall member and provider experience with Peach State	Objective 1 – Achieve statistically significant improvement on the Children’s CAHPS score for Overall Member Satisfaction with the Health Plan for 2015	Not Met	There was a non-statistically significant increase in the Children’s CAHPS score for Overall Member Satisfaction score from 2014 (84.9%) to 2015 (88.5%).
		Objective 2 – Achieve statistically significant improvement in provider satisfaction on overall health plan satisfaction for 2015	Met	Peach State achieved a statistically significant improvement in the Provider overall satisfaction with Peach State, by increasing the rate of satisfaction form 71.6% in 2014 to 78.7% in 2015 (p<0.05).
Lower per Capita Cost	Goal 4: Improve provider efficiency and the delivery of quality care.	Objective 1 – Identify and remediate at least 50 outlier (cost and quality) physicians by December 31, 2015	Met	83 PCP providers and 25 OB/GYNs were remediated by 12/31/2015. 70 demonstrated improved quality and cost scores. The remainder continues in remediation.
		Objective 2 – Ensure that 80% of network follow evidence based practice guidelines in diabetes, asthma and ADHD by December 31, 2015	Not Met	In 2015 audits, network providers met or exceeded the targets for Asthma (94% of audited providers scored >80%), and ADHD (90% of audited providers scored >80%), and missed the target for Diabetes (71% of audited providers scored >80%).

Program Changes Implemented in CY 2015

Peach State implemented the following major changes to the QAPI program in CY 2015. The table below also indicates the anticipated impact on quality care for each major change.

Changes to QAPI Program	Expected to Improve Quality of Care by:
Enhanced the Plan’s Culture of Quality by increasing the number of Lean Six Sigma trained employees from 4 to more than 25, including all Quality staff.	Effectively incorporating process improvement training and quality into each department at all levels, improving CQI planning and execution.
Adopted formal PDSA rapid cycle methodology for all performance improvement activities.	Improving tracking of interventions and ability to determine efficacy of initiatives.
Refined the multidisciplinary clinical and operational workgroups, by reorganizing the workgroups and creating a behavioral health specific workgroup.	Achieving better alignment with performance indicators and desired outcomes.
Enhanced the integration of behavioral health (BH) into case management, begun in 2014 with active communication with, and coordination between, PCPs and BH providers, by embedding Case Managers in high-volume BH outpatient offices.	Achieving holistic care coordination and improving member engagement in self-management.
Enhanced region-based population analysis by implementing an analytic and visualization software platform (Tableau) to provide regional comparisons of member population attributes and performance measure and other outcomes through interactive dashboards and heat maps, which allow us to visualize data via variations in color.	Enhancing Peach State’s ability to easily identify disparities in outcomes based on demographics, and to provide insight into epidemiological trends within our enrolled population.

In addition, as a follow up to the 2015 Georgia Families Care Management Organization conference conducted by the State of Georgia’s External Quality Review Organization, Health Services Advisory Group, the SLT used the tools and activities shared at the conference to enhance our Strategic Planning process for CY 2016. At the end of CY2015, the SLT utilized the following strategic planning framework.

 Strategic Analysis

- Organizational strengths, weaknesses, opportunities, and threats (SWOT)
- Outcomes of performance measures and initiatives
- Alignment with the DCH quality strategic plan

 Direction Setting

- Vision

- Mission
- Goals
- ☞ Action Planning
 - Objectives
 - Strategies
 - Activities
 - Responsible Parties
 - Timeline
 - Methods to Evaluate

Whenever possible, Peach State identifies a target population with health disparities for each potential area of focus. To identify such disparities, Peach State staff analyzes member demographic, predicted future risk, and outcome data using a drill down methodology we refer to as DRAGG (Diagnosis, Race/ethnicity, Age, Gender, Geography). The SLT prioritizes the potential areas of focus taking into account the degree to which each proposed area:

- ☞ Is based on the highest needs of our members
- ☞ Supports the vision, mission, core values and goals defined in the Strategic Planning Process
- ☞ Is aligned with DCH priorities
- ☞ Has potential to achieve high impact on the health status of our enrolled population (or a targeted subpopulation), on each member's experience of care, and on the per capita cost of health care
- ☞ Has potential to reduce identified treatment disparities.

The sections that follow illustrate the results of the Plan's QAPI program and highlight its quality-related activities in 2015 by describing:

- ☞ The demographics of Peach State's membership
- ☞ The characteristics of, and the Plan's approaches to, improving quality in its provider network
- ☞ The effectiveness of Peach State's programs and performance measure, PIP, and other activities implemented to help achieve the Triple Aim and the Plan's goals and objectives.

The Program Evaluation concludes with an overview of the goals for 2016 and planned changes to the QAPI program for 2016.

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 case management or disease management programs, as well as to set the direction for the upcoming years QAPI program.

The findings from the December 2014 population analysis drove the QAPI program during 2015. Peach State conducted another population analysis in December 2015 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

- ☞ Over 85% of the Peach State population was 20 years of age or younger and over 56% were female.
- ☞ The majority of our members (over 57%) continued to live in the Atlanta Region, followed by the Southwest Region with over 21%, and the Central Region with over 15%. The North, Southeast, and East Regions continue to have low membership.
- ☞ The majority of members in all regions were female, ranging from 55.53% in the Atlanta Region to 60.06% in the East Region.
- ☞ The proportion of members who were 21 years or older varied from 13.93% in the Atlanta Region to 23.72% in the East Region.
- ☞ Over 80% of the members resided in urban areas.
- ☞ Between 2014 and 2015, Peach State did not experience a significant change in the basic demographics of our membership.

Race and Ethnicity

- ☞ Almost 55% of Peach State members were Black or African American, 34.67% were White, and nearly 3% were Asian.

- ✎ Black or African Americans comprised a greater proportion of all members 21 years or older (61.84%) than of members 20 years or younger (53.72%). However, for males the reverse was true: Black or African Americans comprised a greater proportion of members 20 years or younger (53.15%) than of members 21 years or older (40.25%).
- ✎ Black or African Americans comprised a slightly higher proportion of all females (56.64%) than of all males (52.71%).
- ✎ 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.
- ✎ Just over 11% of members were Hispanic or Latino. Hispanic or Latino comprised a greater proportion of members 20 years of age or younger (12.71%) than of members 21 years or older (3.21%). A slightly higher proportion of males (12.74%) than of females (10.20%) were Hispanic. The Atlanta Region had the highest proportion of Hispanic members and the Central Region had the lowest.
- ✎ Like age, regional distribution and gender, there was not a significant change in 2015 in the Peach State membership population based on race and ethnicity. The number of members with Unknown Race was 7.30% of the population in 2014 and increased to 9.15% in 2015 (a 25% increase). Members 20 years or younger accounted for the increase 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 any medical or pharmacy claim, lab result, enrollment file, or risk assessment data that ImpactPro links to a primary risk category and uses to predict future risk. This applied to a slightly higher proportion of members 21 years or older (27.27%) than of members 0-20 years (23.72%) in 2014. However, members 0-20 years are a much larger population, comprising over 85% of all members. These proportions increased to 26.13% and 30.05% respectively in 2015. These members may have been healthy or may have had risk factors that were not identified because they were newly enrolled in Medicaid, or because of cultural, physical, or system barriers to access to care. An analysis of the 103,613 members linked to the No Primary Risk Category in December 2015 showed that nearly 44% of these members had been members for more than 90 days and had no claims for well visits or any other services. In 2016, we will target these members for outreach to assist them to complete a Health Risk Assessment and to schedule a PCP appointment (or prenatal visit for pregnant members) when appropriate.
- ✎ The proportion of members linked to the No Primary Risk Category was higher for Black or African American (27.16%) and Asian (24.32%) than for White (19.11%) in members 20 years or younger, who are the vast majority of our members. The proportion of members linked to the No Primary Risk Category was higher for Hispanic or Latino (35.39%) than for Non-Hispanic or Latino (27.27%) in members 21 years or older, but lower (24.32%) than for Non-Hispanic or Latino (19.61%) in members 20 years or younger. The proportion of members with No Primary Risk Category was highest in the Southeast Region (37.73%) and lowest in the Southwest Region (17.65%). The proportion of members with No Primary Risk Category increased in 2015 in all analyses.

- ☞ For members 20 Years and younger:
 - No Primary Risk Category, Pulmonology, and ENT, were in the top five risk categories regardless of race for both 2014 and 2015. 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 increased in 2015 for both), 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 not for Hispanic or Latino.
 - No Primary Risk Category, Dermatology, and Pulmonology were in the top five Risk Categories for all six regions in 2014. In 2015, No Primary Risk, Dermatology, ENT, BH/MH/SA, and Pulmonology were in the top five Risk Categories for all six regions.
- ☞ 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 both 2014 and 2015. The proportion of Black or African Americans linked to Gynecology in both 2014 and 2015 was almost twice that of Whites or Asians. Also, both in 2014 and 2015 the proportion of Asians linked to Endocrinology was about twice that for Black or African Americans or Whites. No Primary Risk Category, OB, GYN, 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 2014 and 2015, No Primary Risk Category and OB were in the top five categories in all six regions.

Health Disparities

- ☞ Peach State's 2014 member demographic analysis identified race for 92.70% of members and ethnicity for 98.06% of members. A high level of identification is critical for valid disparity analysis. In our 2015 analysis, members with identified race decreased to 90.85%, but members with identified ethnicity increased to 99.04%.
- ☞ Asthma: members linked with the Pulmonology Primary Risk Category (likely to be predominantly asthma) were disproportionately male, Black or African American, under the age of 20, and resided disproportionately in the Atlanta and Southwest Regions.
- ☞ HIV/AIDS: Members linked with the HIV/AIDS Primary Risk Category were disproportionately female, Black or African American, and 21 years of age or older. The members resided in all regions generally in proportion to the membership; however, only 1.5% of these members were Hispanic, compared to 11.3% of all members.
- ☞ Cancer: Members linked with the Cancer Primary Risk Category were disproportionately female, White, and 21 years of age or older. They resided in all regions generally in proportion to the membership.
- ☞ Behavioral Health: Members linked with the BH/MH/SA Primary Risk Category (7.8% of our membership) were disproportionately male, White, and resided disproportionately in the Southwest and Central Regions, Only 6.5% of these members were Hispanic, compared to 11.3% of all members.
- ☞ 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. LBW and VLBW births were disproportionately high for mothers who were Black or African American, 21 years or older, and residing in the Southwest Region. The rate for LBW births was 23.3% lower for Hispanic or Latino than Non-Hispanic or Latino mothers.

- Childhood Preventive Services: members in the Southeast 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 in all three regions for two of the three measures, and in two of the three regions for the third measure. Compliance was higher for Hispanic or Latino than Non-Hispanic or Latino in two of the three measures.

Basic Demographics

The State of Georgia has 1,764,901 total enrollees (March 2016) in Medicaid, PeachCare for Kids® (PCK, the Children’s Health Insurance Program for Georgia), and the Planning for Healthy Babies® (P4HB) Programs. During 2014 and 2015 Peach State provided health care coverage throughout the state of Georgia.

In December 2014, Peach State provided healthcare coverage for 385,641 members. The vast majority of our members (90.91%) were enrolled in Medicaid (including P4HB). By December 2015, our overall membership had increased slightly to 387,931, but the proportion that was PCK decreased by almost 2 percentage points. We attributed the change, in part, to members eligible for PCK in 2014 converting to Medicaid in 2015 due to income level changes.

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
2015	352,661	90.91%	35,270	9.09%	387,931
2014	343,168	88.99%	42,473	11.01%	385,641

The following section presents a comparison of member demographics between December 2014 and December 2015. 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. There was no change in membership demographics by gender from 2014 to 2015.

Table 2: Membership by gender

Gender	Population by Gender 2014	% of Total	Population by Gender 2015	% of Total	Difference
Female	216,458	56.13%	217,577	56.09%	-0.04
Male	169,183	43.87%	170,354	43.91%	0.04
Grand Total	385,641	100%	387,931	100%	

Age. Over 85% of the Peach State membership was made up of members 20 years of age or younger. There was a minimal decrease in that percentage in 2015.

Table 3: Membership by Age

Age Category	Population by Age 2014	% of Total	Population by Age 2015	% of Total	Difference
20 years of age or younger	331,366	85.93%	330,851	85.29%	-0.64
21 years of age or older	54,275	14.07%	57,080	14.71%	0.64
Grand Total	385,641	100.00%	387,931	100%	

Urban/Rural. In 2014, over 80% of members lived in an urban area. There was a minimal increase of those members in 2015.

Table 4: Membership by Urban/Rural

Rural vs. Urban	Population by Rural/Urban	% of Total	Population by Rural/Urban 2015	% of Total	Difference
Rural	74,336	19.28%	71,771	18.50%	-0.78
Urban	310,912	80.62%	315,901	81.43%	0.81
Unknown	393	0.20%	259	0.07%	-0.13
Grand Total	385,641	100.00%	387,931		

Region. The Atlanta, Southwest, and Central regions together accounted for nearly 95% of membership. The Atlanta region, our largest, had nearly 58% of all members. There were minimal changes in membership by region in 2015.

Table 5: Membership by Region

Region	Population by Region 2014	% of Total	Population by Region 2015	% of Total	Difference
Atlanta	222,247	57.63%	222,562	57.37%	-0.26
Southwest	82,332	21.95%	81,530	21.02%	-0.93
Central	59,337	15.39%	59,047	15.22%	-0.17

Region	Population by Region 2014	% of Total	Population by Region 2015	% of Total	Difference
North	10,872	2.81%	12,273	3.16%	0.35
Southeast	7,160	1.85%	8,414	2.17%	0.32
East	3,693	0.96%	4,105	1.06%	0.10
Grand Total	385,641	100%	387,931	100%	

Race and Ethnicity. The Black or African American race category comprised a majority of members statewide (54.91%), followed by White (34.66%). The number of members who did not specify a race increased by 1.85 percentage points to 9.15% (a 25% increase) in 2015, offset by small decreases in both Black or African American and White.

The Hispanic or Latino ethnicity category comprised 11.32% of members statewide. The number of members who did not specify an ethnicity decreased by 0.98 percentage points to 0.96% in 2015, with a corresponding 0.96 percentage point increase in Non-Hispanic or Latino.

Table 6: Membership by Race and Ethnicity

Race	Population by Race 2014	% of Total	Population by Race 2015	% of Total	Difference
Black or African American	211,772	54.91%	208,600	53.77%	-1.13
White	133,688	34.66%	131,912	34.00%	-0.70
American Indian and Alaska Native	538	0.10%	520	0.13%	0.03
Asian	11,187	2.90%	11,079	2.86%	-0.04
Native Hawaiian and Other Pacific Islander	310	0.14%	309	0.09%	-0.01
Unknown	28,146	7.30%	35,511	9.15%	1.85
Grand Total	385,641	100%	387,931	100%	

Ethnicity	Population by Ethnicity 2014	% of Total	Population by Ethnicity 2015	% of Total	Difference
Non-Hispanic or Latino	334,505	86.74%	340,501	87.7%	0.96
Hispanic or Latino	43,640	11.32%	43,711	11.27%	-0.05
Unknown	7,496	1.94%	3,719	0.96%	-0.98
Grand Total	385,641	100%	387,931	100%	

In 2014, Black or African American comprised the majority of both age groups, more so for 21 years or older (61.83%) than for 20 years or younger (53.72%), and did so again in 2015. Members 20 years or younger were responsible for the increase in the percent of members not specifying their race; members 21 years or older actually had a decrease in this percentage.

The increase in percent with Unknown Race for members 20 years or younger was offset by small decreases in both Black or African American and White. For members 21 years of age and older, White increased by 1.78 percentage points (5.6%) in 2015, offset by a nearly equal 1.71 percentage point decrease in Black or African American.

The proportion of members identifying as Hispanic or Latino was much higher for 20 years of age and younger (12.71%) than for 21 years or older (3.21%). There were minimal changes in 2015.

Table 7: Member Age by Race and Ethnicity

Race	% 20 years of age or younger 2014	% 20 years of age or younger 2015	Difference	% 21 years of age or older 2014	% 21 years of age or older 2015	Difference
Black or African American	53.72%	52.68%	-1.04	61.83%	60.12%	-1.71
White	35.12%	34.04%	-1.08	32.01%	33.79%	1.78
Asian	2.96%	2.89%	-0.07	2.46%	2.67%	0.21
American Indian and Alaska Native	0.12%	0.13%	0.01	0.27%	0.18%	-0.09
Native Hawaiian and Other Pacific Islander	0.08%	0.08%	0.00	0.13%	0.09%	-0.04
Unknown	8.00%	10.19%	2.19	3.30%	3.15%	-0.15
Grand Total	100%	100%		100%	100%	

Ethnicity	% 20 years of age or younger 2014	% 20 years of age or younger 2015	Difference	% 21 years of age or older 2014	% 21 years of age or older 2015	Difference
Non-Hispanic or Latino	85.26%	86.44%	1.18	95.34%	95.50%	0.16
Hispanic or Latino	12.71%	12.56%	-0.15	3.21%	3.75%	0.54
Unknown	2.03%	1.00%	-1.03	1.45%	0.75%	-0.70
Grand Total	100%	100%		100%	100%	

Black or African American comprised the majority of both genders, more so for females (56.64%) than for males (52.71%). The increase in percent of members with Unknown Race in 2015, slightly higher for males (2.14 percentage points) than females (1.64 percentage points), was offset in both cases by small decreases in both Black or African American and White.

Hispanic/Latino comprise a slightly higher proportion of males (12.74%) than females (10.20%). There were minimal changes in 2015.

Table 8: Member Gender by Race and Ethnicity

Race	2014 % of Male	2015 % of Male	Difference	2014 % of Female	2015 % of Female	Difference
Black or African American	52.71%	51.80%	-0.91	56.64%	55.32%	-1.32
White	35.95%	34.81%	-1.14	33.67%	33.37%	-0.30
Asian	3.20%	3.12%	-0.08	2.67%	2.65%	-0.02
American Indian and Alaska Native	0.12%	0.12%	0.00	0.15%	0.14%	-0.01
Native Hawaiian and Other Pacific Islander	0.09%	0.07%	-0.02	0.07%	0.08%	0.01
Unknown	7.93%	10.07%	2.14	6.8%	8.44%	1.64
Grand Total	100%	100%		100%	100%	

Ethnicity	2014 % of Male	% of Male	Difference	2014 % of Female	% of Female	Difference
Non-Hispanic/Latino	85.18%	86.45%	1.27	87.96%	88.81%	0.85
Hispanic/Latino	12.74%	12.57%	-0.17	10.20%	10.24%	0.04
Unknown Ethnicity	2.08%	0.97%	-1.11	1.84%	0.94%	-0.90
Grand Total	100%	100%		100%	100%	

Regional Analysis

Age and Sex. The proportion of members who were female varied from 55.53% in the Atlanta Region to 60.06% in the East Region during 2014. The proportion of members who were 21 years or older varied from 13.93% in the Atlanta Region to 23.72% 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 2015.

Race and Ethnicity. The majority of members in four regions (Atlanta, Central, East, and Southwest) were Black or African American. The East Region had the highest proportion of Black or African Americans (57.43%) and the North Region had the lowest (23.14%). The majority of members in the North Region (66.92%) were White. The Atlanta Region had the highest proportion of members in other racial categories, for example 4.49% Asian and 2.64% Some Other Race. There were only minor changes in 2015.

The vast majority of members in all regions were Non-Hispanic. The Atlanta Region had the highest proportion of Hispanic members (15.44%); the Central Region had the lowest (3.11%). However, for members 21 years or older, the North Region had the highest proportion of Hispanic members (5.69%). Atlanta had the highest proportion of age 20 years or younger male Hispanic members. There were only minor changes in 2015.

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 following table presents the primary risk categories (conditions and therapies) that ImpactPro maps to each Major Primary Risk Category.

ImpactPro Primary Risk Categories	
Major Primary Risk Category	Primary Risk Category
BH/MH/SA	Anxiety disorders/phobias
	Mood disorder, bipolar
	Substance Abuse
	Mood disorder, depression
	Child psychiatric disorders (including ADHD)
	Psychotic/schizophrenic disorders
	Other mental health
	Depression
	Other mental health/substance abuse
CANCER	Malignant genitourinary neoplasm
	Malignant hepatobiliary neoplasm
	Malignant neoplasm bone and connective tissue
	Malignant neoplasm female genital tract
	Malignant neoplasm of breast/female genital tract
	Malignant neoplasm of endocrine glands
	Malignant neoplasm of skin
	Malignant neoplasm of the CNS
	Malignant ENT neoplasm
	Malignant neoplasm of the eye
	Malignant neoplasm skin
	Malignant neoplasm, bone & connective tissue
	Malignant pulmonary neoplasm
	Metastatic and secondary cancer
	Malignant neoplasm of the breast
	Leukemia/neoplastic blood disease
Leukemia	

ImpactPro Primary Risk Categories	
Major Primary Risk Category	Primary Risk Category
	Malignant gastro neoplasm Malignant gastrointestinal neoplasm Malignant neoplasm of female genital tract
CARDIOLOGY	Heart failure/cardiomyopathy Aortic aneurysm Atherosclerosis Atrial fibrillation/flutter Cardiac congenital disorders Congestive heart failure CVA Hypertension Ischemic heart disease Major arterial disease Valvular disorders Coronary artery disease Pulmonary heart disease Other cardiology
CHELATING AGENT	Chelating agent
DERMATOLOGY	Chronic skin ulcer Other dermatology
DME	Durable Medical Equipment
ENDOCRINOLOGY	Other endocrinology Agents used to treat cystic fibrosis, Rx Diabetes Cystic fibrosis
ENT	Other ENT Otitis media, T&A, & pharyngitis Allergic rhinitis/acute & chronic sinusitis
GASTROENTEROLOGY	Ulcers, gastritis/duodenitis Other upper GI inflammation/infection Other lower GI inflammation/infection Other gastroenterology

ImpactPro Primary Risk Categories	
Major Primary Risk Category	Primary Risk Category
GENERAL	Antishock vasopressors
GYNECOLOGY	Other gynecology
HEMATOLOGY	Sickle-cell anemia Antihemophilic agents Anemia Agents used to treat enzyme deficiency states Growth hormones Non-neoplastic blood disease Hematopoietic agents Hemophilia Other higher cost hematology Other hematology Neoplastic blood disease
HEPATOLOGY	Infectious hepatitis Other hepatology Cirrhosis
INFECTIOUS DISEASE	Other major infectious disease Other infectious disease AIDS/HIV Immunodeficiencies Septicemia
NEONATAL	Other neonatal Neonatal
NEPHROLOGY	Kidney Transplant Acute and chronic renal failure without ESRD Other nephrology Acute and chronic renal failure
NEUROLOGY	Chronic inflammatory demyelinating polyradiculoneuropathy Migraine headache Multiple sclerosis Epilepsy

ImpactPro Primary Risk Categories	
Major Primary Risk Category	Primary Risk Category
	Multiple sclerosis & ALS Other neurology Major brain and spinal trauma Alzheimer's disease Hereditary degenerative & congenital CNS disorders
UNKNOWN/NO PRIMARY RISK CATEGORY	Unknown
AGE/GENDER	Demographics
OB	Late effects and late complications Obstetrics (includes healthy pregnancy)
OPHTHALMOLOGY	Diabetic retinopathy Other ophthalmology Glaucoma Cataract
ORTHOPEDIC/RHEUMATOLOGY	Other orthopedics Polymyositis Adult rheumatoid arthritis Joint degeneration/inflammation Orthopedic trauma, fracture or dislocation
OTHER	Obesity Nutritional deficiency and dehydration Environmental trauma Late effects and complications Isolated signs and symptoms Poisonings and toxic effects of drugs Deficiency/vitamin supplements Parkinson's disease Electrolyte disorder agents Chromosomal anomalies
PHARMACY	Ion-exchange resins Interferon gamma Agents used to treat MS

ImpactPro Primary Risk Categories	
Major Primary Risk Category	Primary Risk Category
	Immune serums Ammonia detoxicants Antineoplastics, Other Episodes Growth hormones Hemostatic/Thrombolytic Agents
PULMONOLOGY	Pneumonia & bacterial lung infection Tuberculosis COPD, including asthma Acute bronchitis Other pulmonology
RENAL	Chronic renal failure, with ESRD
SIGNIFICANT EPISODE CLUSTER ACTIVITY	Significant episode cluster activity
UROLOGY	Other urology

In every member group assessed in 2014 (and again in 2015), 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. This applied to 23.72% of members 0-20 years and 27.27% of members 21 years or older, (increased to 26.13% and 30.05% respectively in 2015). These members may have been healthy or may have had risk factors that were not identified because they are newly enrolled in Medicaid, or because of cultural, physical, or system barriers to access to care. An analysis of December 2015 data indicated that, of the total of 103,613 members linked to the No Primary Risk Category:

4.3% had a well visit only

Another 24.3% had at least one medical or pharmacy claim of any type, but with no risk factor identified

27.5% had been members for less than 90 days

43.8% were members for more than 90 days and had no claims for well visits or any other services.

In 2016, Peach State will target established members with no use of services (the last category), for outreach to assist them to complete a Health Risk Assessment and to schedule a PCP appointment (or prenatal visit for pregnant members) when appropriate.

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) 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 and younger: No Primary Risk Category, Pulmonology, and ENT (includes otitis, sinusitis, and allergic rhinitis, for example) were in the top five risk categories for members 20 years of age regardless of race for both 2014 and 2015. No Primary Risk Category was lower for White (22.18%) than for Black or African American (29.52%) and Asian (29.01%), and increased in 2015 for all three races. BH/MH/SA was among the top five risk categories for both Black or African American and White (and increased in 2015 for both), but was not even in the top 10 for Asian. Please see the following table.

Top 10 Major Primary Risk Categories By Race Ages 20 Years Or Younger				
	2014 Members	% Of Total	2015 Members	% Of Total
BLACK OR AFRICAN AMERICAN				
NO PRIMARY RISK CATEGORY	48015	27.16%	51443	29.52%
PULMONOLOGY	24297	13.74%	21226	12.18%
ENT	18602	10.52%	17606	10.10%
DERMATOLOGY	16642	9.41%	15282	8.77%
BH/MH/SA	12788	7.23%	14912	8.56%
GASTROENTEROLOGY	11098	6.28%	10673	6.12%
ORTHOPEDIC/RHEUMATOLOGY	8786	4.97%	8886	5.10%
OPHTHALMOLOGY	8196	4.64%	6916	3.97%
NEONATAL	8192	4.63%	6141	3.52%
OTHER	5228	2.96%	5835	3.35%
WHITE				
NO PRIMARY RISK CATEGORY	22081	19.11%	24977	22.18%
ENT	16656	14.41%	15346	13.63%
PULMONOLOGY (Asthma, COPD)	14093	12.19%	12229	10.86%
BH/MH/SA	11294	9.77%	12639	11.22%
DERMATOLOGY	9938	8.60%	9406	8.35%
GASTROENTEROLOGY	9770	8.45%	9418	8.36%
ORTHOPEDIC/RHEUMATOLOGY	6743	5.83%	6345	5.63%
NEONATAL	5665	4.90%	N/A	N/A
OPHTHALMOLOGY	4943	4.28%	4109	3.65%
Neurology	N/A	N/A	3074	2.37%
OTHER	3886	3.36%	4178	3.71%

Top 10 Major Primary Risk Categories By Race Ages 20 Years Or Younger				
	2014 Members	% Of Total	2015 Members	% Of Total
ASIAN				
NO PRIMARY RISK CATEGORY	2366	24.32%	2772	29.01%
ENT	1434	14.74%	1372	14.36%
PULMONOLOGY	1236	12.71%	1138	11.91%
DERMATOLOGY	825	8.48%	728	7.62%
GASTROENTEROLOGY	733	7.54%	692	7.24%
OPHTHALMOLOGY	657	6.75%	540	5.65%
NEONATAL	452	4.65%	298	3.12%
OTHER	431	4.43%	454	4.75%
ORTHOPEDIC/RHEUMATOLOGY	381	3.92%	405	4.24%
ENDOCRINOLOGY	377	3.88%	296	3.10%

21 Years or Older. No Primary Risk Category, OB, and Endocrinology were in the top five risk categories for all three races in both 2014 and 2015 for members 21 years or older. The proportion of members with No Primary Risk Category was similar for Black or African Americans, Whites, and Asians, and increased in 2015 for all three races. The proportion of Black or African Americans linked to Gynecology in both 2014 and 2015 (10.23% and 8.53% respectively) was almost twice that of Whites (5.41% and 4.63%) or Asians (4.73% and 3.67%). Also, both in 2014 and 2015 the proportion of Asians (17.05% and 16.47%) linked to Endocrinology was about twice that for Black or African Americans (9.49% and 8.63%), or Whites (7.26% and 6.35%). Please see the following table.

Top 10 Major Primary Risk Categories By Race Ages 21 Years Or Older				
	2014 Members	% Of Total	2015 Members	% Of Total
BLACK OR AFRICAN AMERICAN				
NO PRIMARY RISK CATEGORY	9661	27.61%	10211	29.76%
OB	4277	12.22%	3819	11.13%
GYNECOLOGY	3580	10.23%	2945	8.58%
ENDOCRINOLOGY	3321	9.49%	2868	8.36%
ORTHOPEDIC/RHEUMATOLOGY	2272	6.49%	2077	6.05%
BH/MH/SA	1619	4.63%	1841	5.37%
CARDIOLOGY	1503	4.30%	1502	4.38%
GASTROENTEROLOGY	1484	4.24%	1282	3.74%
NEUROLOGY	1476	4.22%	2410	7.02%
PULMONOLOGY	1059	3.03%	842	2.45%

Top 10 Major Primary Risk Categories By Race Ages 21 Years Or Older				
	2014 Members	% Of Total	2015 Members	% Of Total
WHITE				
NO PRIMARY RISK CATEGORY	4814	26.58%	5901	30.59%
BH/MH/SA	2398	13.24%	2537	13.15%
OB	2020	11.15%	1966	10.19%
NEUROLOGY	1338	7.39%	1837	9.52%
ENDOCRINOLOGY	1315	7.26%	1225	6.35%
ORTHOPEDIC/RHEUMATOLOGY	1300	7.18%	1172	6.08%
GYNECOLOGY	979	5.41%	894	4.63%
GASTROENTEROLOGY	839	4.63%	716	3.71%
PULMONOLOGY	541	2.99%	496	2.57%
ENT	463	2.56%	N/A	N/A
CARDIOLOGY	N/A	N/A	466	2.42%
ASIAN				
NO PRIMARY RISK CATEGORY	401	27.47%	500	32.81%
ENDOCRINOLOGY	249	17.05%	251	16.47%
OB	183	12.53%	151	9.91%
GASTROENTEROLOGY	111	7.60%	73	4.79%
ORTHOPEDIC/RHEUMATOLOGY	87	5.96%	71	4.66%
GYNECOLOGY	69	4.73%	56	3.67%
CARDIOLOGY	56	3.84%	45	2.95%
NEUROLOGY	43	2.95%	56	3.67%
ENT	37	2.53%	N/A	N/A
OPHTHALMOLOGY	37	2.53%	N/A	N/A
INFECTIOUS DISEASE	N/A	N/A	38	2.49%
OTHER	N/A	N/A	63	4.13%

By Ethnicity

20 years of age or younger. 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 (24.32%) than did Non-Hispanic or Latino (19.61%). Both proportions increased in 2015. Please see the following table.

Top 10 Major Primary Risk Categories By Ethnicity Ages 20 Years Or Younger				
Ethnicity	2014 Members	% Of Total	2015 Members	% Of Total
NON HISPANIC OR LATINO				
NO PRIMARY RISK CATEGORY	68242	24.32%	76404	26.72%
PULMONOLOGY	36374	12.96%	33064	11.56%
ENT	33098	11.80%	32022	11.20%
DERMATOLOGY	25246	9.00%	24158	8.45%
BH/MH/SA	23560	8.40%	27677	9.68%
GASTROENTEROLOGY	19070	6.80%	18915	6.61%
NEONATAL	14845	5.29%	12283	4.29%
ORTHOPEDIC/RHEUMATOLOGY	14830	5.29%	15091	5.28%
OPHTHALMOLOGY	12280	4.38%	10625	3.72%
OTHER	8315	2.96%	9482	3.32%
HISPANIC OR LATINO				
NO PRIMARY RISK CATEGORY	8202	19.61%	9334	22.45%
ENT	6145	14.69%	5875	14.13%
PULMONOLOGY	5595	13.38%	5087	12.24%
GASTROENTEROLOGY	4019	9.61%	3940	9.48%
DERMATOLOGY	3907	9.34%	3701	8.90%
OPHTHALMOLOGY	2566	6.14%	2194	5.28%
ORTHOPEDIC/RHEUMATOLOGY	2263	5.41%	2200	5.29%
OTHER	1957	4.68%	2220	5.34%
BH/MH/SA	1885	4.51%	2397	5.77%
NEONATAL	1651	3.95%	N/A	N/A
Neurology	N/A	N/A	930	2.24%

21 Years or Older. No Primary Risk Category, OB, GYN, 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. For this age group, the proportion of members with No Primary Risk Category was higher for Hispanic or Latino (35.39%) than for Non-Hispanic or Latino (27.27%). Please see the following table.

Top 10 Major Primary Risk Categories By Ethnicity Ages 21 Years Or Older				
	2014 Members	% Of Total	2015 Members	% Of Total
NON HISPANIC OR LATINO				
NO PRIMARY RISK CATEGORY	14712	27.27%	16235	29.78%
OB	6371	11.81%	5884	10.79%
ENDOCRINOLOGY	4823	8.94%	4274	7.84%

Top 10 Major Primary Risk Categories By Ethnicity Ages 21 Years Or Older				
	2014 Members	% Of Total	2015 Members	% Of Total
GYNECOLOGY	4624	8.57%	3869	7.10%
BH/MH/SA	4024	7.46%	4411	8.09%
ORTHOPEDIC/RHEUMATOLOGY	3613	6.70%	3314	6.08%
NEUROLOGY	2821	5.23%	4271	7.84%
GASTROENTEROLOGY	2392	4.43%	2060	3.78%
CARDIOLOGY	1999	3.71%	1998	3.67%
PULMONOLOGY	1607	2.98%	1352	2.48%
HISPANIC OR LATINO				
NO PRIMARY RISK CATEGORY	643	35.39%	828	38.66%
OB	245	13.48%	283	13.21%
ENDOCRINOLOGY	165	9.08%	179	8.36%
GYNECOLOGY	146	8.04%	152	7.10%
ORTHOPEDIC/RHEUMATOLOGY	86	4.73%	88	4.11%
GASTROENTEROLOGY	81	4.46%	70	3.27%
BH/MH/SA	77	4.24%	80	3.73%
NEUROLOGY	60	3.30%	130	6.07%
ENT	51	2.81%	N/A	N/A
OPHTHALMOLOGY	50	2.75%	N/A	N/A
CARDIOLOGY	N/A	N/A	46	2.15%
PULMONOLOGY (Asthma, COPD)	N/A	N/A	46	2.15%

Regional Analysis

By Age. In 2014, for members aged 20 years or younger, No Primary Risk Category, Dermatology, and Pulmonology were in the top five Risk Categories for all six regions; Neonatal for three of the six regions; and BH/MH/SA in two of the six regions. In 2015, No Primary Risk, Dermatology, ENT, BH/MH/SA, and Pulmonology were in the top five Risk Categories for all six regions.

The proportion of members with No Primary Risk Category was highest in the Southeast Region (37.73%) and lowest in the Southwest Region (17.65%), both of which increased in 2015. Neonatal was highest in the North Region (9.35%) and lowest in the Atlanta Region (4.81%). In 2015, the proportion of members linked to Neonatal decreased and it was highest in the Southeast Region (5.30%) and lowest, again, in the Atlanta Region (3.55%). BH/MH/SA was highest in the Southwest Region (11.17%) and lowest in the East Region (6.25%) and that pattern continued in 2015. In 2014, Pulmonology was highest in the Southwest Region (14.27%) and lowest in the Southeast Region (8.83%), and that pattern continued in 2015.

The top 10 Primary Risk Categories for members aged 20 years or younger in our three largest regions (Atlanta, Central, and Southwest) follow.

Top 10 Primary Risk Categories By Region Ages 20 Years Or Younger				
Region	2014 Members	% Of Total	2015 Members	% Of Total
ATLANTA				
NO PRIMARY RISK CATEGORY	49834	26.05%	54357	28.38%
PULMONOLOGY	25340	13.25%	22951	11.98%
ENT	22990	12.02%	22100	11.54%
DERMATOLOGY	17173	8.98%	16147	8.43%
GASTROENTEROLOGY	12340	6.45%	11887	6.21%
BH/MH/SA	11780	6.16%	14417	7.53%
OPHTHALMOLOGY	10071	5.26%	8337	4.35%
ORTHOPEDIC/RHEUMATOLOGY	9881	5.17%	9970	5.21%
NEONATAL	9200	4.81%	6808	3.55%
OTHER	6357	3.32%	7385	3.86%
CENTRAL				
NO PRIMARY RISK CATEGORY	10019	20.05%	11143	22.43%
ENT	6621	13.25%	6291	12.66%
PULMONOLOGY	5804	11.62%	5240	10.55%
BH/MH/SA	5141	10.29%	5569	11.21%
DERMATOLOGY	4826	9.66%	4572	9.20%
GASTROENTEROLOGY	3888	7.78%	3882	7.81%
NEONATAL	2818	5.64%	2357	4.74%
ORTHOPEDIC/ RHEUMATOLOGY	2815	5.63%	2848	5.73%
OPHTHALMOLOGY	1916	3.83%	1699	3.42%
OTHER	1647	3.30%	1515	3.05%
SOUTHWEST				
NO PRIMARY RISK CATEGORY	12468	17.65%	14183	20.27%
PULMONOLOGY	10081	14.27%	8603	12.30%
ENT	8588	12.16%	7768	11.10%
BH/MH/SA	7885	11.17%	9074	12.97%
DERMATOLOGY	6506	9.21%	6084	8.70%
GASTROENTEROLOGY	6407	9.07%	6090	8.70%
ORTHOPEDIC/RHEUMATOLOGY	3931	5.57%	3733	5.34%
NEONATAL	3410	4.83%	2786	3.98%
OPHTHALMOLOGY	2519	3.57%	2337	3.34%
OTHER	2051	2.90%	2339	3.34%

In 2014 and 2015, for the 21 years or older age group, No Primary Risk Category and OB were in the top five categories in all six regions.

The proportion of members with No Primary Risk Category was highest in the Southeast Region (37.10%), and lowest in the Southwest Region (21.21%). That pattern continued in 2015, with increases for both regions. The proportion of members linked to OB varied a bit, highest in the North Region (13.57%) and lowest in the Southwest Region (10.29%) but highest in the East Region (14.73%) and, again, lowest in the Southwest Region (9.75%) during 2015. Gynecology was highest in the Atlanta Region (9.05%) and lowest in the Southeast Region (4.99%) during 2014 and that pattern continued in 2015.

The top ten Primary Risk Categories for members aged 21 years or older for our three largest regions (Atlanta, Central, and Southwest) follow.

Top 10 Major Primary Risk Categories By Region Ages 21 Years Or Older				
	2014 Members	% Of Total	2015 Members	% Of Total
ATLANTA				
NO PRIMARY RISK CATEGORY	9306	30.06%	10142	32.69%
OB	3796	12.26%	3476	11.21%
GYNECOLOGY	2803	9.05%	2304	7.43%
ENDOCRINOLOGY	2629	8.49%	2310	7.45%
ORTHOPEDIC/RHEUMATOLOGY	1918	6.20%	1715	5.53%
BH/MH/SA	1877	6.06%	2080	6.71%
NEUROLOGY	1305	4.22%	2258	7.28%
GASTROENTEROLOGY	1277	4.12%	1002	3.23%
CARDIOLOGY	1107	3.58%	1091	3.52%
PULMONOLOGY	916	2.96%	781	2.52%
CENTRAL				
NO PRIMARY RISK CATEGORY	2183	23.29%	2415	25.79%
OB	1081	11.53%	976	10.42%
ENDOCRINOLOGY	893	9.53%	791	8.45%
BH/MH/SA	843	8.99%	814	8.69%
GYNECOLOGY	826	8.81%	672	7.18%
ORTHOPEDIC/RHEUMATOLOGY	649	6.92%	595	6.35%
NEUROLOGY	557	5.94%	788	8.41%
GASTROENTEROLOGY	430	4.59%	439	4.69%
CARDIOLOGY	398	4.25%	399	4.26%
PULMONOLOGY	279	2.98%	254	2.71%
SOUTHWEST				
NO PRIMARY RISK CATEGORY	2484	21.21%	2580	22.32%
ENDOCRINOLOGY	1257	10.73%	1094	9.46%
OB	1205	10.29%	1127	9.75%
BH/MH/SA	1114	9.51%	1220	10.55%

Top 10 Major Primary Risk Categories By Region Ages 21 Years Or Older				
	2014 Members	% Of Total	2015 Members	% Of Total
GYNECOLOGY	964	8.23%	838	7.25%
ORTHOPEDIC/RHEUMATOLOGY	888	7.58%	852	7.37%
NEUROLOGY	811	6.93%	1039	8.99%
GASTROENTEROLOGY	636	5.43%	565	4.89%
CARDIOLOGY	418	3.57%	446	3.86%
PULMONOLOGY	347	2.96%	N/A	N/A
ENT	N/A	N/A	272	2.35%

Health Disparities

In order for us to better understand the needs of our membership, identify health care disparities, and appropriately tailor programs to address these needs and disparities, Peach State 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 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. The following are examples of what we learned related to the health of our members in 2014 and in 2015.

Asthma.

- In 2014, data showed that the subpopulation of 21,993 members linked with the Pulmonology 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 with Pulmonology as a Primary Risk Category 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 17.2 percentage points from 2014. The Atlanta Region had the highest share of members linked with Pulmonology at 60.0%.

HIV/AIDS.

- In 2014, data showed that the 197 members linked with the HIV/AIDS 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 HIV/AIDS as a 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.

Cancer.

- In 2014, data showed the 822 members linked with the Cancer 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 category of aid. They resided in all regions generally in proportion to the membership.
- In 2015, there were 815 members linked with the Cancer 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). Breast and female genital tract malignancies comprised the majority of cancer diagnoses for White (65%) and even more so for Black or African American (80%) members. 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 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 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 Primary Risk Category continued to be disproportionately male (54.98%) and White (43.33%) and to reside in the Southwest and Central Regions.

Low and Very Low Birth Weight Births.

- In 2014, data showed 9.0% of all live births were low birth weight (LBW – between 1500g and 2500g) 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 all live births were low birth weight 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).

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. 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

Regional Performance on Three Childhood Preventive Care Service Measures

2014	W15	CIS10	AWC
Highest Performing Region	North (61.7%)	Southwest (37.7%)	Atlanta (48.6%)
Lowest Performing Region	Southeast (49.2%)	Central and East (24.0%)	Southeast (33.6%)
Statewide Totals	51.9%	34.5%	45.6%

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%

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). 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

2014	W15		CIS10		AWC	
	Hispanic/Latino	Non-Hispanic/Latino	Hispanic/Latino	Non-Hispanic/Latino	Hispanic/Latino	Non-Hispanic/Latino
Atlanta Region	44.7%	54.9%	50.0%	32.9%	59.8%	46.3%
Central Region	36.8%	54.7%	50.0%	30.3%	54.1%	41.2%
Southwest Region	56.4%	57.2%	53.0%	37.2%	46.1%	41.8%
Statewide Totals	46.6%	55.5%	50.7%	33.5%	57.5%	43.9%

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%

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

2014	W15		CIS10		AWC	
	Black or African American	White	Black or African American	White	Black or African American	White
Atlanta Region	46.0%	50.5%	27.2%	47.1%	46.2%	47.9%
Central Region	47.7%	53.9%	28.3%	30.8%	41.3%	41.1%
Southwest Region	53.8%	57.3%	35.7%	41.2%	43.6%	39.1%
Statewide Totals	48.5%	53.8%	29.7%	42.1%	44.5%	43.4%

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%

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. Example 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
- 📌 Case Management Satisfaction Survey results

Our 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 data year over year from 2014 to 2015 of the Child CAHPS survey results identified:

- 📌 The Health Promotion and Education composite score for Hispanic/Latino members was 60.2%, which was 15.3 percentage points lower than Non-Hispanic/Latino. It was essentially unchanged in the 2015 survey results.
- 📌 The Health Promotion and Education composite score for White members was 71.1%, which was 6.3 percentage points lower than Black or African American. This score

decreased in 2015 to 66.5%, now 13.9 percentage points lower than Black or African American.

- ☞ The Shared Decision Making score for Hispanic/Latino was 68.2%, which was 12.1 percentage points higher than for Non-Hispanic/Latino. This composite showed an increase in 2015 with a score for Hispanic/Latino members of 85.2%, now only 6.1 percentage points higher than Non-Hispanic Latino.
- ☞ The Shared Decision Making Composite increased notably for all races from 2014 to 2015. The Black or African American score (58.3%) was 3 percentage points higher than White in 2014, but improved much less in 2015 (77.6%) than Whites, dropping to 6.7 percentage points lower than White.
- ☞ The overall Rating of the Health Plan score for Hispanic/Latino was 93.7%, which was 11.4 percentage points higher than for Non-Hispanic/Latino. This score showed an increase in 2015 with a score for Hispanic/Latino members of 95.1%, now only 8.2 percentage points higher than Non-Hispanic Latino.
- ☞ The overall Rating of the Health Plan scores for Black or African American and White were the same. However, Black or African American improved less in 2015 (87.8%) and was then 3.1 percentage points lower than White.

Composite	Race/Ethnicity	2014 Summary Rate Score	2015 Summary Rate Score	% Increase/(Decrease)
Shared Decision Making	Hispanics/Latinos	68.20%	85.20%	24.93%
	Not Hispanic/Latino	56.10%	79.10%	41.00%
	White	55.30%	84.30%	52.44%
	Black or African American	58.30%	77.60%	33.10%
	Other*	59.30%	76.20%	28.50%
Health Promotion and Education	Hispanics/Latinos	60.20%	61.30%	1.83%
	Not Hispanic/Latino	75.50%	75.40%	-0.13%
	White	71.10%	66.50%	-6.47%
	Black or African American	77.40%	80.40%	3.88%
	Other*	67.80%	62.60%	-7.67%
Rating of Health Plan (Summary Rate 8,9,10)	Hispanics/Latinos	93.70%	95.10%	1.49%
	Not Hispanic/Latino	82.30%	86.90%	5.59%

Composite	Race/Ethnicity	2014 Summary Rate Score	2015 Summary Rate Score	% Increase/(Decrease)
	White	83.70%	90.90%	8.60%
	Black or African American	83.20%	87.80%	5.53%
	Other*	89.40%	87.10%	-2.57%

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

Population-Specific Outreach Activities Implemented in CY15 to Assist in Achieving QAPI Goals and Objectives

In 2015, Peach State conducted a number of population-specific outreach activities, primarily focused on preventive health services that addressed potential product line, regional, ethnic, and racial health disparities. Each of the following examples correlates to a detailed description in the Effectiveness of Care section of this Program Evaluation.

Product Line Focused.

- When we noted in Q2, 2015 that Medicaid members had a higher CMS-416 EPSDT screening rate than PeachCare for Kids® members, our EPSDT team hosted Peach State Day events at two pediatric offices and surveyed parents of both Medicaid and PeachCare for Kids® members about barriers to keeping up-to-date with well child visits. The team invited non-compliant members to attend the Peach State Day events to complete their preventive health visit and receive an incentive for coming. Of the 13 parents attending (11 Medicaid, 2 PeachCare for Kids®), 100% indicated that hours offered for appointment was the key barrier: they would be able to keep appointments that were scheduled late in the day or on weekends, but having to take their child out of school or having to take off work were major barriers. In part due to the small number of parents surveyed, we were unable to demonstrate differences between the two product lines.

In 2016, we will continue to collaborate with providers and outreach to parents within both product lines so we can identify barriers unique to PeachCare for Kids® members.

Region Focused.

- By monitoring interim performance rates during 2015, Peach State noted that eastern Georgia had lower compliance for well child visits than the other regions. In Q2, 2015 Peach State initiated provider outreach/ education targeting the Southeast Region. After additional monitoring, in Q4, 2015 we added telephonic outreach targeting members in the Southeast Region in need of services, reminding them of needed preschool-age or adolescent visits and reinforcing the importance of preventive health visits: 23% of the 604 targeted members were successfully contacted.

In 2016, we will continue both provider and targeted member outreach and expand it to the East Region. We will also conduct a barrier analysis and develop possible changes to improve the contact rate.

- 🍷 DRAGG analysis at the end of 2014 indicated that members in the Southwest Region had the lowest chlamydia screening rates of all regions. As a result, in 2015, we surveyed female members in the Southwest Region to assess barriers to chlamydia screening. Of members completing the survey, 17% were ages 16-20 years, 75% were 21-35 years, 53% were pregnant, and 75% had received a Pap smear in the previous year. Seventy-eight percent of the women surveyed reported that their physicians had not recommended a screening. Of the pregnant respondents, only 22% replied that their OB/GYN had recommended a Chlamydia screening. Many respondents reported they did not want the screening and did not understand its importance.

In 2016, we will complete a root cause analysis, develop possible interventions, and pilot at least one of them using rapid cycle methodology. We will also be expanding a provider outreach program on the use of urine testing for Chlamydia screening that we successfully piloted in the Atlanta Region in 2015.

Ethnicity Focused.

- 🍷 Interim performance rates in 2015 indicated that compliance with at least six well child visits by fifteen months of life for Hispanic or Latino members was about 14 percentage points lower than for Non-Hispanic or Latino members. Peach State Health Plan partnered with an Atlanta Region provider who serves many Hispanic or Latino members to hold a Peach State Day targeting members past due for preventive visits. The bilingual Peach State EPSDT coordinator who was present to coordinate and facilitate the event also surveyed the parents of the 13 members attending. The majority responded that their own parents/guardians had taken them to well visits "possibly" or "sometimes", that they knew how to make and keep appointments, and that it would be "very serious" if their child developed a health problem and they didn't know about it. We will use information from this and additional outreach in 2016 to identify unique barriers and prioritize possible interventions for implementation in late 2016.

Race Focused.

- 🍷 DRAGG analysis performed at the end of CY 2014 indicated that Black or African-American women in the Atlanta Region had lower rates of adherence to anti-depressant medication than other groups. Peach State piloted a new depression disease management program in 2015 targeting these members, focused on improving self-management skills and particularly on compliance with medication, and with goals to increase the percent of members compliant with their depression medication and to increase the percent of members with positive Patient Health Questionnaire (PHQ-9) change-scores. For the 123 members enrolled, outcomes did not demonstrate effectiveness of the pilot due to insufficient program resources.

We achieved only a 4% successful contact rate in this one-month trial targeting 99 qualifying members. We are using this experience to reassess our approach to tailoring outreach to this population and the resources required for that outreach.

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 2015, 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 2015, the Plan used the results of network assessments and audits to monitor the effectiveness of the 2015 recruitment Work Plan in addressing coverage gaps and ensuring Members received needed care. Finally, understanding that Georgia has many rural and underserved areas, 2015 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 2015, Peach State's Provider recruitment activities succeeded in reducing the number of network access gaps by 17% compared to 2014.

Routine assessments conducted throughout 2015 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 Committee (QOC), which includes Providers who are currently participating in the Peach State network, is responsible for oversight and monitoring of quarterly network adequacy assessments and audits and reporting findings to the Senior Leadership Team and the Board of Directors. The QOC, Provider Advisory Group (PAG), and Member and Community Advisory Boards (MCABs) provided meaningful insight into the 2015 Provider Recruitment Strategy and Work Plan. For example, the PAG helped the Plan identify access issues at the local level and recommended certain Providers and/or Provider groups to approach to help close access gaps. In addition, the Plan hosted Joint Operating Committee (JOC) meetings with our key Providers and subcontractors on a monthly basis to discuss issues related to network adequacy and recruitment.

Maintaining Access and Addressing Identified Deficiencies. Peach State engaged in ongoing Provider Services activities to support the existing network, and retain and incentivize 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 2015 to resolve network deficiencies and/or improve access to care included:

- ☞ Remediation of areas of deficiency through recruitment of new providers, specifically targeting providers who were recently approved through the state's new credentialing process and appearing on the weekly roster of approved Providers. Peach State was able to successfully recruit 41 newly credentialed Providers in 2015 using this strategy. One of the new Providers was located in an identified shortage area.
- ☞ Use of the Letter of Intent (LOI) process during the state reprocurement process to engage providers interesting in contracting with Peach State. Peach State targeted 595 non-participating providers with LOIs and was able to complete 114 contracts as a result of recruitment efforts. In addition, the Wellstar Medical Group's LOI was converted to a participation agreement, adding 600 physicians to the network
- ☞ 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.
- ☞ Identification of provider funding partnership opportunities to assist in expanding access in underserved rural areas. Peach State was able to identify four Provider partnership opportunities, successfully developed the two following partnerships in 2015, and will continue to pursue the third in 2016:
 - 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). With Peach State seed funding, the construction of a 6,000 square foot clinic is almost completed and a grand opening is slated for summer of 2016. When completed, SWGHA expects to provide care for an additional 600 patients a month above their current capacity.
 - In 2015, Peach State developed a Telemedicine Partnership with Albany Area Primary Healthcare to place Telemedicine equipment in one of their FQHC's in rural Calhoun County. The equipment was installed in the facility in August 2015 and has been beneficial for members located in this area to connect with pediatric specialists at Navicant Health in Macon, Georgia. The program has allowed the community to keep healthcare close to home and reduce travel costs for their patients. Since Calhoun and the surrounding counties are so rural, members normally had to travel a minimum of three hours to see a pediatric specialist.
 - In 2015 Peach State also recruited urgent care facilities in urban and rural communities where members can receive health services versus utilizing their local hospital as their primary care provider. Peach State was able to recruit two urgent care sites in Gwinnett County in 2015 and completed the credentialing and contracting process in early 2016. The Plan will monitor utilization of both urgent care

centers and ER visits that are non-emergent to determine if the addition of these sites are effective in reducing inappropriate ER visits.

- ☞ Implemented a new program that assists members with appointment scheduling and arranging for member transportation to and from provider offices. This program was launched through the Plan's MyHealthDirect (MHD) tool. As of December 31, 2015, 65 provider locations were added for a total of 106 unique providers. Peach State will monitor outcomes in 2016 to determine if the intervention is effective in increasing PCP utilization and improving member satisfaction related to PCP access. The goal for 2016 is to increase the number of participating sites to 200 by the end of the year.
- ☞ Coordinated with Georgia Partnership for TeleHealth to determine if existing telemedicine presentation sites were available to provide needed care. In 2015, Peach State supported existing sites through additional funding, technical support, and marketing as detailed on page 51, Georgia Partnership for TeleHealth.
- ☞ Used the Georgia Health Partnership (GHP) Portal, hospital websites, and the other CMO provider directories to identify available providers for recruitment in shortage areas.

In cases where delivery system or network gaps could not be resolved through timely 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 306 SCAs in 2015 and, of those providers, the Plan was able to recruit 3 providers into the network

Availability of Primary Care Services

In 2015, 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 20,000 providers in over 40,000 locations across all six regions of the state. The Plan's overall statewide network of approximately 4,000 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 2015.

Percentage of Members with Required Geographic Access to PCPs (as of Q4, 2015)

Adult PCP, Q4 2015

	Atlanta	Central	SW	North	East	SE
URBAN	99.5%	97.5%	91.9%	96.2%	95.6%	95.2%
RURAL	100.0%	99.8%	99.1%	99.6%	99.4%	98.0%

Pediatrics, Q4 2015

	Atlanta	Central	SW	North	East	SE
URBAN	99.3%	97.1%	91.1%	96.0%	96.7%	96.0%
RURAL	100.0%	99.6%	98.1%	99.9%	99.7%	97.7%

County-Level Deficiency Analysis

The Plan conducted drill down analysis to identify any gaps at the county level. The table below shows, as of Q4, 2015, 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, 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 in order to continue to close gaps on an ongoing basis.

Atlanta			
Provider Type	County	% With Access	Providers Being Recruited
Pediatrics	Newton	88.7%	Pursuing Contracting Opportunities With Dr. Mary Vergouven, Dr. Tasha Merritt, And Dr. Vickie Jones (Newton County)

Central			
Provider Type	County	% With Access	Providers Being Recruited
PCP	Laurens	79.8%	Pursuing Contract Opportunities With Dr. Kolbie (Laurens County)
Pediatrics	Laurens	75.9%	There Are No Additional Providers In Laurens County

North			
Provider Type	County	% With Access	Providers Being Recruited
PCP	Murray	87.7%	Pursuing Contract Opportunities With Harbin Clinic
Pediatrics	Murray	85.5%	Pursuing Contract Opportunities With Harbin Clinic

Southeast			
Provider Type	County	% With Access	Providers Being Recruited
PCP	Bulloch	86.1%	Pursuing Contract Opportunities With Bray (Bulloch County)
PCP	Screven	81.4%	This Gap Was Closed In Q1 2016
PCP	McIntosh	88.7%	Pursuing Contract Opportunities With Dr. Greene (Glynn County)
Pediatrics	Bulloch	87.6%	Pursuing Contract Opportunities With Dr. Reddy (Bulloch County)
Pediatrics	Charlton	88.9%	Pursuing Contract Opportunities With Dr. Miles (Charlton County)
Pediatrics	McIntosh	81.7%	Pursuing Contract Opportunities With Dr. Morton (Brunswick Georgia)
Pediatrics	Screven	85.1%	This Gap Was Closed In Q1 2016

Southwest			
Provider Type	County	% With Access	Providers Being Recruited
PCP	Coffee	85.9%	No Additional Providers In Service/ Or Covering Areas To Recruit.
PCP	Colquitt	78.3%	No Additional Providers In Service/ Or Covering Areas To Recruit.
PCP	Thomas	86.4%	No Additional Providers In Service/ Or Covering Areas To Recruit.
PCP	Seminole	85.7%	No Additional Providers In Service/ Or Covering Areas To Recruit.
Pediatrics	Coffee	78.1%	No Additional Providers In The County To Recruit.
Pediatrics	Colquitt	78.2%	No Additional Providers In The County To Recruit.
Pediatrics	Thomas	84.8%	No Additional Providers In The County To Recruit.
Pediatrics	Clay	25.6%	This Gap Was Closed In Q1 2016
Pediatrics	Seminole	80.8%	Pursuing Contract Opportunities With Dr. Wolff And Dr. Martin (Seminole County)

* Providers include Nurse Practitioners and other Physician extenders.

Linking Demographics to Network Development

In addition to ensuring that all members have access to both primary and needed specialty care, Peach State monitored the network during 2015 to ensure that provider recruitment was reflective of member needs as identified in the DRAGG analysis. For example, Peach State recruited 26 allergy/immunology providers, closing 8 network gaps and improving access for the under 20 population that demonstrate a higher prevalence of asthma and other ENT conditions that are often associated with allergies.

Provider Specialty	Gaps Closed	Number of New Providers
Allergy/Immunology	8	26
Audiology	10	30
Infectious Disease	20	15
Nephrology	11	35
Rheumatology	7	8

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

Provider Type	DCH Standard	Q1	Q2	Q3	Q4	2015 Results
PCP Adult Sick	24 hours	98%	95%	99%	99%	98%
PCP Pediatric Sick	24 hours	100%	100%	99%	99%	100%
PCP Adult Routine	14 calendar days	99%	97%	100%	95%	98%
PCP Pediatric Routine	14 calendar days	97%	98%	99%	100%	99%
Initial Pediatric Health Check – EPSDT (no more than 90 days)	90 days	100%	100%	99%	100%	100%
OB – pregnant women, initial visit	Within 14 days of enrollment	97%	100%	100%	100%	99%

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 2015, the percentage of

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

adult PCPs and of pediatricians with open panels was well above the 55% threshold in each region.

Percentage of PCPs with Open Panels in 2015

Region	PCP	Pediatricians
Atlanta	72.0%	67.2%
Central	68.3%	65.4%
East	71.6%	80.2%
North	74.9%	77.2%
Southeast	70.0%	82.4%
Southwest	67.0%	65.1%
Total	71.0%	69.4%

Other Methods Used to Evaluate Primary and Prenatal Care Availability

Appointment Availability Audits. Peach State conducts quarterly provider appointment availability audits based on DCH contract requirements and access standards. Peach State contracted with SPH Analytics (formerly The Myers Group) to obtain a statistically significant sample and conduct both appointment availability and after-hours surveys. The target number of providers for each of these surveys was 1,600 per year/400 per quarter.

Peach State conducts ongoing monitoring of compliance with appointment access standards to ensure members are able to receive appointments within DCH required timeframes 90% of the time. Providers who fail to meet the appointment wait time standard 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 submitted to the 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 met the appointment wait time requirements.

2015 Provider Appointment Wait Time Results

Member Grievances. In 2015, 33 grievances (about 12% of the Plan's total grievances for the year) were in the category Access to Care. Of these, 18 related to primary care access but only 5 were substantiated and there was no provider trend noted. Customer Service staff assisted each of the 18 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 2014 and 2015 CAHPS Adult and Child Member Satisfaction Surveys to identify trends and areas with opportunity for improvement in 2015. During the review, Peach State identified a slight decline in its access to care satisfaction scores between 2014 and 2015 and took prompt action to execute targeted strategies as follows:

- Implemented an appointment scheduling process that enabled Customer Service Representatives (CSRs) to offer members assistance with scheduling appointments, transportation, and interpretive assistance for needed services.

- ☞ Created a Physician Locator Specialist position within the Customer Service Department dedicated to helping members identify and locate providers for needed services.
- ☞ Published 2015 CAHPS care accessibility and timeliness scores and DCH standards in the Plan's provider newsletter and conducted Provider education related to appointment access standards.

In addition, the Peach State Member Satisfaction Workgroup reviewed the results of the 2015 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 2014 and 2015, but the 2015 survey results reflected slight decreases in two access categories related to children. However, it is important to note the 2015 CAHPS survey was conducted in the first half of 2015 and the results described below do not reflect the potential impact of interventions conducted in the second half of the year.

Comparison of 2014 and 2015 CAHPS results showed:

- ☞ Improvement in the Adult Survey Getting Needed Care composite score from 2014 (77.7%) to 2015 (78.8%)
- ☞ Slight decrease in the Adult Getting Care Quickly composite score from 2014 (79.2%) to 2015 (76.4%)
- ☞ Slight decrease in the Child Survey Getting Needed Care composite score from 2014 (86.1%) to 2015 (83.6%)
- ☞ Slight decrease in the Child Survey Getting Care Quickly composite score from 2014 (90.7%) to 2015 (87.5%)

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

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 below with at least one PCP visit, ER visit, and Non-Emergent ER visit in 2015 to the statewide percentages. 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		% Members with ER Visits	% Members with Non-Emergent ER Visits	% Members with PCP Visits
Statewide		69.6%	30.4%	85.0%
Atlanta	Newton	75.7%	24.3%	90.4%
Central	Laurens	22.6%	77.4%	91.3%
North	Murray	77.8%	22.2%	90.1%
SE	Bulloch	84.6%	15.4%	80.6%
	Charlton	82.6%	17.4%	85.2%
	McIntosh	78.1%	21.9%	79.3%
	Screven	77.1%	22.9%	84.2%
SW	Coffee	82.5%	17.5%	86.6%

Geographic Area		% Members with ER Visits	% Members with Non-Emergent ER Visits	% Members with PCP Visits
	Colquitt	70.4%	29.6%	84.1%
	Seminole	82.5%	17.5%	92.4%
	Thomas	79.3%	20.7%	89.1%
	Clay	79.2%	20.8%	85.2%

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

1. Higher PCP, Lower ER, and Higher Non-emergent ER (One county: Laurens.) This pattern suggests that primary care was likely to be sufficiently available, 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 (Four counties: Bulloch, McIntosh, Screven, Colquitt.) 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 slightly lower than average PCP Visit rates and higher than average ER Visit rates. The network gaps were closed in Screven County by early 2016 and there are no additional Medicaid providers to recruit in Colquitt County. 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, Lower Non-emergent ER (Seven counties: Charlton, Newton, Murray, Coffee, Seminole, Thomas, Clay.) This pattern suggests an issue with higher acuity levels of the members in the area.

In 2016, Peach State will continue to recruit 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 2016 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 2016 to determine if the high ER utilization might be related to PCP effectiveness. However, it is important to note that at least two of the counties in this category (Clay and Charlton) are very rural and have low Peach State membership.

Meeting Cultural Needs of the Population Served

Contracting with Diverse Providers

Peach State continually monitored its network in 2015 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 pinpoint gaps in linguistic, cultural, or disease or disability-related expertise, such as endocrinology and rheumatology, to meet member needs and target network recruitment accordingly. For example, data shows that most of the Plan's Spanish-speaking members resided in five counties in the Atlanta Region: Clayton, Cobb, DeKalb, Fulton and Gwinnett. By 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 (US Health Resources Services Administration). In 2015, Peach State maintained a strong network that included safety net and essential providers that typically serve Medicaid members. By contracting and 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 racial and ethnic status 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 (findings described below) 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; and the Plan's Member and Community Advisory Boards to be launched in 2016.
- ✎ 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 ADA and Civil Rights Act.
- ✎ Developing strategic initiatives with targeted providers to address identified cultural and treatment disparities (see highlights later in this document)
- ✎ 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

Primary language is a critical component of health literacy and low health literacy impacts member access, understanding of health information, and ultimately overall health status. While English was the primary language for the majority of Plan members in 2015, Spanish was the largest non-English language spoken by enrolled members and the only language spoken by five percent or more of the Plan membership. As shown in the table below, Spanish was by far the most-requested language for the Plan's Language Service Line in 2015.

Top Language Service Line Requests for CY2015

Language	Number of Requests	% Of Total Requests
Spanish	3720	76.14%
Burmese	225	4.60%
Nepali	107	2.19%
All other	834	17.07%
Total	4,886	100%

Analysis: Based upon analysis of the available data, Peach State members' most prominent secondary language is Spanish. The percentage of Spanish calls increased 5.6 percentage points over the 2014 rate and 22.6 percentage points over 2013's rate. 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

Additionally, the Plan looked across regions and all non-English languages to determine any improvements from 2014 to 2015. Peach State added practitioners with language capability other than English in all Georgia regions in 2015.

Peach State also monitored member complaints (i.e., grievances) related to ability to access appropriate services in the member's primary language. Peach State did not receive any grievances in 2015 related to difficulty finding a provider that meets the member's language needs. The Plan attributed the lack of complaints both to accessibility of providers with the capability to meet the needs of its largest non-English language group (Spanish speakers), and to the readily available translation services through Peach State. In the 2015 assessment, Peach State received and met 4,886 requests for telephonic translation services, of which 76.1% were for Spanish services. Peach State received and met 4,886 requests for telephonic translation services, of which 76.1% were for Spanish services. Upon review of the data, Peach State identified that the correlation between the request and the percentage of providers in each area met the needs of our members as referenced in the table displayed above.

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

In 2015, Peach State implemented a number of 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 comprise the organization's membership. In 2015, the Plan's strong partnership with GAPHC and its members enabled Peach State to partner with:
 - GAPHC to expand Performance Measure education and compliance using a multi-tiered approach including presenting "HEDIS Tips and Compliance" at the 2015 Annual Fall Conference and through FQHC Performance Measure education and support.
 - FQHC groups such as CHOICE IPA, Provider Health Link, and Southwest Georgia Healthcare to refine and expand the PCP incentive program and consequently strengthen Peach State recruitment success in rural and underserved areas.
 - Georgia Partnership For TeleHealth (GPT) - In 2014, Peach State launched a long-term partnership with Georgia Partnership for TeleHealth to expand telemedicine access in rural, underserved areas. In 2014, the Plan enhanced telehealth access by donating equipment in three rural counties in Georgia. Through the funding provided by Peach State, Albany Area Primary Health Care FQHC, Bleckley Memorial Hospital and South Central Primary Care Center FQHC became new telemedicine sites in 2015.

In 2015, Peach State's Telehealth Committee, which includes a representative from GPT, selected potential sites based upon an assessment of facility leadership commitment, technology, and infrastructure. At the end of 2015, the Committee evaluated the three sites and determined that the program had not been successful. As a result, the Committee developed a comprehensive redesigned strategy to address barriers incurred during and after installation of the telehealth units. Details of the evaluation and plans for each location follow:

Location	Barriers	Launch Date	Status	2016 Strategy
Edison Medical Center (Calhoun county)	~ Low Patient Utilization ~Delays in Equipment Launch	August 2015	Although Edison Medical Center has experienced a low rate of patient utilization since the launch, this FQHC has embraced the telehealth equipment and is currently accessing pediatric gastroenterology services for their patients using telemedicine.	The 2016 goal for Edison Medical Center is to market and support this existing site to bring awareness to both the provider community and the membership in the catchment area. Interventions will include letters to providers in the area describing the service, an educational flier for members, outdoor signage for the site announcing availability of Telehealth services.
South Central Primary Care (Irwin County)	~ Low Patient Utilization ~Training at Site ~ Inadequate Facility Infrastructure and Space to Support Equipment	August 2015	Due to adding a pediatrician to their staff, SCPC did not have adequate space for the equipment in 2015 but maintained a strong desire to provide telehealth services once new space was completed.	Peach State made the decision to allow the equipment to remain at this location and provide marketing support once new space becomes operational. The success of this equipment will be re-evaluated in Q3 2016.
Bleckley Memorial Hospital (Bleckley county)	~ Low Patient Utilization ~ Internet Connectivity Issues ~Hospital Administration Turnover	October 2015	The current administration requested to withdraw from the program.	Peach State Health Plan is committed to supporting Critical Access Hospitals with services and has identified Mountain Lakes Medical Center in Rabun county (North) due to geographic need and lack of other telehealth services in the county. Peach State and GPT are approaching Mountain Lakes to determine their interest in offering telemedicine in Q1 2016.

📌 The Peach State 2016 Telehealth strategy includes new and innovative ideas on how to increase access for the membership. One key initiative is to have Community Medical Director assume the role of a Clinical Telehealth Champion to educate providers and promote the program.

Although Peach State is still in the process of refining its strategy, below are the projects under consideration for 2016:

- ☞ Working with Georgia Partnership for TeleHealth to identify interested sites and overlaying these sites with geographic access needs and Peach State member populations.
- ☞ Partnering with GPT to donate telehealth equipment for a mobile unit to provide school based medical services in Catoosa, Dade and Walker Counties (North Region).
- ☞ Considering partnerships on School Based Clinics in North and Central Regions.
- ☞ Coordinating with the Georgia Partnership for TeleHealth to develop Local Education Agency (LEA) processes and ensure Peach State claims are operationalized to support the program.
- ☞ Developing provider and community champions to promote education and support of telehealth services.
- ☞ Enhancing member education on telehealth through:
 - Presenting telehealth videos during parent/teacher conferences;
 - Including telehealth videos on the member web portal;
 - Incorporate telehealth education fliers in new member educational packages.

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

Peach State will continue to partner with facilities in 2016 to conduct training on the LARC program and provide technical assistance on appropriate coding and billing.

Georgia Department of Public Health (DPH): Since 2014, Peach State Health Plan has collaborated with Dr. Brenda Fitzgerald, DPH Commissioner, to promote the LARC program for the statewide Boards of Health network. Peach State has identified the regions with the highest pre-term birth rates statewide and continued to work with Dr. Fitzgerald to encourage the Public Health Department (PHD) sites in these regions to promote the LARC Program by educating their clinical staff on LARC policies and procedures and by communicating accurate billing requirements with business office staff.

Efforts to Address Shortcomings

As previously stated, Peach State continually reviews information and data to identify opportunities for improvement and looks for 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 completed above related to language and medically underserved areas, Peach State also identified a number of cultural/treatment disparities in 2015 which will be addressed through targeted initiatives. Some highlights include:

Addressing Medically Underserved 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). In 2015, SWGHA (an FQHC) provided obstetrical services in six counties, four of which did not have any providers that offered hospital obstetrical services, and all of which were underserved. In Sumter County alone, more than one-third of the population was enrolled in Medicaid; and the teen birth rate was 68 per 1000—well above the statewide rate of 41.4 (Kaiser Family Foundation) and nearly twice the national rate. In 2015, the Southwest Region had the second highest percentage of female members 0-18 in the State and the third highest percentage of Black/African American females 0-18 of any region. Peach State is working with Dr. Gehlot to assist in constructing a 6,000 square foot clinic dedicated to the delivery of OB/GYN services to the citizens of Americus and surrounding areas. With Peach State seed funding, the construction is 75% completed and a grand opening is slated Q3 of 2016. When completed, SWGHA expects to provide care for an additional 600 patients a month above their current capacity.

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. In 2015, Peach State employed the following strategies:

- ☞ Prioritized recruitment of the following providers into the Peach State PCMH program in 2015:
 - Practices in medically underserved areas where no other PCMH practices were located
 - Practices that serve populations with identified health disparities
- ☞ Provided technical support to practices during the PCMH certification process from Peach State staff trained as PCMH Certified Content Experts.
- ☞ Assisted and supported practices in achieving NCQA PCMH recognition by offering financial incentives:
 - \$1,000 reward per practice site upon acceptance into the Peach State Health Plan PCMH program.

- \$2,000 reward per practice site upon initial achievement of the NCQA PCMH certification
 - Two years of paid access to the American Academy of Family Physicians PCMH planner for up to 3 staff members, per practice.
 - Enhanced payment for PCMH providers participating in pay-for-performance incentive plans
 - Receive 20% discount on NCQA costs related to applying for PCMH status.
 - Assist the practice with reporting and site transformation to qualify for PCMH status.
 - Offer technical support services of an NCQA Certified PCMH Content Expert to practice to develop and document PCMH application process.
- ☞ Preferentially assign members to PCMHs when possible.

In 2016, Peach State will revamp and expand its PCMH Program to target practices that have expressed interest in becoming an NCQA-recognized PCMH site. Discussions have also occurred about potentially partnering with the other CMOs to collaborate on a statewide initiative to encourage practices to transform to a PCMH.

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 provider 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 was submitted to DCH for approval in Q4 2014 and fielded to providers in early 2015. Peach State PR staff conducted extensive provider outreach and education in 2014 and 2015 about the benefits of EHR. The 2015 survey was designed to evaluate changes in provider EHR usage and compliance. The percentage of respondents reporting that they were using an EMR/EHR remained the same as in the 2013 survey (69%). Of the remaining providers, 30% reported that they were likely to investigate the use of and/or implement an EMR/EHR system.

The 2016 survey results indicate an increase in EMR/EHR usage to 84%. The results of the 2016 survey are below:

- ☞ The percentage of respondents reporting that they are currently using an EMR/EHR increased over 2013 and 2015 results to 84%. Of the providers who reported using an EMR/EHR, the vast majorities (72%) have submitted Adopt, Implement, Upgrade (AIU) or Meaningful Use attestations and 86% have received incentive payments.
- ☞ Almost one-quarter (23%) of respondents reported that they are certified Patient-Centered Medical Homes (PCMH) and 8% were in the process of becoming PCMH certified.
- ☞ 33% of respondents have made use of an electronic Health Information Exchange (HIE), which is a 2% increase over 2015 results.
- ☞ The vast majority of the providers surveyed (87%) reported that they have submitted quality measures via the Physician Quality Reporting System and/or have reported Clinical Quality Measures.
- ☞ The survey will be repeated in early 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 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 most recent 2016 survey respondents who reported using HER/EMR, 70% were located in urban areas of the State. This proportion of provider respondent 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 five 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 EHR Usage.

REGION	Urban Area		Rural Area	
	% all Members	% all EHR Providers	% all Members	% all EHR Providers
Atlanta	56.87%	46.43%	1.12%	1.95%
Central	9.41%	6.49%	5.47%	3.57%
East	0.70%	.97%	0.44%	1.95%
North	2.14%	5.19%	0.85%	2.2%
Southeast	1.36%	2.27%	0.93%	1.97%
Southwest	11.04%	7.14%	9.69%	3.9%

Efforts to Increase Provider EHR Usage

Peach State 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 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 on Peach State’s website.

Peach State is developing additional strategies for 2016 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 and will provide outreach and education about the Peach State’s new EHR incentive package that includes incentives for EHR adoption as well as EHR training and provision of technical assistance in order to “meet providers where they are” technologically. Peach State will repeat this survey in 2016 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 2015, Peach State implemented a Quality Nurse Liaison Initiative 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.
- ☞ Peach State's Community Nurse Clinician meets with providers to advise them about CPG compliance, provide education to support EPSDT and HEDIS compliance and provide assistance in addressing utilization patterns and trends.
- ☞ Peach State's high-touch Provider Services quality improvement strategy, developed and implemented in collaboration with the Quality Improvement and Information Technology departments, enabled the Plan to conduct a wide range of outreach activities and provide a variety of resources in 2015 to educate providers about quality initiatives and support their participation in the quality improvement program. Provider Relations (PR) Representatives met with over 95% of the unique network providers in the state to provide education, training and updates about the Plan's quality program and initiatives.
- ☞ 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 during any office visit; HEDIS measure requirements, and proper HEDIS coding.
- ☞ PR and Quality staff provided education about Plan quality initiatives and performance measures at such events as Practice Management Advisory Board meetings, monthly Joint Operating Committee meetings with key provider groups, provider conferences, and other provider meetings.
- ☞ Quality staff 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 used 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 that actually 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 2015 included:

- ☞ **Expanding Provider Advisory Group.** Peach State expanded the Provider Advisory Group 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.
- ☞ **Increasing Provider Participation in Quality Committees.** Peach State increased the number of providers participating in quality committees such as the QOC and the Physician Practice Evaluation Committee, resulting in greater provider participation in the QAPI program.
- ☞ **Providing Feedback on Performance.** A key method used to educate providers about QI initiatives and support their participation was to provide regular feedback about their performance on measures tied to quality initiatives. This was accomplished through Provider Report Cards and the Provider Profiling program. The Plan's Physician Practice Evaluation Committee (PPEC), led by Peach State Medical Directors, conducted a multi-dimensional assessment of provider performance including financial performance, performance on HEDIS and other performance outcome measures, and administrative and member satisfaction indicators of care.
- ☞ **Remediating Quality Outliers.** In 2015, Dr. Alan Joffe, the Plan's Community Medical Director, conducted provider remediation with 83 PCP and 25 OB/GYN providers who were identified as outliers based on Impact Intelligence Software cost and quality indicators. Of these, approximately 77% achieved significant improvement in quality and/or cost 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.
- ☞ **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. These efforts helped Peach State secure DCH auto-assignment in the second half of 2015 and all of 2016.
- ☞ In 2015, 54 provider groups participated in one of Peach State's provider incentive programs, compared to 51 provider groups in 2014. On the whole, these providers served 63% of Plan membership, slightly higher than the 62% served by providers in an incentive program in 2014.
- ☞ Almost 40% of participating PCPs (who collectively serve almost two-thirds of the Plan's members) participated in a Peach State incentive program, an increase over 2014 in both the participating provider percentage and the percentage of members served by those providers. As shown in the table below, Peach State achieved improvements from 2014 to 2015 in a number of outcome 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 2015. The Plan has conducted a root cause analysis regarding measures that did not improve in 2015 in order to identify barriers and opportunities for improvement and develop strategies for addressing them in 2016 Work Plan.

HEDIS Clinical Performance Measures CY 2014 and CY 2015

HEDIS Measure		Admin 2015	Admin 2014	Diff	p-value	Statistically Significant
A1C	Diabetes Hemoglobin A1C	81.17%	80.40%	0.77%	0.573	No
AWC	Adolescent Well care	46.30%	44.96%	1.34%	0.000	Yes
W34	Well child 3rd-6th years	67.70%	66.19%	1.51%	0.000	Yes
W15	Well child 15 months	53.70%	51.74%	1.96%	0.010	Yes
CIS10	Immunization- Combo 10	30.74%	34.49%	-3.75%	0.000	Yes
Neph	Diabetes- Nephropathy	89.43%	70.18%	19.25%	0.000	Yes
CHL	Chlamydia Screening	59.76%	56.71%	3.05%	0.000	Yes
IMA	Adolescent Immunization	88.95%	75.95%	13.00%	0.000	Yes
WCC-BMI	BMI Assessment	44.71%	31.07%	13.64%	0.000	Yes
WCC-Nutrition	Nutritional Counseling	37.58%	22.52%	15.06%	0.000	Yes
WCC- Activity	Physical Activity	27.72%	20.54%	7.18%	0.000	Yes
ABA	Adult BMI	34.76%	25.75%	9.01%	0.000	Yes
DVS	Developmental Screening	46.25%	41.15%	5.10%	0.000	Yes
LSC	Lead Screening	76.97%	77.53%	-0.56%	0.393	No
BCS	Breast Cancer Screening	66.98%	71.02%	-4.04%	0.223	No
CCS	Cervical Cancer Screening	62.34%	66.06%	-3.72%	0.000	Yes
EYE	Diabetes- Eye	53.92%	54.43%	-0.51%	0.784	No
AMM-Continuation	Antidepressant Medication Management- Continuation	23.71%	24.86%	-1.15%	0.525	No
AAP	Adult Access to Ambulatory Services	78.76%	82.02%	-3.26%	0.000	Yes

HEDIS Measure		Admin 2015	Admin 2014	Diff	p-value	Statistically Significant
MMA	Medication Management- Asthma 5 to 11 75%	20.95%	18.82%	2.13%	0.069	No

Comparison of Performance for Incentive vs. Non-Incentive Providers

HEDIS Measure		HEDIS Incentive Groups (Admin)	Groups without HEDIS Incentives (Admin)	Diff	p-value	Statistically Significant
A1C	Diabetes Hemoglobin A1C	84.18%	78.51%	5.66%	0.002	Yes
AWC	Adolescent Well care	50.98%	38.72%	12.26%	0.000	Yes
W34	Well child 3rd-6th years	70.81%	62.26%	8.55%	0.000	Yes
W15	Well child 15 months	56.64%	48.43%	8.21%	0.000	Yes
CIS10	Immunization- Combo 10	31.46%	29.38%	2.08%	0.044	Yes
Neph	Diabetes- Nephropathy	91.25%	87.82%	3.42%	0.017	Yes
CHL	Chlamydia Screening	57.73%	61.77%	-4.03%	0.000	Yes
IMA	Adolescent Immunization	89.61%	87.81%	1.80%	0.004	Yes
WCC-BMI	BMI Assessment	50.77%	33.41%	17.37%	0.000	Yes
WCC-Nutrition	Nutritional Counseling	43.15%	27.19%	15.96%	0.000	Yes
WCC-Activity	Physical Activity	32.35%	19.07%	13.28%	0.000	Yes
ABA	Adult BMI	39.19%	31.28%	7.91%	0.000	Yes
URI	Treatment for URI	84.44%	83.30%	1.14%	0.026	Yes
DVS	Developmental Screening	49.76%	39.95%	9.81%	0.000	Yes
LSC	Lead Screening	79.67%	71.88%	7.79%	0.000	Yes
BCS	Breast Cancer Screening	70.19%	63.85%	6.34%	0.179	No
CCS	Cervical Cancer Screening	62.06%	62.55%	-0.49%	0.473	No
EYE	Diabetes- Eye	55.56%	52.48%	3.08%	0.182	No
AMM-Continuation	Antidepressant Medication Management- Continuation	25.39%	22.43%	2.95%	0.197	No
AAP	Adult Access to Ambulatory Services	77.34%	79.83%		0.000	Yes
MMA	Medication Management- Asthma 5 to 11 75%	21.42%	19.30%	2.12%	0.280	No

Of the 20 measures used in the 2015 provider incentive program:

- 🏆 17 measures were higher for Incentive Groups and 13 of those were statistically significant
- 🏆 3 measures were lower for Incentive Groups and 2 of those were 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** honored exceptional providers who, compared to their peers, demonstrated the most exemplary care based on performance on a number of 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. Recipients of the 2015 Summit Awards were Dr. Laura Putnam of Buford, GA, Dr. Peter Allotey of Macon, GA and Dr. George Steffanelli of LaGrange, GA.

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 3 rd , 4 th , 5 th and 6 th 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 to update providers on their performance on key HEDIS and other quality measures including how they compare to their peers in the Peach State network. PCP report cards include up to 10 HEDIS measures specific to the practice (i.e. adolescent well care visits, well child visits 3-6 years for pediatricians) and are sent to all PCP providers who are assigned over 100 members. OB/GYN Report Cards reflect Peach State's Perinatal Preventive Guidelines. To incentivize providers to achieve higher scores, the measures on the report cards align with the Plan's P4P program. Provider feedback on the report cards is consistently positive. Dr. Albert Scott with DeKalb Women's Specialists, for

example, utilizes the report cards yearly to discuss performance measures with the colleagues in his practice and develops initiatives on how to improve their scores for the next year.

2015 Findings. Remediation discussions with providers included focusing more on the importance of chlamydia screenings and strategies for improving screening rates. As a result of these discussions, Peach State realized a 3.12% increase in this measure from 2014 to 2015. Additionally, the 2015 rate of 59.83% exceeded the DCH performance measurement rate of 54.93%. Additional interventions that assisted with the increase of the chlamydia screening measure were Quality nurse visits; outreach by the preventive visits team, member educational materials, and provider remediation with over 100 PCPs and OB/GYNs.

To address a decrease from 2013 to 2014 in Well Child Visit scores on the PCP Report Cards, Peach State modified its incentive program to place more focus on Well Child Visits in 2015. As a result, this measure increased 2.74% for Well Child visits in the first 15 months of life.

Provider Satisfaction

The 2015 Provider Satisfaction Survey scores and key findings and a description of interventions developed to target identified areas of improvement are also addressed in the Effectiveness section.

2015 Provider Satisfaction Survey

In 2015, Peach State changed the format of the Provider Satisfaction Survey to align with all other Centene Health Plans. The changes were minimal and produced a more condensed survey with targeted questions, however the wording of the questions was slightly different and Peach State could not compare all questions to the previous year's survey.

The Plan's Provider Satisfaction Survey Composite Score increased over the 2013-2015 period and exceeded scores for all other Medicaid health plans in The Myers Group (now known as SPH Analytics) Book of Business (BOB) by nearly 8.9% in 2015. BOB is a benchmark based on the results of Provider Satisfaction Surveys conducted by SPH for all of their Medicaid CMO clients. Peach State realized an increase in 4 of the 7 composite areas in 2015. The table below shows the Plan's 2015 rates for each composite, compared to rates for the previous two years.

Peach State Health Plan Summary Provider Satisfaction Ratings, 2013-2015

Composite/Attributes	2014	2015
Call Center/Provider Services Staff	43.0%	39.7%
Provider Relations	40.3%	55.2%
Continuity/Coordination of Care	37.4%	-
Network	27.6%	28.9%
Utilization and Quality Management	32.7%	32.0%
Finance Issues	33.0%	37.7%
Pharmacy and Drug Benefits	29.4%	22.6%
Overall Satisfaction with Peach State Health Plan	71.6%	78.7%

Peach State Health Plan achieved an increase in four of the eight composites and scored significantly higher than SPH's BOB on three of the questions. Peach State Health Plan also realized an increase (from 71.6% to 78.7%) in overall Provider Satisfaction compared to 2014.

Peach State revamped its entire Provider Relations Service Strategy at the beginning of 2015 and believes the effectiveness of the new approach accounts for much of the increase in the Provider Relations composite score. The updated 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
- ☞ Significantly increasing field activity and provider interaction to visit more than 95% of the network providers in 2015

- ☞ 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 2015, with a return rate of 39.04%.
- ☞ Implementing, as a part of the Provider Satisfaction Performance Improvement Project for 2015, the following additional interventions to increase overall provider satisfaction with the Plan:
 - ☞ Mandatory, intensive quarterly training for all Provider Relations staff to ensure more effective provider interactions
 - ☞ 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 is used each year to identify areas of highest opportunities for improvement to drive interventions for the subsequent year. In the table below, a N/A response indicates this question did not exist on earlier surveys.

Composite Areas	Attributes most Correlated with Overall Satisfaction with Peach State	2015 Corr. Coeff.*	2015 Rate
Finance Issues	Consistency of reimbursement fees with your contract rates	0.476	33.9%
	Accuracy of claims processing	0.477	40.5%
	Resolution of claims payment problems or disputes	0.532	34.4%
Utilization & Quality Management	Access to knowledgeable UM staff	0.492	28.7%
Network – Coordination of Care	The number of specialists in Peach State’s provider network	0.526	26.4%
Call Center Service Staff	Overall satisfaction with Peach State’s call center service	0.486	40.6%
Provider Relations	Provider Relations representative’s ability to answer questions and resolve problems	0.511	66.4%

Note: * Correlation coefficients of 0.475 or greater

PCP and Specialist Satisfaction

The overall satisfaction scores increased for PCPs by 3.7% and for specialty providers by 15.5% from 2014 to 2015. In 2015, the Peach State Provider Relations department focused on meeting with over 95% of the provider network and exceeded the goal by visiting 100% of the network. This initiative allowed the office staff to meet with their dedicated Provider Relations specialist and develop a collaborative relationship.

Response by Specialty: Overall Satisfaction with Peach State Health Plan

2015			2014		
PCP	BH Clinician	Specialist	PCP	OB/GYN	Specialist
80.1%	83.3%	76.4%	76.4%	72%	60.9%

Improvement Efforts Based on 2015 Survey Findings

Specialist Satisfaction. A Provider Satisfaction PIP was developed for 2015 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. A large metro Atlanta ENT practice served as the rapid cycle test group for the PIP. The outcomes of the interventions implemented proved 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 2015 and concluded at the end of the year. As a result of rapid cycle tests of change, turnaround time for prior authorizations decreased from 8.4 days to an average of 5.3 days.

Based on this success, and consistent with the State of Georgia's Strategic Plan, 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 Relations PIP will attempt 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 the ENT practice last year, the intention of the PIP will be to determine and resolve the unique barriers experienced by orthopedic specialists. The 2016 PIP goal is to reduce TAT from 8.39 days to 5 calendar days in 2016.

Peach State intends to implement a number of additional interventions in 2016 that are 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 Focus group meetings.

- ☞ 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
- ☞ Continued expansion of the provider network
- ☞ Implementation of email functionality for providers to initiate communication with, and respond to the Utilization Management department staff
- ☞ Implementation and posting of InterQual Clinical Policies on the provider portal
- ☞ Inclusion of 'formulary alternatives' by the Pharmacy Department on its Quarterly Preferred Drug List (PDL) Change notices

Satisfaction with Provider Services Staff Handling of Claims Issues. To address the slight decrease in satisfaction with Call Center/Provider Services Staff composite, Peach State will continue with the interventions started in late 2015. These interventions will include:

- ☞ 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

What 2015 Findings Suggest About Provider Participation in QAPI Program

As shown in the table below, Peach State increased scores in 2015 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. Additionally, the score for 2015 for the question related to the degree to which the plan covers and encourages preventative care and wellness improved and exceeded the benchmark for SPH’s BOB. Although these scores indicated that Peach State outperformed peer health plans on these measures, Peach State recognizes there is still room for improvement.

QUESTIONS CORRELATED WITH ENGAGING PROVIDERS IN QI ACTIVITIES	2015		2014	
	Peach State	SPH BOB	Peach State	SPH BOB
3F. Degree to which the plan covers and encourages preventative care and wellness	46.40%	41.90%	45.70%	34.20%

Effectiveness of the QAPI Program

Interventions Implemented to Address 2015 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) to assess three mandatory Care Management Organization (CMO) activities. These activities are related to Performance Measures, Performance Improvement Projects and Compliance with the DCH contract and the Code of Federal Regulations 42 CFR 438.350 Centers for Medicare and Medicaid Services (CMS) requirements.

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

For 2015, DCH selected 95 Performance Measures (PMs) for validation as outlined in the CMS performance measure validation protocol. Eighty (80) of the PMs were HEDIS measures. Of the remaining fifteen (15), eight (8) were CMS Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set), five (5) were CMS Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set), and the remaining two (2) were from the Agency for Healthcare Research and Quality's (AHRQ's) Quality Indicator measures.

HEDIS measures are audited annually in compliance with the National Committee for Quality Assurance (NCQA) standardized methodology for verifying the integrity of HEDIS collection and calculation processes: the HEDIS Compliance Audit™. The results of the HEDIS Compliance Audit were submitted to HSAG as requested. The remaining fifteen Adult Core Set, Child Core Set and AHRQ measures were audited by HSAG.

Findings. Of the 95 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, all received a result of "Approved" but three, Antenatal Steroids, Cesarean Section for Nulliparous Singleton Vertex and Elective Delivery received a rating of "NR" because, although the CMO calculated the measures properly and according to CMS specifications, due to limitations with the CMS specifications, the eligible population could not be appropriately ascertained. The resulting rates were therefore considered biased and not representative of the population.
- ☞ All HEDIS-based Performance Measures received a report of "Reportable" based on Medical Record Review. (Of the 80 HEDIS measures, 11 had a denominator fewer than 30 and 22 were "Measure Unselected." The remaining 47 HEDIS measures received a result of "Reportable.")

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

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

In 2015, HSAG evaluated and scored all eight (8) Peach State PIPs using complex tools that evaluate compliance with the requirements set forth in 42 CFR §438.240(b) (1), including: performance identified through the use of objective quality indicators; implementation of

systematic interventions to achieve improvement in quality; the effectiveness of the intervention; the planning process; and initiation of activities for increasing or sustaining improvement. Six of the eight PIPs were of the new rapid cycle improvement approach directed by DCH in 2014 and were validated by HSAG using the rapid cycle approach. The other two were satisfaction-based PIPs and were validated using the traditional annual measurement approach.

The rapid cycle PIPs validated by HSAG were:

- ☞ Annual Dental Visits
- ☞ Appropriate Use of ADHD Medications
- ☞ Avoidable Emergency Room Visits
- ☞ Bright Futures
- ☞ Comprehensive Diabetes Care
- ☞ Postpartum Care

The satisfaction based PIPs validated by HSAG were:

- ☞ Member Satisfaction
- ☞ Provider Satisfaction

Findings. HSAG reported that none of the rapid cycle PIPs were assigned a level of “High Confidence.” HSAG assigned a level of “Confidence” in the quality improvement processes and outcomes for two of the six PIPs, Bright Futures and Comprehensive Diabetes Care. The remaining four PIPs were assigned a level of “Low Confidence” due to lack of meaningful improvement. The two satisfaction based PIPs scored as follows, Percentage of Evaluation Elements scored “Met” and Percentage of Critical Elements scored “Met” but received an overall validation finding of ‘Not Met’ due to lack of statistically significant improvement in the study indicator.

Interventions: Peach State responded to HSAG recommendations:

HSAG Recommendations Based on 2014 PIP	Peach State Response
<p>At the start of a new rapid cycle PIP, the CMO should carefully consider the end date specified in the SMART Aim statement and work backwards when planning the execution of the five rapid cycle PIP modules. Careful planning is critical to allow sufficient time to test and refine interventions that will result in meaningful and sustained improvement of outcomes during the limited timeframe of the PIP.</p>	<p>PS developed PIP Teams who report PIP plans and findings to the Performance Outcomes Steering Workgroup (POSW). This accountability structure was developed to assist with determining if the intervention was planned with sufficient time to test and refine interventions.</p> <p>PS participated in training on the PIP Process by HSAG in December 2015 to improve understanding and documentation of 2016 PIPs.</p>
<p>The CMO should ensure that the SMART Aim measure for each PIP is methodologically sound and appropriate for the PIP topic. The numerator and denominator of the SMART Aim measure should be clearly and accurately defined. The baseline measurement period should be comparable to the planned SMART Aim measurement intervals. Additionally, for future rapid cycle PIPs, SMART Aim</p>	<p>Each of PS’s 2015 Rapid Cycle PIPs used at least monthly measurements for SMART Aim data. SMART Aims were developed using clearly defined numerators and denominators.</p> <p>For 2016 PIPs, HSAG validated that the SMART Aim for each PIP was methodologically sound and appropriate for the</p>

HSAG Recommendations Based on 2014 PIP	Peach State Response
<p>measurements should occur monthly or more frequently, as appropriate.</p>	<p>PIP topic prior to PS moving forward with the development of interventions</p>
<p>For rapid cycle PIPs focused on annual services (e.g., well-child visits and diabetic screenings), Peach State should seek technical assistance from HSAG to ensure that the SMART Aim measure is appropriate and is able to detect meaningful improvement from one measurement interval to the next.</p>	<p>PS participated in multiple TA calls with HSAG prior to submission of the 2015 PIPs.</p> <p>PS participated in training on the PIP Process by HSAG in December 2015. In 2016, PS participated in several TA calls to ensure the SMART Aim measures were appropriate and able to detect meaningful improvement.</p> <p>HSAG required revisions of SMART Aim measures whenever they determined the SMART Aim was not appropriate and would not be able to detect meaningful improvement. PS was not allowed to move forward with intervention planning until the SMART Aim was approved by HSAG.</p>
<p>The CMO should carefully and thoroughly execute all steps in the PDSA cycle for each intervention. Each step in the PDSA process is necessary to maintain the focus of limited resources on the most impactful improvement strategies and achieve optimal outcomes.</p>	<p>Peach State reviewed the PDSA cycle to ensure an understanding of each step as it relates to the interventions. In 2016, the Plan participated in HSAG training on PIPs and the PDSA cycle (February 9, 2016).</p>
<p>If meaningful improvement is achieved, the CMO should formulate and document plans for ensuring that the improvement is sustained over time and include consideration for how successful interventions can be spread beyond the targeted population of the PIP in the future.</p>	<p>Peach State staff met internally and discussed methods of formulating and documenting sustainability of interventions.</p> <p>In 2016, the Plan participated in HSAG training on PIPs and how to determine spread-ability of successful intervention (February 9, 2016).</p> <p>PS participated in several TA calls with HSAG to ensure an understanding of how to determine sustainability and reliability of interventions for rapid cycle PIPs. HSAG required revisions of intervention plans when sustainability and reliability were questioned and did not allow PS to move forward with intervention implementation until such consideration was determined.</p>
<p>At the conclusion of the PIP, Peach State should ensure that the lessons learned from</p>	<p>As a result of revision of each intervention cycle, PS staff identified lessons learned. The</p>

HSAG Recommendations Based on 2014 PIP	Peach State Response
completed PDSA cycles, the final process map, the final FMEA, and the final SMART Aim run chart are synthesized and documented by the PIP team so that the PIP outcomes can be used as the foundation of future improvement efforts. The CMO should document lessons learned as part of its Module 5 submission for each PIP	review of PIP modules was done by Senior Leadership Team (SLT) to ensure lessons learned were included in each 2015 PIP module 5. PS submitted samples of 2015 modules 4 and 5 to HSAG for pre-review and discussion.

All of the interventions mentioned in the table above are linked to the following QAPI goals and objectives: Improve Member Health Outcomes Through Increased Prevention and Wellness Programs, and Improve the Overall Member and Provider Experience with Peach State. Additional details on the PIPs are included in the section “2015 PIP Summaries and Results”.

EQR: Compliance Standard Validation and Key Review Results

As stated above, the 2015 Compliance Review audited Peach State’s processes for compliance with DCH contractual requirements and federal requirements.

Findings. HSAG reported Compliance findings for the following areas, as indicated in the table below:

- ☞ Standard I – Provider Selection, Credentialing and Recredentialing
- ☞ Standard II – Sub-contractual Relationships and Delegation
- ☞ Standard III – Member Rights and Protections
- ☞ Standard IV – Member Information
- ☞ Standard V – Grievance System
- ☞ Standard VI – Disenrollment Requirements and Limitations
- ☞ Follow-up Reviews from Previous Noncompliant Review Findings

Standard #	Standard Name	# of Elements*	# of Applicable Elements**	# Met	# Not Met	# Not Applicable	Total Compliance Score***
I	Provider Selection, Credentialing, and Recredentialing	10	10	10	0	0	100.0%
II	Sub-contractual Relationships and Delegation	7	7	7	0	0	100.0%
III	Member Rights and Protections	6	6	6	0	0	100.0%
IV	Member Information	20	20	18	2	0	90.0%
V	Grievance System	47	47	43	4	0	91.5%
VI	Disenrollment Requirements and Limitations	10	10	10	0	0	100.0%

NA	Follow-up Reviews from Previous Noncompliant Review Findings	25	25	21	4	0	84.0%
	Total Compliance Score	125	125	115	10	0	92.0%
* Total # of Elements: The total number of elements in each standard.							
** Total # of Applicable Elements: The total number of elements within each standard minus any elements that received a designation of NA.							
*** Total Compliance Score: Elements that were Met were given full value (1 point). The point values were then totaled, and the sum was divided by the number of applicable elements to derive a percentage score.							

HSAG reported that they did not identify any opportunities for improvement that required Peach State to implement corrective actions for Standards I, II, III or VI, and provided recommendations for Standards IV and V.

Interventions

Compliance Standard Validation	Peach State Action to Address Findings
<p><u>Standard IV – Member Information Areas Requiring Corrective Action Plan (CAP):</u></p> <p>Peach State must update the Distribution of Member Handbook policy and procedure to include a description of how Peach State notifies existing members (not newly enrolled members) that the member handbook is available on the CMO’s website or how to obtain a hard copy. The policy must also reflect how often existing members receive the notice. In addition, the policy must be updated to reflect the CMO’s practice regarding informing members of the availability of the provider directory.</p>	<p>To ensure that the Distribution of Member Handbook policy and procedure meets the requirements set forth in 42CFR438.10(f)(3), Peach State Health Plan will implement the following:</p> <ul style="list-style-type: none"> ✦ Revise the current policy and procedure to clearly document how Peach State notifies existing members (not newly enrolled members) that the member handbook and the provider directory are available on our website and how to obtain a hard copy. ✦ Customer Service Representatives will receive training on the policy revisions. The training will include a review of the newsletter, the website and the process for which members can request a hard copy of the member handbook and the provider directory. ✦ Completed Q1, 2016 ✦ Linked to QAPI goal: Improve the overall member experience with Peach State due to the improvement on member communication
<p><u>Standard V – Grievance System Areas Requiring CAP:</u></p> <p>Peach State must review its policies, procedures, and other documents to correct and ensure consistency in the grievance</p>	<ul style="list-style-type: none"> ✦ Revise the Administrative Reviews policy and the Administrative Reviews Step by Step processes (Standard Operating Procedures -SOP) to ensure consistency in the grievances system.

Compliance Standard Validation	Peach State Action to Address Findings
<p>system information available to members and providers.</p> <p>Peach State must ensure that all documents accurately provide members access to the appeal process when Peach State fails to meet required time frames for resolution of grievances and appeals (i.e., constitutes an action).</p> <p>Peach State must ensure that appeal resolution letters are written in a manner that is understandable to members.</p> <p>Peach State must ensure that grievance resolution letters address all issues identified by the member in his/her complaint</p>	<ul style="list-style-type: none"> ✎ Communicate to members the correct process (appeal) when Peach State fails to meet required timelines for resolution of grievances and appeals (an action). ✎ Grievance and Appeals Coordinators will receive training on the revisions to policies and procedures and Standard Operating Procedure (SOP) changes. ✎ Remove language “However, <u>if we need additional time</u>, you will be notified when to expect a resolution” from the member grievance acknowledgment letter indicating that the CMO may take additional time outside of the 90 calendar day timeframe. ✎ Revise current Grievance SOP to document the requirement that each member issue identified in a grievance request is addressed in the disposition resolution letter. ✎ Grievance & Appeals Coordinators will receive training on addressing all member issues in the grievance request and in the disposition resolution letter. ✎ Revise the current PSHP GA Member Handbook (pg. 47), PSHP GA P4HB Handbook (pg.28), and PSHP GA Provider Manual (pg.45) on the PSHP website, to reflect the appropriate internal administrative review timeframes that comply with DCH. Ensure consistency with all Peach State documents that refer to appeal decision time frames (30 calendar for pre-service and 30 calendar days for post-service as opposed to 30 calendar days for pre-service and 45 calendar days for post-service). ✎ Spanish sections of both the Provider Manual and the Member Handbooks will be updated to reflect these changes as well. Updates to website that have member interfacing must be approved by DCH. ✎ Senior Medical Director will send communication to Medical Directors, Appeals and Grievance Manager, and Denial and Appeals, and Grievance Coordinators explaining the need to send rationales for upholding a denial in easily understood language to the members. PSHP Communication will include a document entitled “Medical Terminology Easily Understood” to assist staff with

Compliance Standard Validation	Peach State Action to Address Findings
	<p>writing rationales in an easy to understand language. Additionally, staff will be directed to refer to the medical terminology guide as needed when writing medical terminology in easily understood terms or to supplement the medical term with a more common lay-term. Please note that the Plan's denial letter template was created using the Flesch-Kinkaid software.</p> <ul style="list-style-type: none"> ✦ Peach State will draft a policy that outlines the process for ensuring the rationale for upholding a denial is written in easily understood language in Peach State's administrative review resolution letters. ✦ Training will be conducted for PSHP Senior Medical Director, Medical Directors, Manager Quality Improvement, Manager of Denial and Grievance/appeals and the Denial and Grievance/appeals coordinators on policy and procedure ✦ Completed Q2, 2016 ✦ Linked to QAPI goals: Improve the overall member experience with Peach State due to its relation to members' rights as per the grievances and appeal processes and Improve care coordination for and health literacy of Plan members due to the need to provide the grievance and denial letters in an appropriate and easy to understand language.
<p>Follow-up Reviews from Previous Noncompliant Review Findings' Areas Requiring CAP:</p> <ul style="list-style-type: none"> • Peach State must address timely access issues to ensure providers return after-hours calls within the appropriate time frames. Urgent calls must be returned within 20 minutes and other calls within one hour. • Peach State did not meet the minimum geographic access requirements in both rural and urban areas. Specifically, the CMO did not have sufficient provider coverage for primary care physicians (PCPs), specialists, general dental providers, dental subspecialty providers, mental health providers, and pharmacies. 	<p>To ensure providers return urgent/non-urgent calls within the timeframes set forth in 42 CFR 438.206(c)(1) and Contract Section 4.8.14.3, Peach State Health Plan will implement the following initiatives:</p> <p>Providers will be educated continuously on the after-hours return call standards as follows:</p> <ul style="list-style-type: none"> ✦ Include information in all monthly provider education packets and discuss in all provider meetings ✦ Consider it a required element within Peach State's New Provider Orientations, and ✦ List standards in Peach State's Provider Manual. <p>Education is ongoing and targets all providers.</p>

Compliance Standard Validation	Peach State Action to Address Findings
	<p>Provider Relations Representatives perform an average of 60 provider visits per month each, and we currently have 16 Provider Relations Representatives in the field statewide.</p> <p>The Myers Group will conduct quarterly provider after-hours surveys to identify providers who are non-compliant with one or more of the after-hours return call requirements. Providers whose after-hours calls do not meet the requirement will be re-educated via face-to-face visit by their assigned Provider Relations Representative within 14 calendar days of receipt of the audit results. The Provider Relations Representative will ask the provider for feedback regarding barriers to maintaining compliance with the after-hours call requirements, and interventions will be proposed. The provider will be instructed to implement proposed interventions that will bring him/her into compliance within seven (7) calendar days. These providers will be re-surveyed the following quarter to ensure they have become compliant with the after-hours return calls standard.</p> <p>Providers failing to demonstrate compliance during the re-survey, will receive a letter from PSHP explaining the area of non-compliance, and requiring them to submit a written Corrective Action Plan (CAP) that outlines the steps and process that will be implemented within the provider's practice to ensure he/she is able to meet the after-hours return call requirements. The non-compliant letters will be mailed out within 14 days of receipt of the audit results, and the CAP must be received from the providers within seven (7) calendar days of receipt of PSHP letter. CAPs will be monitored by the Compliance Department through the use of a secret shopper call(s) methodology that will be conducted after-hours by a Provider Relations Representative or Coordinator within 60 calendar days of the implementation of the provider's CAP. Providers who remain non-compliant will be reviewed by our Peer Review Committee for recommendation and action plan.</p> <p>Peach State's Provider Relations Staff, who regularly visits provider offices, conducts focused training during these visits related to</p>

Compliance Standard Validation	Peach State Action to Address Findings
	<p>after-hours return call requirements. Providers and staff will have the opportunity to provide feedback on the challenges and barriers they face in meeting the standards. Interventions will be proposed to assist with meeting requirements. Additionally, the feedback received during these meetings will be used to create new/improved interventions that can be implemented throughout the network.</p> <p>Peach State will continue the use of regular e-mail “blasts” and provider newsletters to remind the provider community of the appointment timely access and after-hours return call requirements.</p> <p>Member education will be conducted to ensure that members understand that urgent after-hours calls from providers should occur within 20 minutes and other calls within an hour. Member CAHPS surveys currently capture member input regarding the amount of time it takes for a provider to return their call after-hours. Additionally, member feedback related to after-hours return calls is captured through our member grievance process, and non-compliant providers are identified through this process, educated via face-to-face visit and monitored as described above.</p> <p> Initiated Q2 2016</p> <p>In 2015, Peach State aggressively pursued opportunities to recruit providers to meet geographic access standards. As a result of these efforts, Peach State’s Q3 2015 results showed a decrease in the number of deficient specialty / county combinations by 14% compared to Q4 2014. These gaps were decreased using the following strategies.</p> <ul style="list-style-type: none">  Use of the Letter of Intent (LOI) process during the State reprocurement to identify providers interested in contracting with Peach State.  Use of the State 7400 file to identify and pursue non par providers  Refinement of internal strategies to have teams target specific geographic areas to close gaps.

Compliance Standard Validation	Peach State Action to Address Findings
	<ul style="list-style-type: none"> ✎ Identify targeted non par providers to bring into the network. ✎ Execution of new participation agreements with large health systems including Upson Regional and Grady Health System. ✎ Maintaining physician incentive programs to aid in the recruitment and retention of physicians with a strong commitment to quality. <p>These processes will continue to be followed into 2016 to maximize every possible contracting opportunity.</p> <p>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. PSHP will commit to:</p> <ul style="list-style-type: none"> ✎ Coordinate with other Georgia Families CMOs to promote telemedicine services, and improve access in areas with current specialist deficiencies. ✎ Sponsor presentation equipment placement through GPT in access deficient areas ✎ Provide marketing support to existing telehealth sites ✎ Establish innovative reimbursement models for use of telehealth Services ✎ Develop a multi-faceted Member/Provider Education Campaign to increase awareness and utilization of telemedicine in Georgia ✎ Identify and contract with all qualified Providers that serve as specialists in the GPT network. ✎ Linked to QAPI goals: Improve the overall member experience with Peach State as it relates to having timely and needed access to providers; Improve member health outcomes through increased prevention and wellness programs which by having timely access to needed providers will enhance the quality of care provided to members
<p><i>Follow-up Reviews from Previous Noncompliant Review Findings' Areas Requiring CAP:</i></p>	<p>Peach State implemented workgroups who report into the POSC. These workgroups meet bi-monthly and review and analyze data and</p>

Compliance Standard Validation	Peach State Action to Address Findings
<ul style="list-style-type: none"> • Peach State did not meet the DCH-established targets for all performance measures. • Peach State must continue to evaluate the effectiveness of its quality assessment and performance improvement program. 	<p>outcomes, identify barriers, devise new interventions, in an effort to improve performance to meet/exceed DCH targets.</p> <p>The QAPI Evaluation was re-written to include DCH’s suggested revisions.</p> <p>Peach State Health Plan continues to utilize PDSA in all aspects of the QAPI in order to enhance initiatives, interventions and improve outcomes.</p> <p> Linked to QAPI goal: Improve member health outcomes through increased prevention and wellness programs</p>

Effectiveness of Required Programs in Achieving QAPI Goals and Objectives

Peach State’s 2015 QAPI Goals

Triple Aim	Goal	Objective
<p>Improve Member Health</p>	<p>Goal 1: Improve care coordination for and health literacy of Plan members</p>	<p>Objective 1 - Readmission rates within 30 days will remain below or equal to 8.5% for all diagnoses for 2015.</p>
	<p>Goal 2: Improve member health outcomes through increased prevention and wellness programs</p>	<p>Objective 2 - Peach State Health Plan member non-urgent ER visit rates will be at or below 592/1000 (average per month) for 2015.</p> <p>Objective 1 – Meet or exceed all DCH goals or the next highest NCQA percentile for all Women’s, Children’s and Chronic Conditions measures as outlined in the DCH/CMO target list for 2015.</p>
<p>Improve Member & Provider Experience with Care</p>	<p>Goal 3: Improve the overall member and provider experience with Peach State</p>	<p>Objective 1 – Achieve statistically significant improvement on the Children’s CAHPS score for Overall Member Satisfaction with the Health Plan for 2015.</p>
		<p>Objective 2 – Achieve statistically significant improvement in provider satisfaction on overall health plan satisfaction for 2015.</p>
<p>Lower per Capita Cost</p>	<p>Goal 4: Improve provider efficiency and the delivery of quality care.</p>	<p>Objective 1 - Identify and remediate at least 50 outlier physicians (as determined by cost and quality metrics) by December 31, 2015.</p>
		<p>Objective 2 – Ensure that 80% of network follows evidence based practice guidelines for diabetes, asthma, and ADHD by December 31, 2015.</p>

Peach State’s 2015 QAPI Program included four goals and seven 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

Peach State uses key interim metrics to measure impact of its contractually-required programs and their effectiveness in achieving the QAPI Goals and Objectives. These metrics are used in varying degrees by Peach State’s program and administrative staff in analyzing progress toward the accomplishment of all seven objectives. Metrics specifically related to monitoring attainment of the seven objectives are highlighted in the narrative that follows.

Goal 1: Improve care coordination for and health literacy of Plan members

Health Literacy

Peach State monitored and strived to satisfy member health literacy needs during every member and caregiver contact. For example, Member Services staff have been trained to help members understand both terms and benefits during any incoming call, and to refer to clinical staff member questions about clinical issues. Member Services English and Spanish speaking staff were audited regularly to ensure accuracy and proficiency in the interactions with members and caregivers. Peach State also supported the improvement of health literacy in the communities it serves.

Case Management and Disease Management staff satisfied member health literacy needs by assessing member and caregiver literacy during initial evaluations; explaining information about members' conditions, including medical and behavioral health terms and plan benefits in a language that members and caregivers can understand; and offering health education materials that meet and improve member literacy levels, such as brochures, online condition-specific information and care gap alerts to remind them of the importance of preventive and primary care at the appropriate reading level. Peach State enhanced its communications and dialogue with members with face-to-face interactions, such as through in-home or in-hospital visits, through baby showers and parenting classes, and through Care Managers who are located in certain high-volume Federally Qualified Health Centers (FQHCs) and hospitals. Care Managers and Disease Management Health Coaches documented health literacy assessments in member care plans. In 2015, 15% of the members enrolled in the CM/DM program reported a problem with health literacy which was incorporated into their individualized care plan, and generated the appropriate level of communication with members and/or caregivers in relation to their conditions.

Objective 1: Readmission rates will remain below or equal to 8.5% for all diagnoses within 30 days for 2015.

Results: Objective MET. Peach State experienced a decrease in 30 day readmissions; the Plan's readmission rate was 7.7% based on the number of authorizations for admissions.

Case 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, by facility and specific members (see chart below). Program staff also monitored post-discharge follow up visit rates across programs by specific members to determine opportunities for improvement in obtaining needed 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.

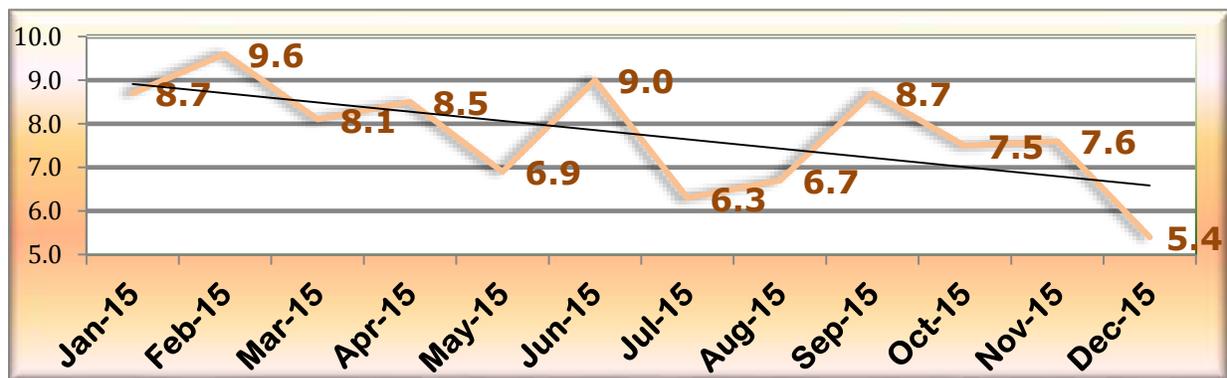
In 2015, the onsite concurrent review program, an integral part of the Discharge Planning Program was expanded to include two additional facilities (Grady Health System & Piedmont Hospital) to a total of 16 high volume facilities across the state. The onsite concurrent review nurse built a rapport with the facilities' interdisciplinary team, attended hospital rounds according to the facilities' policy and served as a resource and member advocate through discharge planning and concurrent review. Proactive, timely and accurate discharge planning has contributed to the readmission rate reduction stated above. Furthermore, predictive modeling has been utilized to identify the readmission probability for members who were in an inpatient facility to drive a more focused discharge planning. Discharge plans were reviewed with the member and/or caregiver prior to discharge by the onsite nurse or hospital staff when the onsite nurse was unavailable. In addition, discharge planning nurses provided the members with

discharge planning booklets which included provider and pharmacy contact information, who to call when problems arise, medication and diet regimens, next appointments and areas to document questions and/or concerns that the member might have, community resources that might be beneficial for the member, appropriate referrals to providers and/or Peach State Case Management Program, and transition of care to an alternate level of care. Post hospitalization follow-up calls were completed within 24-72 hours of discharge for members with a hospital stay of 5 days or greater and with Home Health Services and DME needs.

Furthermore, in 2015, Peach State Health Plan conducted a discharge planning pilot program at one of its high volume/high readmission rate facilities (DeKalb Medical Center) in which a home visit was arranged within 24-72 hours of a members' discharge. The purpose of the home visit was to assist the member with transitioning to a home setting from an inpatient facility. Peach State discharge planning nurses assisted with the resolution to healthcare barriers including appointments, transportation, medication reconciliation and coordination of needed care. Additionally, members were educated on the availability of community resources. The readmission rate at DeKalb Medical Center in 2015 was 7.9% compared to a readmission rate of 7.6% in 2014. There was not a statistically significant change in the readmission rate

The pilot was re-evaluated and a new plan developed for 2016 including strong interventions such as: 1) enhanced post-discharge follow up and disease specific education; 2) post-hospital home visit conducted by the Concurrent Review Nurse who is the one who followed the member in the hospital.

Monthly Readmission Rates – Calendar Year 2015



Objective 2. Member ER visits will be at or below 592/1000 (average per month) for 2015.

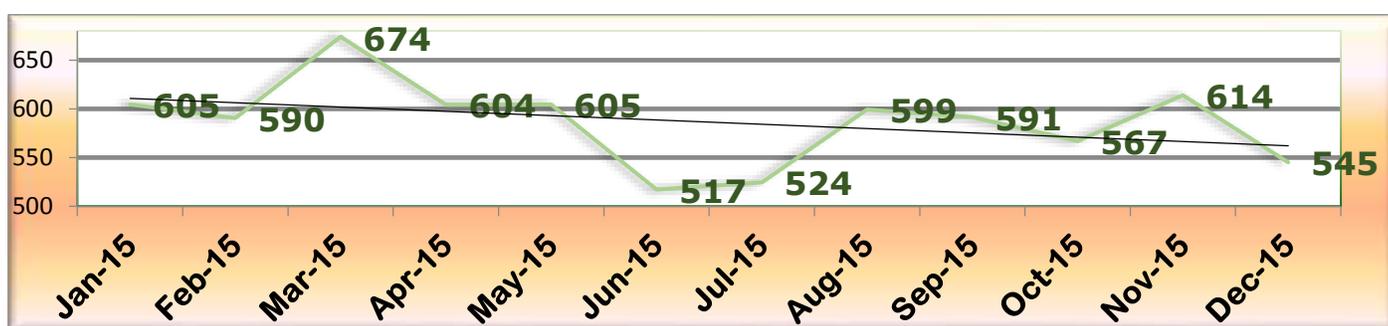
Results: Objective MET. Peach State's ER visit rate for 2015 was 586/1000, below the target maximum rate of 592/1000.

Case Management, Disease Management, and Utilization Management were the primary programs that supported attainment of this objective.

In 2015, Peach State partnered with high volume Emergency Room utilization facilities to receive daily notifications of members visiting the ER. These visits were monitored daily, monthly and quarterly to identify trends for both urgent and non-urgent emergency room (ER) visits including "Repeat Avoidable ER Visits" and "Urgent Care Visits" across programs and by facility and specific members as needed (see chart below). Members identified with non-urgent ER visits were contacted to enroll them into the ER Case Management (CM) Program. The ER CM program staff along with Discharge Planning staff also monitored post-discharge follow up visit rates across programs and by specific members, as needed, to determine opportunities for

improvement in obtaining needed follow up outpatient care. Follow up visit rates were a key priority because of their impact on reducing the number of members inappropriately seeking primary/preventive care in the ER. The staff also monitored medication under-/over-utilization metrics to determine whether issues in medication compliance or use could be potential factors in ER use. The ER CM program assisted members in locating providers in the members' area as well as those affiliated with a Patient Centered Medical Home, obtaining appointments with specialists as applicable, helped arranging or coordinating services such as transportation, scheduling follow up appointments, or obtaining needed medications. Finally, the ER CM program provided members with education materials and/or arranged a follow up provider education through Peach State's Provider Relations or Medical Management/Medical Director staff.

Monthly ER Visits - Calendar year 2015



Goal 2: Improve member health outcomes through increased prevention and wellness programs

Objective 1 – Meet or exceed all DCH goals or the next highest NCQA percentile for all Women's, Children's and Chronic Conditions measures as outlined in the DCH/CMO target list for 2015.

Results: Objective NOT MET. Peach State did not meet all DCH targets.

The Plan's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program as well as the Case Management, Disease Management, and Discharge Planning programs together with Customer Services were the primary programs involved in this objective. They supported this objective by identifying upcoming or missed opportunities for preventive/well care visits, screening, medication compliance, follow-up visits and other gaps in care. They educated members and their caregivers about the importance of preventive/well child services; receiving appropriate screenings; taking appropriate medications, complying with follow-up visits and other services; assisting with appointment scheduling and arranging transportation as necessary to providers' offices. Peach State's Care Gap Alerts notified the plan staff of upcoming or missed services/screening opportunities so that they could contact members and help them, whenever possible, schedule an appointment with their provider.

Online Care Gap Alerts also notified members about their gaps in care if they (or their caregivers) registered for access on the secure member Portal. When providers checked member eligibility via the secure Provider Portal, they also received Online Care Gap Alerts.

Peach State's Customer Service staff monitored the following member metrics related to care gaps: "Number of members who received education communications via care gap alert

notifications” (153,154 members or 12,763 per month in 2015, a considerable increase from the 24,249 members in 2014) and “ Number of members who indicated they registered on the web portal to receive access to electronic Care Gap Alerts” (70,450 unique registrants in 2015, a considerable increase from the 29,071 unique registrants in 2014).

Further details on interventions conducted during 2015 to achieve this objective are included in the section “Plan Performance” and “Responding to the Unique Needs of our Members”.

Below is Peach State’s performance against DCH targets or NCQA Quality Compass percentiles on all of the DCH required metrics for 2015 compared to 2014.

Measure	Sub-Measure	2014 Rate	2015 Rate	2014 vs. 2015		Target 2015		
				Δ in Rate	Statistical Significance	Rate	Met/Not Met	
CHRONIC MEASURES								
ADD - Follow-Up Care for Children Prescribed ADHD Medication	INITIATION	43.58%	43.84%	0.26 %	↑	Not significant	*53.03%	Not Met
	Continuation	58.19%	58.82%	0.63 %	↑	Not significant	*63.10%	Not Met
AMM - Antidepressant Medication Management	Acute	39.57%	38.66%	- 0.91 %	↓	Not significant	*54.31%	Not Met
	Continuation	24.86%	23.89%	- 0.97 %	↓	Not significant	*38.23%	Not Met
AMR - Asthma Medication Ratio	5-11 YEARS	72.24%	71.85%	- 0.39 %	↓	Not significant	***75.3 (75 th percentile)	Not Met
	12-18 YEARS	59.62%	63.75%	4.13 %	↑	Significant	***64.15% (75 th percentile)	Not Met
	19-50 YEARS	38.29%	49.49%	11.20 %	↑	Significant	***40.69% (25 th percentile)	Not Met
	51-64 YEARS	-	-	-	-	-	N/A	
	TOTAL	66.34%	67.90%	1.56 %	↑	Not significant	***70.43% (90 th percentile)	Not Met
ASM - Use of Appropriate Medications for People with Asthma <i>RETIRED</i>	5-11 YEARS	93.83%	-	-	-	-	N/A	N/A
	12-18 YEARS	89.67%	-	-	-	-	N/A	N/A
	19-50 YEARS	72.38%	-	-	-	-	N/A	N/A
	51-64 YEARS	NR	-	-	-	-	N/A	N/A

Measure	Sub-Measure	2014 Rate	2015 Rate	2014 vs. 2015		Target 2015		
				Δ in Rate	Statistical Significance	Rate	Met/Not Met	
	TOTAL	91.42%	-	-	-	-	N/A	N/A
CBP - Controlling High Blood Pressure -	Age 18-85 BP <140/90	36.64%	43.14%	6.50 %	↑	Significant	*56.46%	Not Met
CDC - Comprehensive Diabetes Care	HBA1C Testing	83.63%	81.80%	- 1.83 %	↓	Not significant	*87.59%	Not Met
	Poor Control >9 (Lower Rate is Better)	53.17%	59.72%	- 6.55 %	↑	Significant	*44.69%	Not Met
	Adequate Control <8	37.32%	32.51%	- 4.81 %	↓	Not Significant	*46.43%	Not Met
	Good Control <7	27.73%	23.52%	- 4.21 %	↓	Not Significant	*36.27%	Not Met
	Eye Exam	58.63%	59.36%	0.73 %	↑	Not Significant	*54.14%	Met
	Attention to Nephropathy	77.82%	91.87%	14.05 %	↑	Significant	*80.05%	Met
	BPC <140/90	53.17%	52.83%	- 0.34 %	↓	Not significant	*61.31%	Not Met
FUH - Follow-Up After Hospitalization for Mental Illness	30 DAYS	72.79%	72.53%	- 0.26 %	↓	Not significant	*80.34%	Not Met
	7 DAYS	56.78%	55.77%	- 1.01 %	↓	Not significant	*63.21%	Not Met
MMA - Medication Management for People with Asthma	5-11 YRS OLD 50%	44.06%	45.40%	1.34 %	↑	Not significant	N/A	N/A
	5-11 YRS OLD 75%	18.82%	20.95%	2.13 %	↑	Not significant	***19.55% (25 th percentile) 32.32% (DCH)	Met
	12-18 YRS OLD 50%	39.67%	41.64%	1.97 %	↑	Not significant	N/A	N/A
	12-18 YRS OLD 75%	16.03%	16.58%	0.55 %	↑	Not significant	***18.14%	Not Met

Measure	Sub-Measure	2014 Rate	2015 Rate	2014 vs. 2015		Target 2015		
				Δ in Rate	Statistical Significance	Rate	Met/Not Met	
						(25 th percentile)		
	19-50 YRS OLD 50%	44.19%	50.96%	6.77 %	↑	Not significant	N/A	N/A
	19-50 YRS OLD 75%	23.26%	19.75%	- 3.51 %	↓	Not significant	***30.82% (25 th percentile)	Not Met
	51-64 YRS OLD 50%	NR	-	-	-		N/A	N/A
	51-64 YRS OLD 75%	NR	-	-	-		N/A	N/A
	TOTAL 50%	42.56%	44.34%	1.78 %	↑	Not significant	N/A	N/A
	TOTAL 75%	18.03%	19.41%	1.38 %	↑	Not significant	***18.58% (10 th percentile)	Met
MPM - Annual Monitoring For Patient On Persistent Medications	ACE Inhibitors or ARBs	87.24%	87.45%	0.21 %	↑		***87.72% (50 th percentile) 88.00% (DCH)	Not Met
	Digoxin	NR	-	-	-	-	N/A	N/A
	Diuretics	86.63%	87.41%	0.78 %	↑	Not significant	***87.04% (50 th percentile) 87.90% (DCH)	Met
	Anti-convulsants	-	-	-	-	-	N/A	N/A
	TOTAL	86.74%	87.41%	0.67 %	↑	Not significant	***87.05% (50 th percentile) 88.24% (DCH)	Met
PCE - Pharmacotherapy Management of	Systemic corticosteroid	69.84%	80.70%	10.86 %	↑	Not significant	***74.06% (75 th percentile)	Met

Measure	Sub-Measure	2014 Rate	2015 Rate	2014 vs. 2015		Target 2015		
				Δ in Rate	Statistical Significance	Rate	Met/Not Met	
COPD Exacerbation	Bronchodilator	79.37%	82.46%	3.09 %	↑	Not significant	***81.45% (95 th percentile)	Not Met
SAA - Adherence to Antipsychotic Medications for Individuals With Schizophrenia		33.33%	19.63%	13.70 %	↓	Significant	*61.37%	Not Met
SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD		40.54%	37.04%	- 3.50 %	↓	Not significant	***45.65% (95 th percentile)	Not Met
SSD-Diabetes Screening for People w/ Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication		80.69%	82.22%	1.53 %	↑	Not significant	***83.84% (75 th percentile)	Not Met
WOMEN MEASURES								
BCS - Breast Cancer Screening		71.02%	66.90%	- 4.12 %	↓	Not significant	*71.35%	Not Met
CCS - Cervical Cancer Screening		68.53%	68.56%	0.03 %	↑	Not significant	*76.64%	Not Met
CHL - Chlamydia Screening in Women	TOTAL	56.71%	59.83%	3.12 %	↑	Significant	*54.93%	Met
FPC - Frequency of ongoing prenatal care	<21 Percent	14.85%	14.69%	- 0.16 %	↓	Not significant	-	-
	21-40 Percent	8.35%	6.16%	- 2.19 %	↓	Not significant	-	-
	41-60 Percent	7.42%	9.72%	2.30 %	↑	Not significant	-	-
	61-80 Percent	11.60%	10.43%	- 1.17 %	↓	Not significant	-	-

Measure	Sub-Measure	2014 Rate	2015 Rate	2014 vs. 2015		Target 2015		
				Δ in Rate	Statistical Significance	Rate	Met/Not Met	
	81% or more expected visits	57.77%	59.00%	1.23 %	↑	Not significant	*60.10%	Not Met
PPC - Prenatal and Postpartum Care	Timeliness of Prenatal	82.13%	77.49%	- 4.64 %	↓	Not significant	*89.62%	Not Met
	Postpartum	70.30%	59.72%	10.58 %	↓	Significant	*69.47%	Not Met
CHILDREN MEASURES								
W15 - Well-Child Visits in the First 15 Months of Life - 6 or More Visits		65.05%	67.79%	2.74 %	↑	Not significant	*64.30%	Met
W34 - Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		69.91%	68.99%	- 0.92 %	↓	Not significant	*72.80%	Not Met
WCC - Weight Assessment and Counseling on Nutrition and Physical for Children/ Adolescents	BMI	69.21%	67.79%	- 1.42 %	↓	Not significant	*55.09%	Met
	Nutrition Counseling	64.81%	66.59%	1.78 %	↑	Not significant	*60.58%	Met
	Physical Activity	60.19%	57.21%	- 2.98 %	↓	Not significant	*51.38%	Met
AWC - Adolescent Well-Care Visits		49.07%	47.60%	- 1.47 %	↓	Not significant	*48.90%	Not Met
CAHMI/DEV - Developmental Screening in the first three years of life	TOTAL	46.28%	50.60%	4.32 %	↑	Not significant	*46.36	Met
CIS - Childhood Immunization Status	COMBO 3	79.63%	79.09%	- 0.54 %	↓	Not significant	*80.30%	Not Met
	COMBO 6	43.52%	36.30%	- 7.22 %	↓	Significant	*59.37%	Not Met
	COMBO 10	40.28%	34.38%	- 5.91 %	↓	Not significant	*38.94%	Not Met

Measure	Sub-Measure	2014 Rate	2015 Rate	2014 vs. 2015		Target 2015		
				Δ in Rate	Statistical Significance	Rate	Met/Not Met	
IMA - Immunization for Adolescents	COMBO 1	76.39%	86.78%	10.39 %	↑	Significant	*71.43%	Met
LSC - Lead Screening in Children		79.40%	80.05%	0.65 %	↑	Not significant	*75.34%	Met
HPV - Human Papillomavirus Vaccine for Female Adolescents		24.54%	21.93%	- 2.61 %	↓	Not significant	*23.62%	Not Met

*DCH target

***NCQA Target – based on HEDIS 2014 Quality Compass

Goal 3: Improve the overall member and provider experience with Peach State

Objective 1. Achieve statistically significant improvement on the Children's CAHPS score for Overall Member Satisfaction with the Health Plan for 2015.

Results: Objective NOT MET. Peach State result of 88.5% failed to demonstrate statistically significant improvement when compared to 2014 CAHPS.

The overall objective of the CAHPS (Consumer Assessment of Healthcare Providers and Systems) Survey is to capture accurate and complete information about member-reported experiences with their health care. Peach State received its 2015 CAHPS Survey results in July 2015. The Plan's 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.

The metric used for this objective is the same one used for the Member Satisfaction Performance Improvement Project (PIP): the percentage of respondents who rated Peach State 8-10 in response to the CAHPS 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 88.5% was a nearly statistically significant improvement over the 2014 CAHPS survey result of 84.9% ($p = 0.051$).

Our Case Management and Disease Management Programs, who supported this objective, tried to identify areas of dissatisfaction with the health plan in 2015 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/case managers, with being able to manage their condition, and being able to better communicate with the provider. For CM, Peach State surveyed members who participated in the CM program for at least 60 days and who had a minimum of two successful contacts with their care manager. For DM, Peach State surveyed members who were actively participating with a Health Educator for 60 days. Results of these surveys were shared with the Member Experience and Provider Satisfaction Workgroup, the Utilization Management and Performance Outcome Steering Committees.

Based on the Member Experience and Provider Satisfaction Workgroup assessment of the 2015 CAHPS Survey results, and CM and DM surveys, Peach State created and implemented several new initiatives and enhancements based on the two major drivers of satisfaction with the health plan: "Customer Services" and "Getting Needed Care" (described in detail in the section "CAHPS Scores and Specific Member Outreach Activities"). In addition, Peach State's CM and DM Program staff put in place a process geared to improve data collection due to a low return rate. Peach State CM and DM programs initiated monthly mailings or at time of case closure, and updated member contact information during 2015.

Peach State's objective for 2016 is to demonstrate improvement in the Medicaid Child CAHPS scores related to Satisfaction with the Health Plan (by achieving a relative 3% increase in the overall satisfaction with the plan) and to exceed the NCQA 90th percentile by December 31, 2016.

Objective 2. Achieve statistically significant improvement in Provider satisfaction on overall health plan satisfaction for CY2015

Results: Objective MET. Peach State achieved a statistically significant improvement in the Provider overall satisfaction with Peach State, by increasing the rate of satisfaction from 71.6% in 2014 to 78.7% in 2015 ($p < 0.05$).

Peach State's conducts a yearly Provider Satisfaction Survey that 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 was interested in the overall provider satisfaction with Peach State. Out of the five possible answers, the top two were considered for the measurement of satisfaction, "very/completely satisfied" and "satisfied". Peach State observed in 2015 a 7.1% increase in the overall provider satisfaction when compared to 2014, a difference that resulted in statistical significance.

Peach State's Provider Relations Department was responsible for much of the activity related to assessing the needs of Peach State providers, 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 related to all of these programs 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, to identify members' barriers to adhere to physician directions and recommended treatments. In addition, Provider Relations staff significantly increased field activity and provider interaction in 2015.

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.

Goal 4: Improve provider efficiency and the delivery of quality care

Objective 1. Identify and remediate at least 50 outlier (cost and quality) physicians by December 31, 2015.

Results: Objective MET. Peach State identified and remediated 83 PCPs and 25 Ob/Gyn doctors (for C-section rates). Of those remediated, 70 (or 65%) demonstrated improvements on quality and cost in 2015.

Peach State's Clinical Outcomes Unit (COU) and the Impact Intelligence program, which analyzes cost and quality data across all PCPs, identified providers whose poor performance exceeded the norm by two standard deviations. Impact Intelligence capabilities include quality and cost data reporting ranging from plan-wide to individual practitioner with risk adjusted peer comparisons. The analyses covered a wide spectrum of data. Examples of quality data included select HEDIS metrics showing adherence to evidence-based treatment protocols and clinical practice guidelines. Examples of cost data included PMPM emergency room costs, and outpatient costs per PCP. The Utilization Management, Disease Management, Care Management and Discharge Planning programs were the primary programs that supported this objective in conjunction with Medical Management and Provider Relations. Peach State's Community Medical Director outreached to outlier providers to discuss how they may improve member care to fall within evidence-based and recognized standard practices. Remediation efforts also included a follow up phone call if no improvement in metrics were demonstrated after 90 days and referral to the Peer Review Committee for determination of additional remediation practices such as required corrective action plans, probation, or termination.

Peach State used a similar process to remediate outlier OB/GYN's C-section utilization by reviewing metrics that identified providers whose C-section rates exceeded 40% of all their deliveries and/or whose elective C-section rates were greater than 5%. In the particular case of providers with high rates of elective C-sections, it was determined that many were making coding errors. Those providers were educated/remediated on the submission of expected codes for medical necessity for each C-section.

In addition, Peach State staff across all programs continuously helped to detect providers whose practices indicated under/over or inappropriate utilization. For example, Utilization Management, Case Management, Disease Management, Discharge Planning and other Medical Management (MM) staff helped detect patterns of over and under-utilization by specific providers in their management of a member's care and by reviewing quarterly profile reports and monthly inpatient, ED, and other service data; concurrent review nurses monitored trends of unplanned admissions within a specific hospital. They reported all possible instances of under or over-utilization by providers to Provider Relations and/or the Chief Medical Director.

Objective 2. Ensure that 80% of network follows evidence-based practice guidelines in diabetes, asthma and ADHD by December 31, 2015.

Results: Objective NOT MET. A 2015 audit of providers regarding adherence to evidence-based guidelines indicated that Peach State met or exceeded the targets for Asthma (94% of audited providers scored >80%), and ADHD (90% of audited providers scored >80%), and missed the target for Diabetes (71% of audited providers scored >80%).

Peach State Provider Relations department provided oversight to the Clinical Practice Guideline (CPG) audit and analysis. 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 table below shows **the percentage of providers who implemented CPGs**, defined as those who scored at or above 80% on the compliance audit for each of the CPGs. As it related to the Diabetes CPG, there have been two sections which scored consistently low for the last 3 years but that showed a steady increase over time, and those were "Eye exam" and "Annual Influenza vaccine".

CPG	% of audited Practitioners who scored >80%	
	2014	2015
Asthma	85%	94%
Diabetes	80%	71%
ADHD	71%	90%

During 2015, Provider Relations staff and the Clinical Nurse Liaison included CPG training for all providers in face to face visits, Focused education was conducted for providers who scored < 80% on any given element of the audits. Staff also provided assistance with the corrective action plan to ensure compliance during the re-audit.

Case Management and Disease Management program staff supported this objective by creating companion member guidelines which provided a structure to support and align their efforts with

those of the treating providers. Discharge Planning, CM and DM staff also reminded providers of available CPGs on the website and/or sent them copies by fax or mail when requested. Pharmacy staff educated providers about appropriate guidelines when fielding questions about PA denials, the Preferred Drug List or other pharmacy benefits.

The Plan's CPG-adherence course corrections proposed for 2016 include:

- 📌 Implementation of the DM medication therapy management program which will include educational outreach by Peach State pharmacy staff to high-volume providers on appropriate use of diabetes medications, CPGs, and related performance measures.
- 📌 Targeted provider education on those items where they scored <80%

Clinical Practice Guidelines

Peach State Health Plan is accountable to adopt and disseminate 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 Case Management Programs. Peach State has included the CPGs on Peach State's web site for easy Provider and Member access; has notified providers annually or more frequently about new or updated guidelines via newsletter, fax blast or notices on the web site.

Furthermore, Peach State has monitored provider compliance with clinical practice guidelines through an annual medical record review process as part of achieving its goal of "Improving provider efficiency and the delivery of quality care".

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

Clinical Practice Guidelines (CPGs) support providers in the provision of evidence-based care with a goal of maximizing member outcomes. Companion member guidelines provide Case and Disease Management programs' staff with a structure that supports and aligns their efforts with those of the treating providers. CPGs enable everyone involved with the member's care to provide a consistent message and support towards common goals. In general, Peach State's Disease Management Asthma, Diabetes and ADHD programs' staff tracks member compliance with member companion guidelines through interactions with program participants, during contact with providers and through analysis of claims for recommended services and prescriptions, and identification of gaps in care, and provides timely interventions when indicated.

For example, in 2015, Peach State tracked adherence with companion member guidelines for the ADHD program by assessing, through medical record review, the compliance with the Parent and Member Education key component and compared it to the 2014 assessment. Parent and member education key component included in the medical record documentation increased from 77% in 2014 to 97% in 2015. Peach State's Performance Outcomes Steering Workgroup determined that guideline education for members might have had a positive impact on the Rating Scale compliance by increasing awareness of the importance of completing and returning the tool to the provider. Rating Scale compliance increased from 56% in 2014 to 81% in 2015 as included in the medical record documentation.

Understanding that Case and Disease Management programs success 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 to evaluate the role of CPGs in a more quantitative way. Peach State compared 2015 compliance with asthma and diabetes metrics (HEDIS) among those members receiving case management versus those not receiving case management. Since specific HEDIS rates are based on the same evidenced based practices guidelines, the results of this analysis provides a good indication of the contribution of CM/DM to the member compliance with relevant CPGs. Comparing 2015 asthma and diabetes rates for those members receiving CM vs those not receiving CM, compliance scores on the Medication Management for People with Asthma, HbA1c testing, Attention to Nephropathy, Eye Exam were higher for those in CM and HbA1c poor control was lower (lower is better) among those in CM when compared to those not in CM. None of the comparisons showed statistical significance but the Attention to Nephropathy.

Statistical significance was affected in this particular case by the small denominators corresponding to the members in CM (58) compared to the large denominators for the members not in CM (1816), which generated larger variability and consequently larger confidence intervals, diminishing the chances to detect significance.

Condition	Measure	2015 CM Members	2015 Members Not in CM	CM vs. Not CM	Statistical Significance
Asthma	MMA 5 to 11 75%	25.00%	20.94%	↑	N/A (too small of a denominator)
Diabetes	A1c Test	82.76%	80.62%	↑	No
	Attn. to Neph.	98.28%	88.99%	↑	Yes
	Eye Exam	58.62%	51.98%	↑	No
	Poor Control*	18.97%	21.42%	↓	No

*Lower is better

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

Adopted Clinical Practice and Evidenced Based Guidelines and Protocols

In 2015 Peach State adopted and distributed clinical practice guidelines (CPGs) and preventive health guidelines to educate and support providers to use evidence-based practices in diagnosis, treatment, and management of health conditions in order to optimize patient care. The guidelines addressed the following key areas.

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 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 indicated 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, supported providers by identifying members in need of

recommended screening or follow up care and by giving providers periodic feedback related to their compliance.

Peach State performed medical record audits on a random sample of members to assess provider compliance with asthma, ADHD, and diabetes guidelines. As result of the audit, Peach State provided education to providers and assistance with corrective actions as appropriate (see more details under “CPG Implementation and Adherence”, section below)

Peach State also encouraged evidence-based treatment practices for more complex conditions that do not have established clinical guidelines. For example, in 2013, Peach State noted persistent high cost per member for members with cancer. Many of the treatment regimens used for these members were costlier and less effective than evidence-based alternative treatment regimens. As a result, Peach State partnered with Eviti, Inc. (Eviti) to provide preauthorization and decision-support services for oncology, a partnership still in effect through 2016. Eviti maintains a comprehensive and continuously updated online evidence-based medicine library of oncology treatment regimens and clinical trials that is available to Peach State’s oncology specialists. Eviti launched Preferred Regimen Programs for breast, lung, cervical, and colorectal cancer treatments. Evidence indicated that these preferred treatment regimens generated the best quality and cost outcomes for most cancer patients. Since implementation in 2013 of the Preferred Regimen Program, which displayed preferred regimens on the online authorization screen, provider compliance with recommended treatment regimens has improved from 34% in 2014 to 59% in 2015.

CPG Implementation and Adherence

In 2015, Peach State audited the implementation and adherence to the three guidelines required by DCH - asthma, diabetes, and attention deficit hyperactivity disorder (ADHD) through medical record reviews conducted by nurse auditors. A random sample of members with claims indicating any of the three diagnosis was selected quarterly (minimum 120 members per quarter), the provider delivering the care was identified and the medical record review performed on those members. The nurse auditors used guideline-specific audit tools to assess provider compliance with both process and outcome elements of the guidelines.

The table below shows 2015 findings for overall compliance compared to the previous two years of the audit results and to DCH targets. Compliance with asthma increased by three percentage points, diabetes decreased by two percentage points and ADHD improved by eleven percentage points from 2014 to 2015. All CPGs but Diabetes exceeded DCH targets.

Overall Compliance with CPGs, 2013-2015

CPG	DCH Target	Overall Score		
		2013	2014	2015
Asthma	90%	89%	88%	91%
Diabetes	90%	80%	82%	80%
ADHD	90%	95%	82%	93%

The table below shows the percentage of providers who implemented and adopted CPGs, defined as those who scored at or above 80% on the compliance audit.

CPG	# of Practitioners		# of Records		Number of CAPs		Overall Score		% Practitioners who scored >80%	
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
Asthma	33	31	153	153	5	2	88%	91%	85%	94%
Diabetes	59	38	147	185	12	10	82%	80%	80%	71%
ADHD	31	31	150	150	9	3	82%	93%	71%	90%

The percentage of providers who scored > 80% increased for asthma and ADHD but declined for diabetes CPG compliance when 2015 results were compared to 2014. Again diabetes is the one CPG that carried the highest number of CAPs

Calendar Year 2015 adherence to each of the three guidelines, interventions and course corrections based on audit findings are addressed below.

Asthma CPG Compliance

2015 Interventions and Course Corrections. The following interventions were put in place during 2015:

- ☞ The travel Clinical Nurse Liaisons supplemented PR Representatives' in face-to-face education on the CPGs and completed the re-audits on providers with a CAP, and escalated providers who did not improve to Peach State medical directors for peer-to-peer remediation
- ☞ Clinical Nurse Liaisons conducted provider education emphasizing the importance of covering all required elements of patient education including the use of an Asthma Action Plan and Patient Education components of the CPG audit.
- ☞ Clinical Nurse Liaisons educated providers on upgrading their EMRs to have the Asthma CPG guidelines and Asthma Action Plan embedded into the system to assist with CPG compliance.

Audit Findings: Adherence to the Asthma CPG individual components improved from 2014 to 2015 in all areas including “Documented Asthma Action Plan” (Peach State’s lowest score and subsequently a key focus for improvement). “Documented Asthma Action Plan still remained below the DCH target.

Root Cause: Peach State realized during the process of chart reviews that providers documented providing asthma risk education such as co-morbidities and triggers, and ways to avoid those risks; when and how to use medication; and appropriate ER use. Nevertheless, poor documentation was noted regarding the Asthma Action Plan (AAP) in the chart and whether a completed AAP was provided to the parent and member.

Asthma CPG Key Components	2013	2014	2015
Appropriateness of Diagnosis	99%	98%	100%
History and Physical Exam at visit	97%	100%	100%
Patient Education/Risk Factor Assessment	88%	92%	95%
Documented Asthma Action Plan	39%	52%	59%
Appropriate Asthma Medication	99%	100%	100%

Diabetes CPG Compliance

2015 Interventions and Course Corrections The following interventions were put in place in 2015:

- ✎ The travel Clinical Nurse Liaisons supplemented PR Representatives' in face-to-face education on the CPGs and completed the re-audits on providers with a CAP, and escalated providers who did not improve to Peach State medical directors for peer-to-peer remediation.
- ✎ Clinical Nurse Liaisons conducted PCP provider education emphasizing the importance of Eye Exams, annual lab requirements and Influenza vaccines for diabetic members. They provided education on proper documentation and follow up of referrals for eye exams, and member education and proper documentation of flu vaccines.
- ✎ Clinical Nurse Liaisons educated providers on upgrading their EMRs to have the Diabetes CPG guidelines embedded into the system and to use alerts and appointment reminders to identify diabetes care gaps and services required to assist with CPG compliance.

Audit Findings: Adherence to the Diabetes CPG individual components decreased slightly from 2014 to 2015, except for the documentation on Influenza vaccine recommendation. The rates for three of the five key components (Labs, History & Physical, and Patient Education) remained above the DCH target of 90%.

Further provider and member education will be granted for 2016, specifically as it relates to the eye exam metric.

Root Cause: Peach State realized that the majority of the providers who were non-compliant with the flu vaccine tended to forget to record not only member refusal to the vaccine but also the education provided to the member about the benefits of the flu vaccine. In addition, providers tended to forget to document referrals for eye exams, and in some instances, member refusal to get an eye exam.

Diabetes CPG Key Components	2013	2014	2015
Labs	92%	95%	90%
History and Physical	99%	99%	97%
Patient Education	99%	93%	91%

Eye Exam	61%	69%	63%
Annual Influenza Vaccine	38%	54%	58%

ADHD CPG Compliance

2015 Interventions and Course Corrections The following interventions were put in place in 2015:

- ☞ The travel Clinical Nurse Liaisons supplemented PR Representatives' in face-to-face education on the CPGs and completed the re-audits on providers with a CAP, and escalated providers who did not improve to Peach State medical directors for peer-to-peer remediation.
- ☞ Clinical Nurse Liaisons conducted provider education about the importance of ensuring parents, teachers, and member, as appropriate, understand the need to complete and return the Conners' Rating Scale or similar objective assessment instrument.
- ☞ Clinical Nurse Liaisons educated providers on upgrading their EMRs to have the ADHD CPG guidelines embedded into the system and to use alerts and appointment reminders to ensure the 30 day follow up is compliant

Audit Findings. Adherence to the ADHD CPG improved for 3 components (Physical Exam, Rating Scale and Parent & Member Education); stayed the same for one component (Developmental History); and decreased for another component (Medication Management) when 2015 audit results were compared to 2014. Three components (Developmental History, Physical Exam at Visits, and Patient and Member Education) continued to exceed the 90% DCH target.

Root Cause: Peach State identified two primary barriers to compliance with the Rating Scale component: 1) The capital investment required for implementation and not having the rating scale embedded in the electronic medical record (EMR) for those providers who use EMRs. 2) Providers scoring below the target on this component also reported that the completed rating scale tool is not always returned to the provider after being sent home, to the school, or to a behavioral health provider for completion.

ADHD CPG Key Components	2013	2014	2015
Developmental History	99%	98%	98%
Physical Exam at Visits	100%	91%	99%
Rating Scale	54%	56%	81%
Parent and Member Education	76%	77%	97%
Medication Management	94%	91%	89%

Lessons Learned from the assessment of provider compliance with CPGs

- ☞ Collaborating with the other CMOs enabled Peach State to advocate for an audit tool that was more provider focused on best practices and not on member compliance. The audit tool has been changed for 2016.

- 📌 While completing internal reviews and audits Peach State recognized that the medical record review tool was not tightly structured and left significant room for judgment which could cause variations in scores
- 📌 Face to Face provider education was beneficial in assisting with improved documentation and an increased understanding of the guidelines.

Proposed 2016 Interventions

Interventions continuing from 2015:

- ☞ The travel Clinical Nurse Liaisons will supplement PR Representatives' in face-to-face education on the CPGs and will complete the re-audits on providers with CAPs, and will escalate providers who do not improve to Peach State medical directors for peer-to-peer remediation.
- ☞ Provider Relations will conduct provider education emphasizing the importance of covering all required elements of patient education including the use of an Asthma Action Plan and Patient Education components of the CPG audit.
- ☞ Clinical Nurse Liaisons will conduct PCP provider education emphasizing the importance of Eye Exams, Annual lab requirements and Influenza vaccines for diabetic members. Clinical Nurse Liaisons will also educate on proper documentation and follow up of referrals for eye exams, and member education and proper documentation of flu vaccines.
- ☞ Clinical Nurse Liaisons will conduct provider education about the importance of ensuring parents, teachers, and members, as appropriate, understand the need to complete and return the Conners' Rating Scale or a similar objective assessment instrument.
- ☞ Educate providers about asthma performance measures during onsite visits from the Clinical Nurse Liaisons and PR Representatives.
- ☞ 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.
- ☞ Educate providers on upgrading their EMRs to have the Diabetes CPG guidelines embedded into the system and to use alerts and appointment reminders to identify diabetes care gaps and services required to assist with CPG compliance.
- ☞ Educate providers on upgrading their EMRs to have the ADHD CPG guidelines embedded into the system and to use alerts and appointment reminders to ensure 30 day follow up compliance.

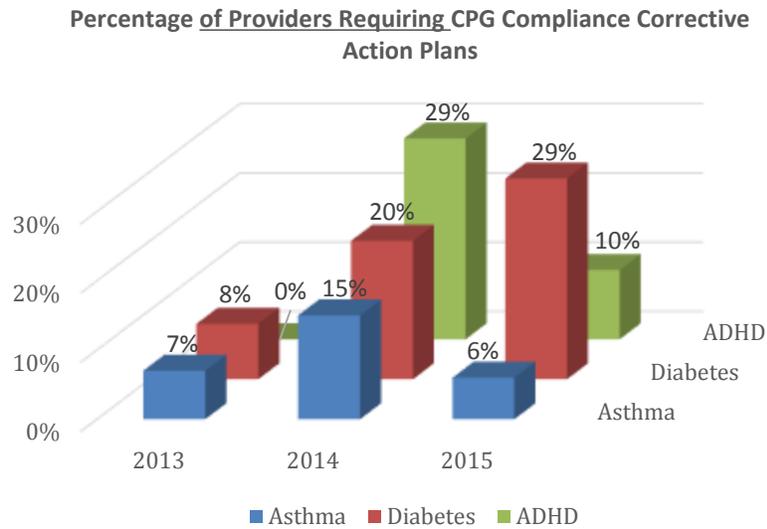
New interventions, activities for 2016:

- ☞ Invite targeted low performing primary care providers to a "Diabetes Summit" to provide education from the Clinical Nurse Liaison, Medical Director, and Pharmacist.
- ☞ Collaborate with the CMO workgroup to ensure consistency with CPG guidelines, with the Auditors using the audit tool and completing medical record reviews, and to create a plan to reduce provider abrasion.
- ☞ Implement a 3 month follow up with providers placed on a CAP to monitor if the CAP has been implemented.
- ☞ Clinical Nurse Liaison to focus and target on the low scoring high member volume provider practices to complete face to face education to help improve documentation and CPG scores
- ☞ Conduct a pilot audit with a couple of offices in Q3 2016 to test the new audit tool, identify areas of potential deficiencies and initiate a general education communication with all providers.
- ☞

Follow Up with Practitioners Who Fail to Implement CPGs

Peach State required providers who scored lower than 80% on the audit to submit a Corrective Action Plan (CAP) within 14 days of the audit. The nurse auditor educated providers on any missed elements at the time of the audit. As shown in the chart below, the overall trend has

shown a decrease in the percentage of audited practitioners who required corrective action plans for Asthma and ADHD but an increase for Diabetes CPG CAPs.



Peach State re-audited those providers with CPG Audit CAPs 6 months after receipt of CAP by Peach State. If a provider failed the second audit for the same element, they were referred to a Peach State Medical Director for review and follow up as defined in Peach State’s peer review policy.

Effectiveness of Care/Disease Management Programs in Reducing Inappropriate Utilization

Effectiveness of Peach State Care Management (CM) Programs

Peach State uses a multidisciplinary Care Management Team (CM Team) model that includes the most appropriately trained staff to meet the different physical health, behavioral health (BH), social and other needs members have. 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 dietitians, 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 case management. The Primary care manager serves as the member's point of contact with Peach State and coordinates the CM Team activities.

Peach State's care managers, in collaboration with the member and provider, work to reduce inappropriate or unnecessary inpatient admissions/re-admissions, emergency room (ER) visits, and under/over-utilization of medications by improving access to and utilization of preventive and primary care services.

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 case 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 the fully integrated BH division, Cenpatico. Peach State CM teams integrate nurse and BH clinician case managers with social workers and other staff to bring an integrated 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 an in-person CM services in high volume outpatient BH providers who serve high acuity members by including BH clinician case managers onsite. That improves the ability for Peach State to reach this difficult to engage population. Peach State is able to leverage the members' relationship with their outpatient BH provider as an opportunity to outreach to the members.
- ☞ In addition, dedicated non-clinical Member Connections Representatives (MCRs) work in the community and help to reach members in-person 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.

Below are key metrics that the care management/medical management staff monitors to gauge the effectiveness of Peach State's case management programs in reducing inappropriate utilization and in helping achieve Peach State's goals of "Improving care coordination and health literacy for Peach State Members", "Improve the overall member and provider satisfaction with Peach State" and "Improve member health outcomes through increased prevention and wellness programs".

Case Management Key Metrics
Case Management & Complex Case Management Overall
members who are identified for CM/ Care Coordination Services
& % members who agree to participate in those programs.
Successful member contact (%) within 7 days of referral to CM
& % of Refusals to Enroll in CM and reasons why
ER Visits/1,000 member Months
Repeat avoidable ER visits per member
Inpatient (IP) Admissions/1,000 member Months
7-day Readmission Rate
30-day Readmission Rate
7 & 30-day follow up provider appointment post discharge
HEDIS Gap Closures
Cases closed as "Goals Met" (members who successfully complete the program because they meet all goals outlined in their individualized care plans)
Average cost savings per member – prior to, during and after enrollment in CM
Member CM Satisfaction Survey Results

Case Management Key Metrics
& % of Sickle Cell members taking Hydroxyurea
& % 7-day follow up post-discharge to PCP for NICU newborns
Behavioral Health (BH) – in addition to the above metrics for CM overall
BH Practitioner visits /1000 member months
ADHD Initiation Phase: 6-12 years old Dispensed an ADHD medication and had 1 follow up visit w/in 30 days
ADHD Continuation: 6-12 years old remained on medication for 210 days and had at least 2 follow up visits w/in 270 days of the end of the initiation phase
Effective Continuation Phase Treatment: % of members who remained on an antidepressant medication for at least 180 days (6 mos.)
BH members with PH conditions - % of members co-managed
Average Per Member Per Month (PMPM) for members with co-morbid and co-occurring conditions
Discharge Planning– in addition to the above metrics for CM overall
Readmissions – All readmissions & all readmissions within 30 days of discharge;
Readmissions for same or similar diagnosis within 7 & 14 days of discharge
7 & 30-day post discharge follow up with OP BH providers
7-day post-discharge follow up with PCPs for NICU newborns
7 & 30-day Physician follow up for Medical admissions
ER CM – in addition to the above metrics for CM overall
ER utilization by facility, region and member
Facility utilization by top 5-10 diagnosis
Post visit follow up with physician within 30 days
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
HEDIS Timeliness of Prenatal care
C-Section Rate
17-P participation rate

Case Management Key Metrics
% Normal birth weight babies
% LBW deliveries
% VLBW deliveries
High Risk Obstetrics (HROB)
Total Deliveries per member
Total birth events per member
% 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
Pharmacy Lock-In Program
Total Number of Lock-In Patients
Number of new Lock-In Patients
#/% of Patients Re-Locked
Number of 1 Year Lock-Ins Released
Average PMPM (Rx and med) spend pre- and post-Lock-In per member;
ER visits pre and post Lock-In per member
Referred to CM
#/% Enrolled in CM/DM
#/% Refused CM/DM

Highlights of Case Management Effectiveness

Complex Case 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 who do not meet criteria for any of the Plan's other targeted programs. Members are assigned to an RN or BH clinician Care Manager depending on their primary need for case management and they receive high touch, telephonic or in-person case management to monitor the care plan implementation and provide education, assistance with appointment scheduling and transportation and linkages to community resources. Peach State's Member Connections Representatives facilitate early identification of medical complications, assistance with transportation, appointment scheduling and other needs. These activities help reduce the utilization of inappropriate services, such as those caused by barriers to accessing providers and the utilization of high-level care that can be avoided by services provided in the primary care setting. During 2015, there were 510 new members enrolled in the CCM program with a total of 1,213 members in the program.

Peach State's 2015 experience based on repeat ER visits and readmission metrics found the following:

- ☞ Readmissions: The 30-day readmission rate for members managed was 15.3% compared to 27% for members who declined CCM enrollment.
- ☞ Repeat ER visits: The repeat ER visit within 30 days was 34% for the members who were enrolled in the program and 33% for members who declined CCM enrollment. We realized that most of the members enrolled in CCM had on the average a repeat visit within 9 days. The average length of time a person is in the CCM program is 320 days before they meet all of their Care Plan goals. Consequently, this measure might not be an appropriate one to assess CCM effectiveness.

Face-to-Face Case Management – Peach State's Face-to-Face CM program addresses the needs of members with multiple co-morbidities in the Atlanta Region as a part of the CCM program. A 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 2015, for the members who participated in this program (50 members), Peach State achieved a 51% 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 case management enrollment vs their PMPM after enrollment.

ER Care Management – Peach State's ER CM Program provides management to 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 2015, there were 374 members enrolled in the ER program; 38% of the members had a repeat ER visit within 30 days after program completion in comparison to 85% of those who refused ER CM enrollment.

In addition to the ER Care Management program, NurseWise (24/7 nurse advise line) conducts outreach to 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 also assists with selecting their preferred provider.

Results: In 2015, 7,229 members received ER educational outreach. Of those, 92% did not have an ER visit after outreach. Among those who did not go to the ER, 61% had a visit with their PCP, a similar rate (64%) among those members who used the ER. This will require further analysis and a revision of the scripts utilized by NurseWise to ensure proper reinforcement of the need to visit the PCP.

The Start Smart Pregnancy Program – This program promotes the early identification and assessment of pregnant members to encourage optimal pregnancy care and improved birth outcomes for all members, thus reducing pregnancy complications and preterm deliveries and reducing unnecessary utilization of services, including NICU. In addition to providing case 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:

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

Embedded Staffing at Federally Qualified Health Center (FQHC) Program – This program provides face-to-face services at high volume FQHC’s to help identify high-risk members for early enrollment into CM. Peach State onsite staff, placed at high volume FQHCs, also works face-to-face with pregnant Peach State members who receive services at the FQHC, encouraging them to engage in healthy behaviors and keep all appointments. Services provided include assessments, education, home visits, home assessments and addressing all barriers to care.

Results: In 2015, Peach State’s NICU rate decreased by 8% when compared to 2014 among members receiving services in the FQHCs. However, there was a 9% decrease in postpartum visit rate. Peach State identified the largest barrier to comply with a postpartum visit within 21-56 days of delivery being that many of these members have had a C-section and were seen prior to the 21 day scheduled visit for wound check or suture removal, thus being more likely to be non-compliant for the 21-56 day postpartum visit. To increase compliance with the 21-56 day visit in 2016, the on-site care manager will conduct face to face home visits for any members who missed an appointment to address the barriers such as lack of knowledge of the importance and value of keeping the postpartum visits, transportation, day care services for the member’s other children to facilitate attending to the appointment.

High Risk OB Case Management Program – This program targets members with high risk pregnancies.

Results:

- 🕒 In 2015, there was a total of 1,225 high risk members enrolled in CM compared to 1,360 in 2014.
- 🕒 In 2015 there was a 23.7% decrease in the number of VLBW babies, 11% decrease in LBW babies and a 6.4% increase in the number of normal birth weight babies compared to 2014.

17-P program – This program targets pregnant mothers who have had a previous preterm birth.

Results:

- 🕒 For members who delivered in 2015 in the 17-P program, the birth outcomes were as follows: Healthy delivery: 63.6%, NICU admissions: 28.7% and Stillborn / Expired: 0.7%. Peach State has consistently reflected a much higher success rate of healthy deliveries for members receiving 17-P.
- 🕒 Additionally, Peach State has strived to increase the number of members enrolled in the program. In 2015 there was a 3.7% increase in enrollment when compared to 2014 representing 39.7% of mothers enrolled among the expected number of mothers having a prior pre-term baby, just over the goal of 39.4%.

BH CM - Depression Management Program Antidepressant medications work most effectively when they are taken consistently. The program tracks members from their initial prescription fill for an antidepressant medication through the subsequent six months. This period of time allows the member to adjust to the correct medication and dosage and also to maximize positive effects from the medication.

The CM Team conducts outreach to eligible members upon discharge from a psychiatric inpatient facility to educate them on the importance of taking the prescribed anti-depressant medication as directed. The team also works with them to identify and resolve any barriers to medication access or adherence, and provides them with additional education materials related to the appropriate utilization of antidepressant medication, the care manager contact information, and the Discharge Tool Kit materials. The main objective of this program is to reduce unnecessary hospital readmissions or trips to the ER, and increase medication adherence.

The effectiveness of the outreach program was measured by documentation of all outreach calls into a BH Structured Note in the case management system. All successful and unsuccessful outreach calls were documented with an outcome, such as whether the member is taking the medication, has issues accessing the medication, or if their medication has been stopped

Results: Activities related to the outreach to members being discharged from a psychiatric facility did not improve the 2015 rates for compliance with antidepressant medication during the acute and continuation phases of the condition when compared to 2014 rates. Furthermore, Peach State did not meet the DCH target.

Peach State Performance on AMM Metrics 2014-2014 and DCH Target Comparison							
Measure	Description	Subcategory	Peach State 2014	Peach State 2015	2014 vs. 2015	DCH Target 2015	Met/Not Met
AMM	Anti-depressant Medication Management	Effective Acute Phase Treatment	39.57%	38.66%	↓	54.31%	Not Met
		Effective Continuation Phase Treatment	24.86%	23.89%	↓	38.23%	Not Met

Barriers: Identified barriers to the success of the Depression management program include the following: members' lack of understanding about the benefits derived from staying on the medication; members not remembering to refill their prescriptions when they are close to running out; difficulties having an on-site care manager in psychiatric facilities; invalid demographics leading to unsuccessful contact information.

To address some of the barriers, in 2015 a pilot program was run on a small scale to assess the effectiveness of a face-to-face CM program to better engage members and to learn the processes needed to be in place in the future when this effort will be rolled-out. In general members who consented to the face-to-face contact with a care manager seemed to engage on a more meaningful level and were more open to follow through with needed services and community connections.

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 case 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: All these activities did not contribute to a significant improvement in the 2015 rates for 7 and 30- day follow-up after hospitalization (FUH) when compared to 2014 rates. Furthermore, Peach State did not meet the DCH target for these measures.

Peach State Performance on FUH Metrics 2014-2015 and DCH Target Comparison							
Measure	Description	Subcategory	Peach State 2014	Peach State 2015	2014 vs. 2015	DCH Target 2015	Met/Not Met
FUH	Follow-up after hospitalization for mental illness	7 Day	56.78%	55.77%	↓	63.21%	Not Met
		30 Day	72.79%	72.53%	↓	80.34%	Not Met

Barriers: One of the contributing factors identified as a barrier includes the required prior-authorization for the outpatient follow-up care which puts an additional burden on the practitioner and delays the process to schedule an appointment.

Proposed activities for 2016:

- ☞ Peach State proposes improving the follow-up after hospitalization care by educating providers about the importance of seeing members within 7 days' post-discharge and streamlining the referral process. Peach State will run a pilot where Peach State will pre-load the appropriate initial authorization and the providers will be incentivized to follow-up appropriately with the member. Unfortunately, short notice scheduling with providers is often difficult because of limited number of providers that tend to be fully scheduled several weeks in advance. In addition, Peach State will analyze the demographics of members who do not complete their 7-day or 30-day follow up appointments by race/ethnicity, region, age, and diagnosis to determine if any disparities exist and identify barriers to care.
- ☞ Peach State has identified hospitals with the lowest follow-up rates for members being discharged from those hospitals. Peach State is working with those hospitals to allow a Peach State case manager in place to ensure proper member follow-up.
- ☞ Complete 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.

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

2015, the Pharmacy department evaluated medication usage and placed into the Lock-In program a total of 2,664 members. Among those 2,664 members, 223 agreed to enroll in CM.

During 2015, Peach State analyzed metrics for 958 members who were locked-in during 2014 and were still in lock-in status in 2015.

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 12.1 claims per member in 2014 to 10.9 claims per member in 2015; and 2) the rate of ER utilization has decreased in 2015 to 2.8 ER visits per lock-in member from 3.0 ER visits per lock-in member in 2014. The rate of members filling prescriptions for controlled substance written by different prescribers increased to 3.3 prescribers per member in 2015, compared with 1.9 prescribers per member in 2014.

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 Cenpatico, Peach State’s Behavioral Health (BH) vendor, for assessment and referral to Case Management. Of the 1,325 members who had a substance abuse diagnosis in November, 2015, 299 also had a behavioral health diagnosis. Sixteen of these members accepted a referral to Cenpatico. In December 2015, 20 members that were placed in the Pharmacy Lock-in program had a concomitant behavioral health diagnosis and were referred to Cenpatico. Of those 20 members accepted BH case management, 2 members declined and 16 were unable to be contacted. In 2016 this process will be conducted on a daily basis as new members are enrolled into the Pharmacy Lock-in program.
- ☞ 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 November and December 2015, 10 members were identified for OOP and brought to interdisciplinary adult rounds. Seven of these members were referred to BH case management with Cenpatico. There were also 9 successful interventions with these 10 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 Cenpatico will launch 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.

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 case 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.

Participation in Case Management Participation in Case Management remains a challenge since in general a large proportion of members eligible for CM refuse to voluntarily participate. Medical Management conducted a telephonic survey with a sample of members who had declined Case Management. Fifty percent stated that they declined because they didn't feel like they needed CM at the time, 33% didn't recall declining CM, 8% stated it was too time consuming and 8% declined because CM services were not available on weekends. In 2016 a new approach will be developed in order to educate members on the relevance and benefits of Case Management by including examples and testimonials

Effectiveness of Peach State Disease Management Programs

Peach State's Disease Management (DM) Program addresses the following conditions: asthma, chronic obstructive pulmonary disease (COPD), diabetes, HIV/AIDS, and weight management. As mentioned earlier, the DM staff functions in partnership with the CM Team to ensure effective care coordination and appropriate utilization of services to address the holistic needs of the members. DM programs reduce inappropriate utilization in many ways. The most significant aspects 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, polypharmacy and gaps/adherence for chronic condition medications.
- ☒ Assists, when needed, in arranging provider appointments, transportation and access to community-based services.

By employing health status evaluations, educating/coaching members and caregivers, and arranging and coordinating needed services, the DM staff helps stabilize a member's health condition and thereby helps reduce member 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 Peach State's 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
Disease Management Overall – same as CM overall
Enrollment metrics indicate members who do not specifically refuse program participation, since Peach State provides DM services to all members who meet program criteria
Asthma – in addition to the above metrics for DM overall
Controller Med Prescriptions Use Rates (HEDIS)
Rescue Med Prescriptions Use Rates (HEDIS)
COPD – in addition to the above metrics for DM overall
Spirometry tests
Diabetes – in addition to the above metrics for DM overall
HbA1C testing
Dilated Eye Exam
Attention to Nephropathy to include Microalbuminuria testing
Blood Pressure (BP) Control <140/90
HIV/AIDS – in addition to the above metrics for DM overall
Enrolled
ER utilization per member
Puff Free – in addition to the above metrics for DM overall
Delivery Outcomes
Graduated to self-monitoring post delivery
Continued cessation post delivery
Weight Management – in addition to the above metrics for DM overall
HEDIS Weight Assessment - BMI
HEDIS Weight Assessment - Nutritional
HEDIS Weight Assessment – Physical Activity

Overall DM Program Highlights

Enhancements. Peach State significantly enhanced its DM program in 2015 with the following changes:

Asthma and Diabetes DM Programs

- 🍌 Peach State’s asthma and diabetes DM Programs became population-based instead of member-based programs. New program components were also added.

- ☞ For example, some members may receive specialized attention, such as for medication compliance, even if they are not receiving health coaching, through Peach State's Pharmacy Care Program (PCP). The PCP program uses member-centric interventions to overcome barriers to medication adherence, address medication related health/safety concerns, and omissions of evidence-based pharmacotherapy care. This program centers on (1) addressing health and medication literacy; (2) supporting appropriate provider utilization and provider communication; and (3) addressing socio-economic specific deficits and barriers, such as language barriers, transportation, DME needs, poor prescriber/member communication, and mental health issues.

Asthma DM Program

- ☞ For the Asthma DM program, Peach States implemented a three-tiered Asthma Management Program described below in the section "Asthma DM Highlights".
- ☞ Peach State implemented a Medication Adherence Pilot using Bluetooth technology with a "Propeller" to monitor members' symptoms and use of inhaled asthma medications. Additional details described below in the section "Asthma DM Highlights".
- ☞ Peach State implemented an Asthma Pharmacy Care Program (PCP) with PCP Care Advocates making outbound calls to non-compliant members and providers of members identified as non-compliant with asthma maintenance medications for education, barrier analysis and care coordination.
 - Effectiveness: In 2015 there were 2,960 members with asthma identified with an omission opportunity (medication and laboratory) and 2,153 members with asthma identified with a medication adherence opportunity. There was a slight increase in the percentage of asthmatic members who remained on a controlled medication 50 % or 75% of the time, when 2015 rates were compared to 2014.
- ☞ Implemented a SafeLink Phone Outreach and Engagement Program for low- and moderate-risk members with asthma to support self-management of asthma and take appropriate action should asthma symptoms occur. Members who had a SafeLink phone and a diagnosis of asthma received both Proactive Outreach Manager (POM) / IVR calls on topics such as medication adherence, knowing your triggers, getting PCP checkups, and the importance of flu shots. Members had the opportunity to be warm-transferred to DM staff and were given a toll-free number to call for further coaching. The goal of the low-risk asthma program was to prevent members who were of lower acuity from becoming higher acuity
 - Effectiveness: During 2015, 6,969 calls were placed, 5,493 to low risk asthmatic members and 1,476 to moderate risk asthmatic members. In addition, 28,359 Asthma Guides were mailed to members with asthma. Call data from the POM & IVR showed that 46% of the calls went to voice mail and a live person answered 23% of the time. Eighty-five percent of the low-risk members had evidence of an established visit with a PCP and were less likely to need intervention at a higher tier of the program. Both phone and mail interventions will continue in 2016.

Diabetes DM Program

- ☞ The Plan also implemented Tele-Care monitoring for selected high-risk diabetic members who used tele-monitoring devices to monitor biometric data, which enabled Health Coaches to provide immediate assistance to members and updates to providers as, needed. Both numbers of ER visits and repeat ER visits decreased significantly and no one in the study group was admitted during the period, consequently there were no readmissions. This program was discontinued as of March 2016 due to low member enrollment and high cost. Peach State is looking into other alternatives that might be deployed to a larger segment of the population.

Asthma, COPD and Diabetes DM Programs

- For members with asthma, diabetes, and COPD, Peach State offered a “Gap Closure Program” that reached out to all members, including those not enrolled in health coaching and who had one or more outstanding gaps in care. During the calls, the DM Engagement Specialists verified the member’s care history, educated the member about the importance of self-care and routine provider office visits, and addressed any barriers to care, such as transportation.

HIV DM Program

- Peach State enhanced its HIV DM Program by: 1) adding Face-to-Face home visits to high risk members, in collaboration with Cenpatico to address behavioral health issues; 2) implementing an HIV PCP program; 3) performing Face-to-Face follow-up at the W. T. Anders Clinic; 4) presenting non-compliant members in weekly integrated care rounds; 5) conducting Health Lifestyle Events with community partners such as AIDS Atlanta and The Recovery Consultants. Fifty-six home visits and two Healthy Lifestyle Events were conducted in 2015.

Asthma DM Highlights

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

HEDIS Measure	2014	2015	Change	Signif.	DCH Targets/NCQA percentiles*	
Medication Management for People with Asthma 50% compliant: 5-11 yrs.	44.06%	45.40%	↑	No	NA	
Medication Management for People with Asthma 75% compliant: 5-11 yrs.	18.82%	20.95%	↑	No	32.32% 19.55% (25 th percentile)	NOT MET/ MET
Medication Management for People with Asthma 50% compliant: 12-18 yrs.	39.67%	41.64%	↑	No	NA	
Medication Management for People with Asthma 75% compliant: 12-18 yrs.	16.03%	16.58%	↑	No	18.14% (25 th percentile)	NOT MET

*2014 HEDIS Quality Compass - NCQA

Peach State set its goal to determine effectiveness of its Asthma program by either achieving DCH targets or the next NCQA percentile ranking according to Quality Compass. Peach State only met one of its four set goals during 2015, which was the percentage of asthmatic children 5-11 years of age who remained on a controller for 75% of the time.

2015 Interventions

During 2015, in addition to activities described above under the section “Overall DM Program Highlights”, Peach State following a population-based structure, implemented a 3-tier approach program based on members’ severity and/or high-risk score:

- ☞ Tier 1: Members received calls, materials via mail, and health coaching if they “opt- in.” In addition, Peach State developed a pilot initiative through which Peach State offered members with hospital admissions, emergency room visits and low medication compliance a FDA-approved Propeller device, supported by Bluetooth technology, to monitor members’ symptoms and use of inhaled medications. This intervention demonstrated a statistically significant increase in controller medication compliance but did not demonstrate a statistically significant decrease in rescue medication use and ER or inpatient utilization. This intervention was discontinued on 12/31/15.
- ☞ Tier 2: Peach State provided a Health Coach and/or a PCP Care Advocate to members with compliance issues to assist their understanding of their disease and importance of medication adherence. Health Coaches contacted these members by telephone and conducted home visits as necessary.
- ☞ Tier 3: For members who demonstrated medication compliance, Peach State Health Coaches offered general education about their medications and the importance of adherence to their doctor’s orders to encourage continued compliance.
 - Result: Utilization outcomes for “opt-in” members, pre vs. post enrollment in the program, showed the following results:
 - ☞ ER Visits for those in the program decreased from 70.27/K to 33.57/K
 - ☞ ER Repeat Visits for those in the program decreased from 6.29/K to 3.67/K
 - ☞ Inpatient admissions for those in the program decreased from 8.58/K to 3.76/K
 - ☞ Overall utilization costs per member in the program decreased by \$37.55 per member per month (PMPM) after participation in the Asthma DM program

In addition, during 2015 Peach State supported members who were in the low or moderate acuity level by providing them with asthma health reminders and related information through mailings and POM calls to those members with an active Safe Link phone.

Proposed 2016 activities:

Peach State realized that all children, irrespective of race/ethnicity, gender or place of residence, showed poor compliance with asthma controllers, consequently, the following activities have been proposed:

- ☞ Implementation of a Peach State Medication Therapy Management (MTM) program, where outreach pharmacy coordinators will call members who are 5 days late in filling a prescription, will educate members on the importance of medication adherence and how to better manage their asthma, and will work with pharmacists and providers when medications are not picked up.
- ☞ Mailing to all asthmatic members an “Asthma Action Plan” that they can take to their provider to be completed as well as an “Inhaler Tracking Calendar”.

Diabetes DM Highlights

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

HEDIS Measure	2014	2015	Change	Stat. Signif.	DCH Targets	
HbA1c test	83.63%	81.81%	↓	No	87.59%	Not Met
HbA1c poor control >.9 (lower rate better)	53.17%	59.72%	↑	Yes	44.69%	Not Met
HbA1c control <8	37.32%	32.51%	↓	No	46.43%	Not Met
HbA1c control <7	27.73%	23.52%	↓	No	36.27%	Not Met
Eye exam	58.63%	59.36%	↑	No	54.14%	Met
Attention to nephropathy	77.82%	91.87%	↑	Yes	80.05%	Met
BP control <10/90	53.1%	52.83%	↓	No	61.31%	Not Met

Peach State reviewed its performance metrics for 2015 and compared them to the performance of the prior year and to DCH targets. Results were mixed, but basically there was no statistically significant difference between 2015 and 2014 performance except for the HbA1c poor control, which represented a decrease in performance and Attention to nephropathy, which showed significant improvement. Two DCH targets were met for Eye exam and Attention to nephropathy. Numerous challenges still remain.

2015 Interventions

In addition to the enhancements to the diabetes DM program stated earlier in this document in the section “Overall DM Program Highlights” and the existing diabetes-related Performance Improvement Project, Peach State took additional steps in 2015 to improve member health, such as:

- ☞ A research activity was conducted to ascertain barriers to care and/or data accuracy and completeness in collaboration with the top high volume providers in the Southwest Region who had diabetic members with no evidence of HbA1c testing or an elevated HbA1c. One hundred and fifty-seven (157) members were contacted and thirty-one “gaps” were closed. Some members had HbA1cs done but the information hadn’t appeared in the Peach State claims system, yet.
- ☞ Diabetic members were contacted by a Health Coach who:
 - Counseled members on medication adherence
 - Worked with providers to close existing care gaps, and
 - Helped members improve blood glucose control.

Results: Significant positive trends in certain utilization metrics were demonstrated among the diabetic population that participated in the program when outcome metrics were compared pre-post program enrollment:

- ☞ ER Visits for those in the program decreased from 105.48/K to 85.16/K
- ☞ ER Repeat Visits for those in the program decreased from 16.4/K to 11.87/K
- ☞ Inpatient admissions for those in the program decreased from 31.95/K to 18.63/K
- ☞ Overall utilization costs per member in the program decreased by \$96.36 per member per month (PMPM)

HIV/AIDS DM Highlights

Peach State had 203 members with a diagnosis of Human Immunodeficiency Virus (HIV) in 2015. Of those, approximately 84.73% of members with an HIV diagnosis were Black or African American, 10.34% were White, 1.48% were Asian and 3.45% were Other Race. The percentage of members who identified as Hispanic ethnicity, which is a subset of Black or African Americans and White, was 2.46%. With regard to gender, 18.72% were male and 81.28% were Female. Regionally, members with HIV resided in the following regions: Atlanta 55.67%, North 0.0%, East 1.48%, Southwest 24.14%, Southeast 2.46%, and Central 16.26%.

Based on the above analysis, Peach State determined that the members with HIV/AIDS were mainly female, Black or African American, age 19 and older, and residing mainly in the Atlanta, SW and Central regions. Data showed that 15% of the membership with an HIV diagnosis had at least one admission to the hospital in 2014. Review of a sampling of this admitted population 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. The disparities and data analysis will be used to create additional interventions

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 identified that the HIV/AIDS population experienced a 15% increase in growth from the previous year statewide with over 50% of the members residing in the Atlanta region, specifically in DeKalb, Fulton and Clayton counties. They were mainly African-American. The program was enhanced in 2015 with a focus on Black or African Americans in the Atlanta Region, which had the highest HIV prevalence of any demographic group.

- 🔗 The program objectives were to assess, plan, implement, coordinate, monitor and evaluate the options and services to meet the health care needs of these members, ensure access to appropriate medical services and improve health outcomes. The program was designed to enhance the members' capability to self-manage their condition and to increase their ability to avoid exacerbations and escalations of acute episodes. The program components included the following:
 - A multi-disciplinary team that included an Infectious Disease Health Educator, Clinical Pharmacist, Behavioral Health Specialist and supporting staff to manage the high-risk members. A DM Health Educator conducted an in-depth assessment and developed a care plan with the member, family and providers.
 - A face to face home visits with high risk members to evaluate current health status and support needs by a Member Connections representative
 - Education and coaching of members and their caregivers using techniques that foster positive behavioral change for those at a lower risk
 - Assistance with psychosocial barriers by scheduling provider appointments, arranging transportation and linking members with access to community-based services
 - Collaboration with local Federally Qualified Health Centers (FQHC) and Ryan White Clinics to encourage preventive follow-up care and compliance with recommended treatment plans
 - Hosting of community Healthy Lifestyle events focused on preventive education, health promotion and the importance of self-efficacy and awareness

- Collaboration with health departments and free testing sites to encourage members to be tested
 - Banner messages placed on the Peach State Member and Provider Portals encouraging HIV testing. One message depicted a Black or African American woman in her 20's and encouraged both testing and awareness of partner status.
 - Added messages on the Peach State Facebook page about HIV Testing and Knowing Your HIV Status.
 - Launched a partnership with the W.T. Anderson clinic to locate a Care Manager to assist in educating and coordinating appropriate care in a face-to-face setting.
 - Collaborated with AID Atlanta and Recovery Consultants to participate in Healthy Lifestyle events that focused on education about lifestyle and risks, and promoted testing and treatment compliance for members with a known HIV diagnosis. There were 200 participants that were tested at the AID Atlanta Healthy Lifestyle event and 51 participants were tested at the Recovery Consultant Healthy Lifestyle event. Both events took place in June 2015 and were held in downtown Atlanta.
- 📌 In January, 2015, Peach State began to monitor/track any missed HIV medication prescription refills on all members and implemented a telephonic outreach to members, providers and pharmacy to emphasize the importance of medication adherence. Any member with a prescription refill late 5 days or more was flagged for intervention. Peach State began tracking HIV related admissions each month and HIV related ER utilization, which showed reductions in utilization in early assessments. New medication edits were put into place by Peach State's Pharmacy Benefit manager, US Scripts, in August 2015 to assure safe use of HIV medications, blocking duplications or potential serious interactions. In addition, for members with comorbid behavioral health diagnosis, the DM Health Educator worked with those members to increase medication compliance
- **Results:** In 2015, for the members who participated in this program, the Plan achieved a 48% decrease in medical costs as measured by comparing per member per month (PMPM) costs for participating members prior to their disease management enrollment vs. their PMPM after enrollment. In addition, the readmission rate for HIV members decreased by 41% in 2015 when compared to 2014. Furthermore, the readmission rate for HIV related conditions in 2015 was 10.34%, below Peach State's goal of $\leq 16.99\%$

OBESITY DM Highlights

In 2015 Peach State enhanced the children weight management program to the “Juniors Up and Moving Program” (J.U.M.P) that will target children who are 5 to 12 years old and “Step it Up” program to target members ages 13-17 who are obese with comorbidities. A Health Educator conducted face-to-face visits, provided education to the member and/or their parent/guardians, and encouraged physical activity. The health educator collaborated with the member/caregiver to reduce weight to a normal BMI, reduce medications, eliminate health issues, and described the benefits of a healthy lifestyle inclusive of exercise and good eating habits through lifestyle changes.

Georgia was selected as the pilot state for the Centene Foundation for Quality Healthcare Foundation's Childhood Obesity Prevention initiative. With an actively engaged Department of Community Health committed to combatting childhood obesity, Georgia was considered to be a viable market for the Foundation to launch the initiative and leverage existing efforts. Specifically, the Foundation supports an education-based obesity prevention program aimed at

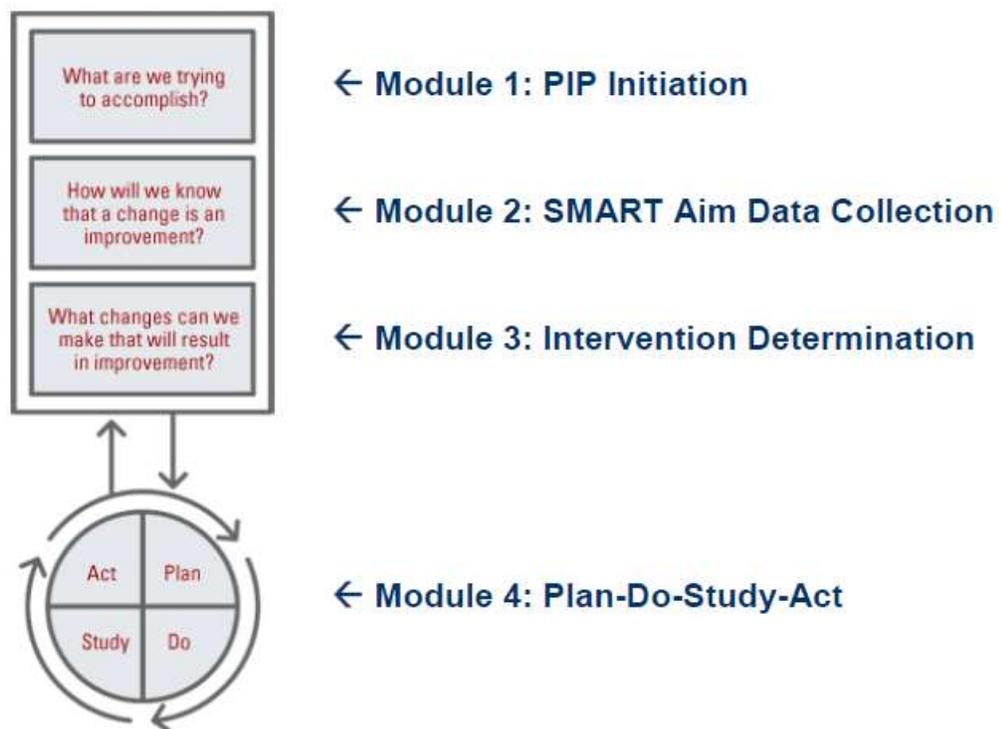
Georgia middle schools with the highest obesity rates and greatest need in both urban and rural areas. The education program being developed will build on existing efforts of the Governor's Childhood Obesity Initiative, "Georgia Shape".

Results: In 2015, for the members who participated in this program, Peach State achieve a 72% decrease in medical cost as measured by per member per month (PMPM) costs for participating members when compared prior to their enrollment vs. after enrollment. In addition, the readmission rate for Obesity DM members decreased by 16% in 2015 when compared to 2014.

Performance Improvement Projects

In 2015, 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 Performance Improvement Projects (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 2015 PIP activities were divided into five modules that correspond to the Model for Improvement. Modules 1 through 3 ask each of the three fundamental questions. Module 4 tests each change through the PDSA cycle to determine if the change achieves improvement.



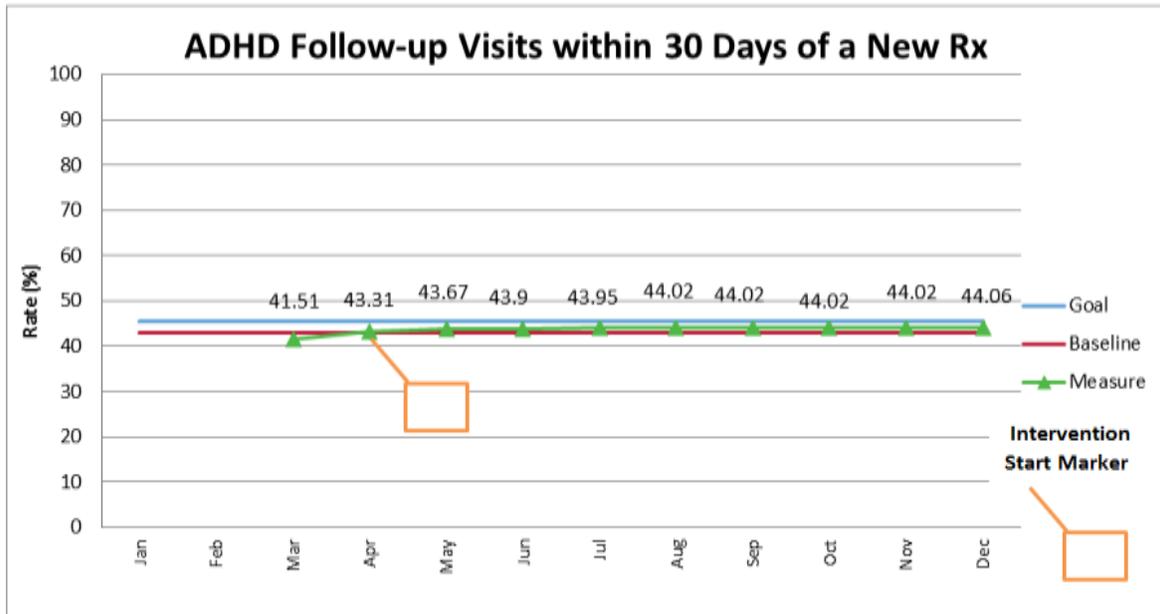
Module 5, an addition to the Model for Improvement, delivers the PIP's change package by summarizing the overall PIP results. It provides the PIP's key findings, summarizes the tested interventions, and concludes the capacity to sustain and spread the intervention(s).

2015 PIP Summaries and Results

Peach State Health Plan conducted six clinical and two non-clinical Performance Improvement Projects (PIPs) during 2015. Following are summaries of these PIPs:

IMPROVING ADHD TREATMENT COMPLIANCE
SMART Aim Goal
By December 31, 2015, Peach State Health Plan aims to increase the 30-day follow-up visit rate from 42.94% to 45.50% among children 6-12 years old with a fill for newly prescribed ADHD medication in the Atlanta Region.
Summary of Overall Key Findings and Interpretation of Results
<p>Peach State implemented an intervention to increase the 30-day follow-up visit rate for children 6-12 years old with a fill for newly prescribed ADHD medication in the Atlanta Region.</p> <p>One intervention was conducted during the life of the PIP. This was the Reminder Outreach Calls to Members intervention. This intervention was designed around the failure mode of members forgetting about their appointment. Though there was evidence in the medical literature to support the hypothesis that reminder phone calls would reduce the number of missed appointments, the intervention as designed had no effect on the month-to-month rate of compliant members (i.e., members who kept their appointment within 30 days of filling a new prescription for ADHD medication) for the target population. In fact, for some months, the rate of compliant members was statistically significantly lower than the rate of compliant members who did not receive a reminder phone call. The intervention did not have an impact on the SMART Aim. This is evident when examining the Run Chart, as the rates for the SMART Aim measure remain relatively the same after the implementation of the intervention.</p> <p>The SMART Aim goal was not achieved. There was not meaningful or sustained improvement. The initiative was abandoned.</p> <p>Lessons learned:</p> <ul style="list-style-type: none"> cf Validate the assumptions of the driver diagram whenever possible; cf Ensure the time period during which the intervention is to be run is an appropriate time period, taking into account external factors such as seasonality; cf Select an appropriate length of time for the intervention and consider more frequent measurement. cf Measure and assess call effectiveness (percent of calls answered) <p>Proposed activities for 2016:</p> <p><i>Background:</i> The Southwest Region has a low rate of compliance for 30 day follow up after prescription fill for a new diagnosis of ADHD and a high rate of diagnosis and prescribing</p> <p><i>Intervention:</i> Memorial Pediatrics in the Southwest Region has agreed to collaborate with Peach State by piloting:</p> <p>Follow up prescription program in which providers write a 15 or 25-day prescription to promote timely follow up visit.</p> <p><i>Measurement:</i> Percent of members who attended a compliant follow-up visit among those members who received a first prescription fill for 15 to 25 days.</p>

IMPROVING ADHD TREATMENT COMPLIANCE



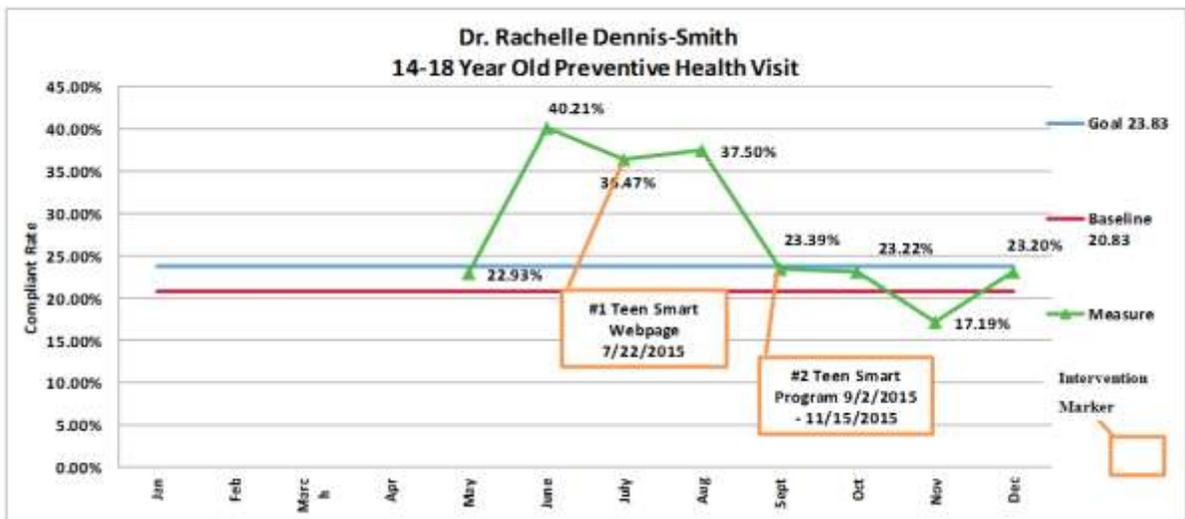
DECREASING AVOIDABLE EMERGENCY ROOM VISITS
SMART Aim Goal
Decrease the avoidable emergency department utilization rate among member’s ages 0-20 at Hughes Spalding Hospital from 39.1% to 34.5% by December 31, 2015.
Summary of Overall Key Findings and Interpretation of Results
<p>Peach State partnered with WellStreet Urgent Care to implement a live telephonic awareness/education campaign on the benefit of using an urgent care center instead of an emergency room for non-emergent care. WellStreet Urgent Care staff conducted live calls to members who had a non-urgent visit at Hughes Spalding Hospital and whose zip codes are identified in close proximity to Hughes Spalding Hospital and WellStreet Urgent Care. Members who answered were provided with three awareness/education points to ensure the conversations were meaningful. To reinforce the phone conversation, these meaningful contact points were emailed to members who provided their email addresses.</p> <p>The intervention began in May and ended in mid-June. There were 1,898 members who received outreach attempts and 347 meaningful conversations (18%). Meaningful conversations seemed effective as only 19% of members who were contacted returned to Hughes Spalding ER for a non-urgent issue between the call and September 2015. The overall contact rate was not high compared to the time and cost to make the calls; however, the intervention was successful for those who were reached. The SMART Aim data points collected after the live call intervention shows that all of the data points were below the avoidable ER goal of 34.5% through July 2015. Although this suggests the intervention was effective, Peach State believes that in addition to the intervention, the seasonal fluctuation in ER use may have also had an impact on the SMART Aim measure. The Plan was unable to determine that the active outreach initiative alone, and not seasonality of visits, had an effect on reducing avoidable E.R. visits at Hughes Spalding Hospital. The SMART Aim goal was met before the intervention was initiated and continued to be met until the Fall months. In addition, this intervention relied on a new partnership with WellStreet Urgent Care, which focused on a newly created outreach call center. The outreach call center was unable to continue calls to members after the pilot intervention because of resource constraints. The initiative was abandoned</p>
<p>Lessons Learned:</p> <ul style="list-style-type: none"> ⦿ Analyze resource constraints prior to implementation of an intervention – WellStreet was unable to sustain the intervention internally; ⦿ Improve communication with external partners to ensure the depth and breadth of the commitment to rapid cycle interventions is thoroughly understood; ⦿ Do the right intervention at the right time - interventions started during a historically ‘low’ ER use season does not allow Peach State to accurately determine effectiveness because of seasonality trends. <p>Proposed activities for 2016:</p> <p>Provide ER facilities with educational materials in written format and appropriate language and level of health literacy to educate members about appropriate ER use and alternate facilities.</p>

IMPROVING COMPLIANCE WITH BRIGHT FUTURES GUIDELINES
SMART Aim Goal
<p>Increase the percentage of members 14-18 years old who are assigned to Dr. Rachelle Dennis-Smith in Fulton County and are eligible* for and receive a preventive health visit from 20.83% to 23.83% by December 31, 2015.</p> <p>*Eligible: due for a preventive visit</p>
Summary of Overall Key Findings and Interpretation of Results
<p>Peach State embarked on developing two interventions to motivate Dr. Dennis-Smith’s 14-18 year old members to take an active role in completing a yearly preventive health visit.</p> <p>Teen Smart Webpage: The Plan developed and launched The Teen Smart Webpage to provide health information to Dr. Rachelle Dennis-Smith’s 14 –18 year old members with the goal of motivating the members to schedule and keep a preventive health visit. Members were asked to contact Peach State for a \$5.00 Subway gift card after viewing the website to provide information to include if the information viewed would motivate scheduling and keeping a preventive health appointment. During the evaluation period, the webpage was only available to the members and parents/guardians invited to see the webpage and Peach State’s internal staff. There were 52 hits to the webpage but only 1 member contacted Peach State to complete the survey to receive the \$5.00 Subway gift card.</p> <p>Teen Smart Program: The Teen Smart Program launched September 2, 2015. The intervention was developed to identify if offering an incentive to Dr. Rachelle Dennis-Smith’s 14 -18 year old members and parents/guardians would encourage the member to schedule and complete a preventive health visit. The Plan contacted members through mailers and phone calls. The results showed 157 invitations were mailed and 31 members (20%) enrolled. The majority of the members did not obtain a preventive visit to qualify for the \$20 Walmart incentive. There was a low success rate (13%) completing their visits and receiving an incentive. Another 6% completed their visit but did not call the Plan for the incentive.</p> <p>Based on the evaluation of the data results, both interventions were abandoned. Providing information via webpages and offering incentives did not assist with improving preventive health visits or increase or impact the SMART Aim goal. The SMART Aim rate increased in the three summer months and subsequently decreased. Peach State believes that the increase was due to seasonality, not the PIP interventions. Overall, the Plan did not sustain the SMART Aim goal for six or more consecutive data points, showing there was no evidence of real or meaningful improvement and the PIP was not successful.</p> <p>The initiative was abandoned</p> <p>Lessons Learned:</p> <ul style="list-style-type: none"> ✚ Consider the effects of seasonality when implementing interventions; ✚ Developing a better methodology to improve tracking throughout the intervention process and include more frequent measurements <p>Proposed activities for 2016:</p>

IMPROVING COMPLIANCE WITH BRIGHT FUTURES GUIDELINES

New SMART Aim: By December 31, 2016 Peach State aims to 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%.

Intervention: Offering a healthy rewards incentive to members for the completion of a sealant. More enrollees will be inclined to schedule and fulfill a preventive dental visit during which a sealant may be placed



IMPROVING ORAL HEALTH
SMART Aim Goal
<p>By December 31, 2015 increase the percentage of adolescents between 15-18 years old in Muscogee County who are eligible* for and receive a preventive dental visit from 61.64% to 64.64%</p> <p>* Eligible means no preventive visits in the last 9 months</p>
Summary of Overall Key Findings and Interpretation of Results
<p>Peach State focused on increasing preventive dental rates for all 15-18-year-old adolescent members in Muscogee County who were due/past due for a visit.</p> <p>Teen Smart Webpage: Peach State developed a teen webpage “Teen Smart” that included health/dental information and educational links to share with the teen population and their parents/guardians. The webpage allowed Peach State the chance to use the internet as a means to deliver education on the importance of preventive dental visits. The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Coordinators mailed out postcards to all 15-18-year-old adolescent members in Muscogee County asking them to visit the webpage to learn about the importance of preventive dental visits. There were 52 hits to the webpage but it cannot be determined who or how many times the webpage was visited. Of the 764 members there were 5 who completed the survey after visiting the Teen Smart webpage. There was a \$5 Subway gift card mailed to all members who completed the survey.</p> <p>Teen Smart Program: The EPSDT Coordinators and Peach State’s Marketing Department created a program for teens called the “Teen Smart Program.” The Program was designed to see if offering an incentive to members would encourage them to schedule and complete a preventive dental visit. To earn the incentive, members were required to enroll in the program, schedule and complete a preventive dental visit by November 15, 2015 and to contact Peach State by November 30, 2015. Peach State outreached to 764 members by postcards and live calls. There were a total of 95 members who enrolled into the program; 7 completed the visit and called Peach State to receive their incentive. There were 8 members who completed the visit but did not call Peach State to receive their incentive.</p> <p>Peach State decided to abandon both interventions based on the evaluation of these results and the fact that the improvements in the rates could not be attributed to the interventions.</p> <p>Both interventions were designed to educate members on the importance of preventive healthcare and engage members to schedule and complete a preventive dental visit. The SMART Aim goal of 64% was surpassed in September 2015 to (67.62%) and the rate increased month over month. The SMART Aim experienced meaningful improvement as the data shows four consecutive data points above goal. However, the improvements cannot be attributed directly to the interventions because the preventive dental visit is an annualized metric, i.e. the rates normally go up through the year as visits accumulate.</p> <p>Lessons Learned:</p> <ul style="list-style-type: none"> ☺ Members are more likely to respond to live calls from the Plan rather than mailers; ☺ Avoid designing rapid cycle interventions based on annualized data; ☺ Using a smaller sample size is more conducive to rapid cycle interventions. <p>Proposed activities for 2016:</p> <p><i>Background:</i> Black or African American adolescent (12-21) males in the Southwest Region have low rates of compliance (per HEDIS AWC measure).</p>

IMPROVING ORAL HEALTH

Adolescent Black or African American males have historically had lower compliance rates than their counterparts when comparing race and gender. The Southwest Region was chosen because it is the second most populous region.

Interventions: Rewarding Healthy Behaviors program by incentivizing members that complete their preventive health visit on time. Incentives will be broadcasted using social media marketing strategies and may include sports/game tickets, gift cards, tailgate parties, and raffle of electronics

Measures: Percent of adolescent males in the Southwest Region who complete their annual preventive visit. Baseline 42.05% for 2015 (admin).

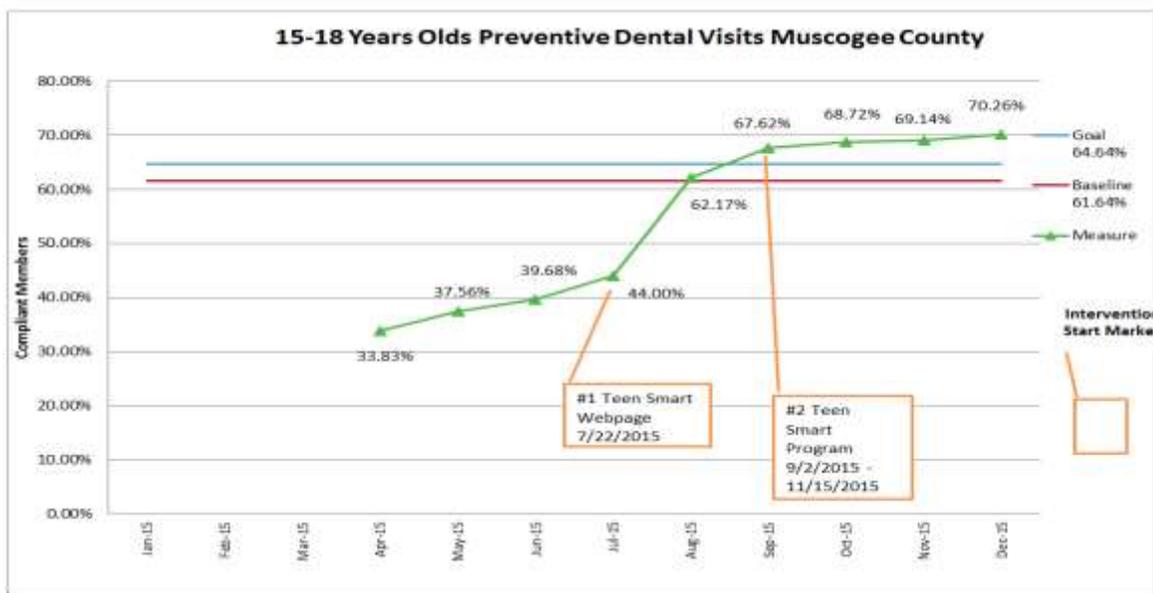
- ☞ HEDIS rates 2016
- ☞ Percent of members enrolled
- ☞ Percent of members who completed the visit
- ☞ Percent of member who received a reward
- ☞ Percent of members who did not complete the visit

Background: Female children (3-6) in the Southeast Region have slightly lower compliance rates than males in this age group. This was true even after controlling for race so the Children’s Health Improvement Workgroup chose to target all races.

Intervention: Providing incentives to members that receive their preventive health visit on time. Incentives will be broadcasted using social media marketing strategies and may include events such as "Princess Parties".

Measures: Percent of females in the Southwest Region who complete their annual preventive visit. Baseline 57.8% - 2015 (admin).

- ☞ HEDIS rates 2016 (RY 2017)
- ☞ Percent of members who completed the visit
- ☞ Percent of members who received a reward
- ☞ Percent of members who did not complete the visit



IMPROVING DIABETIC CARE
SMART Aim Goal
By December 31, 2015, Peach State aims to increase the percent of completed annual dilated eye exams from 42% to 56% for adult non-compliant diabetic members, age 18 to 75 residing in DeKalb and Fulton counties who are continuously enrolled for 12 months.
Summary of Overall Key Findings and Interpretation of Results
<p>Peach State Health Plan implemented three interventions to increase the number of Diabetic Retinal Exams (DRE) for targeted members aged 18-75 years, in DeKalb and Fulton counties who were continuously enrolled.</p> <p>Live Telephonic Outreach: The Plan performed intensive live telephonic outreach (at least 5 calls) to educate, motivate and encourage members to complete their diabetic retinal eye exam. The number of members for whom live telephonic outreach was attempted was 215 and of those, 56 members successfully received live telephonic outreach. The number of appointments the CSR staff scheduled as a result of the live telephonic outreach assistance was nine (9). There were a total of nine (9) members (18%) for whom completed DRE visits could be directly attributed to the Plan's assistance with scheduling the visits.</p> <p>Mailer: Members who were non-responsive to the telephonic outreach were mailed a pre-approved informational mailer to educate and motivate them to schedule their eye exams. Of the 107 members who were sent mailers, three (2.8%) were noted to have received a DRE after Peach State sent the mailers because successful telephonic contact with these members had not been established, and no other intervention was attempted.</p> <p>Field Visits: Peach State's Member Connection Representatives (MCR) performed in-person field service visits, focused on members that were non-responsive to the telephonic and mailer outreach and who had multiple gaps or higher utilization and may have benefitted from a face-to-face home visit. There were 29 field service visits conducted to provide education and motivation to the member; 23 visits that yielded either wrong address or received a door hanger and 6 yielded face-to-face visits. By December 31, 2015, 2 members (33%) received an in-home visit from a MCR and completed their DRE.</p> <p>The team decided to adapt the three interventions based on the positive outcomes achieved when combining the results and inability to clearly identify a single determining factor leading the member to complete their DRE. The final SMART Aim rate of 61% exceeded the SMART Aim goal of 56%, demonstrating meaningful improvement. The difference in rate from baseline (42%) to SMART Aim was 19 percentage points. There were 5 data points above goal; however sustained improvement was not achieved, as there were not at least six consecutive data points above the SMART Aim goal.</p> <p>The initiative will be continued into 2016</p> <p>Lessons Learned:</p> <ul style="list-style-type: none"> ☞ Discuss and determine measures of effectiveness prior to implementing intervention; ☞ Space out rapid cycle interventions enough to determine which intervention was successful;

IMPROVING DIABETIC CARE

- Consider cost and staffing resources when developing interventions to ensure the ability to retest and spread successful pilots.

Proposed activities for 2016:

- End of 2nd quarter members requiring an eye exam will be identified. Mailers will be sent to the identified members in four Atlanta counties: Cobb, Gwinnett, Fulton and DeKalb. Intensive telephonic outreach to members will be conducted in Cobb and Gwinnett counties. Mailers will introduce the calls and the phone call will allow Peach State to actively engage the member. Techniques such as motivational interviewing, education and responding to members’ questions will be utilized during calls.

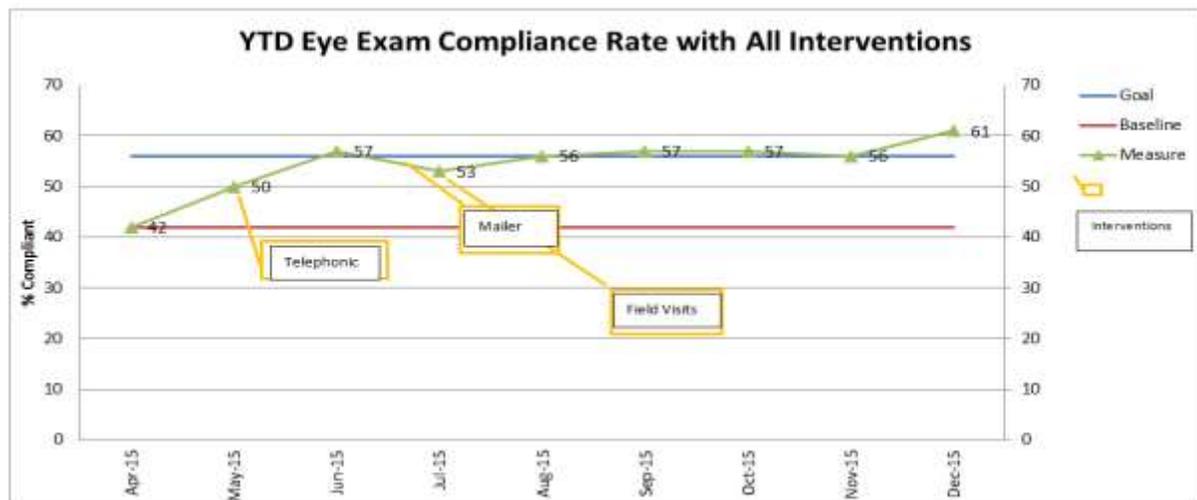
Background: Members in the Southwest Region showed the poorest glucose control. Improving A1c is important to appropriately manage outcomes for Diabetic members.

Interventions: Two provider offices were selected due to their location in the Southwest Region and volume of diabetic members. Working directly with two provider offices at Phoebe and Albany Primary Care, Peach State will pilot a Diabetic Program which will:

- Provide members with a diabetic action plan to encourage them to take ownership of their diabetes.
- Encourage members to visit their primary care physician
- Provide members with an educational session with a certified diabetes educator to help them manage their diabetes

Measures: Number of members who enroll in the program

- A1c at enrollment, A1c in December 2016 for each member – Analysis of change
- Percent of member who completed their Action Plan
- Percent of members who completed a PCP follow up visit
- Percent of member who attended educational sessions

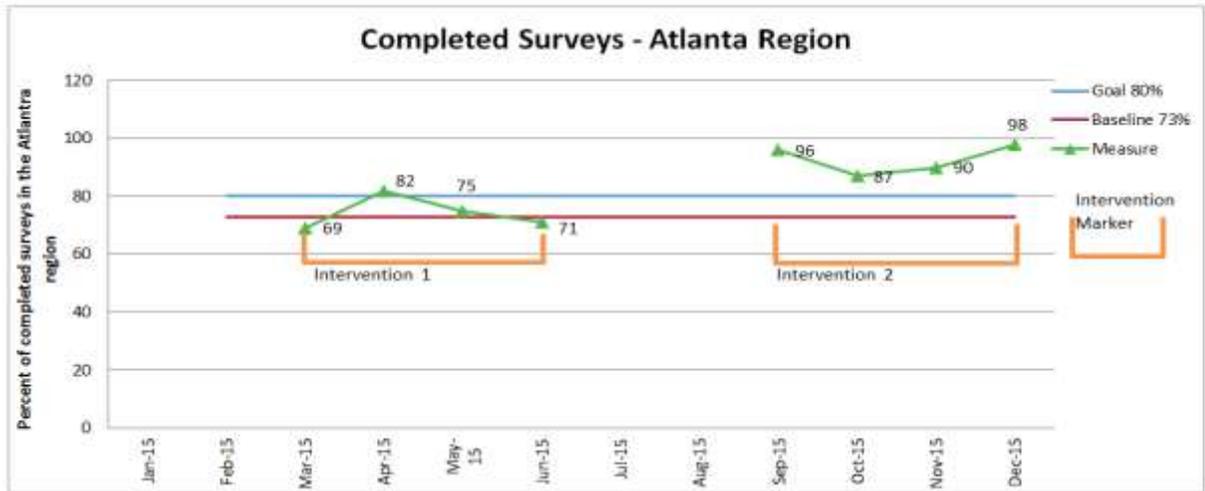


IMPROVING MEMBER SATISFACTION
SMART Aim Goal
December 31, 2015 Peach State aims to increase the rate of members in the Atlanta Region who complete the Peach State Four Question survey from 73% to 80%.
Summary of Overall Key Findings and Interpretation of Results
<p>To increase member satisfaction, the Plan needs to use feedback from the members. An annual CAHPS Survey only allows the Plan to get feedback once a year and may not be in time with current actions. Therefore, the ratings are based on older processes in place when the survey was fielded. Once the Plan is able to obtain more timely feedback, Peach State will be able to identify opportunities for improvement and address the concerns of the members.</p> <p>Incentives: In order to increase the number of completed surveys, the Plan developed an intervention to incentivize Customer Service Representatives (CSRs) for survey referrals. In March, 68 surveys were completed and 2 incentives were awarded; in April, 73 surveys were completed and 3 incentives awarded; in May, 21 surveys were completed and 2 incentives awarded; and in June, there were 170 surveys completed and 5 incentives awarded to CSRs. The Plan recognized that the CSR incentive did not increase the member's availability to complete the survey, resulting in low survey completion rates. Results reflected that members while willing to participate did not have time to complete the survey.</p> <p>Outbound Calls: Plan conducted outbound calls began in September with two Member Advocates initiating outbound call surveys between 3 PM and 7 PM to members in the Atlanta Region. The Member Advocates called 493 people and 464 surveys were completed. The SMART Aim rates ranged from 87% to 98% for the months of September through December. While the rates fluctuated month over month, the Plan exceeded the goal of 80%. Although there was a decrease in the percent of completed surveys during the outbound call campaign from Sept (96%) to October (87%), the percentage of completed surveys increased in November and December (90%, 98% respectively).</p> <p>Based on these results, the outbound call campaign had the greatest impact on the SMART Aim. Conducting outbound calls during a preferred time for the member proved to be more effective than soliciting feedback during inbound call interactions. The run chart identifies that the March rate was below the baseline at 69%, increased to 82% for April, but fell below goal in May at 75% and continued to decline to 71% in June. The Plan did not achieve a SMART Aim rate in July or August. The rates ranged from 87% to 98% for the months of September through December. While outcomes fluctuated month over month, Peach State exceeded the goal of 80%. For the life of the PIP, there are 5 data points above goal, 4 of which were consecutive. The PIP did not achieve meaningful or sustained improvement, which required 6 or more consecutive data points above goal.</p> <p>The initiative was abandoned</p> <p>Lessons Learned:</p> <ul style="list-style-type: none"> ☞ Ensure adequate resources are available when developing interventions; ☞ Solicit feedback from the targeted audience when developing incentives; ☞ Investigate a potential automated solution to soliciting feedback from members. <p>Proposed activities for 2016:</p> <p>New SMART Aim</p> <p>By 12/31/2016, increase the average level of satisfaction from 2.2 to 2.5 for caregivers of members who were seen at Dr. Charlene Johnson's office in the Atlanta region as it related to the CAHPS question:</p>

IMPROVING MEMBER SATISFACTION

“When you talked about your child’s health, did a doctor or other health provider ask you what you thought”.

Develop a check list of questions that caregivers can use to ask Dr. Johnson during their visit to help with shared decision making



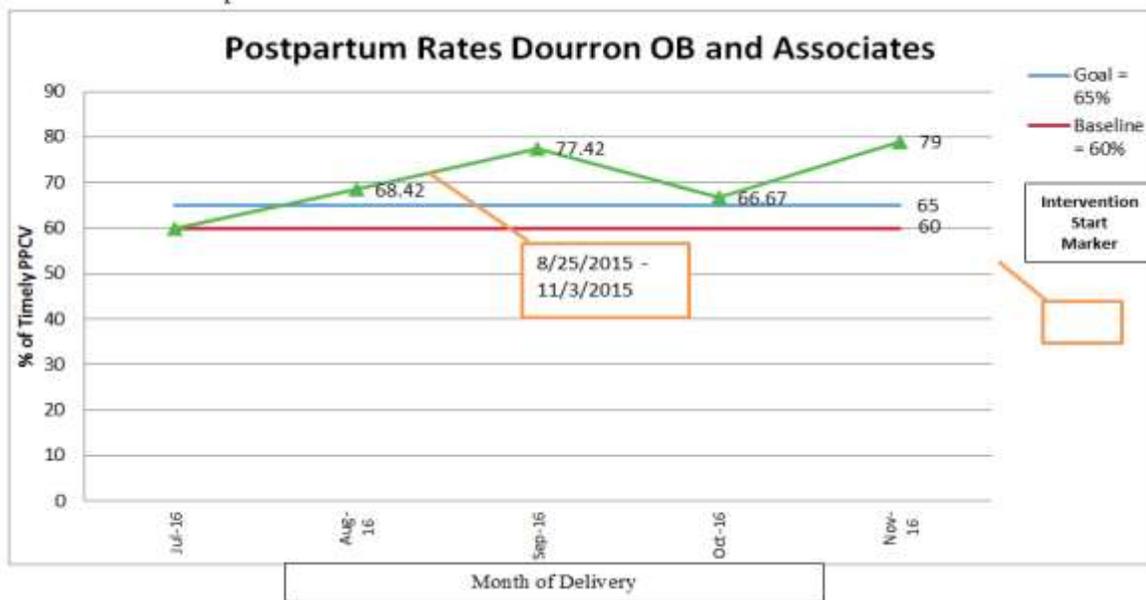
IMPROVING POSTPARTUM VISIT CARE
SMART Aim Goal
By 12/31/15, increase the Postpartum Care (PPC) visit rate occurring between 21-56 days following a birth event for women under the care of Dourron OB/GYN Associates delivering at DeKalb Medical Center from 60.0% to 65.0%.
Summary of Overall Key Findings and Interpretation of Results
<p>Peach State worked with Dourron OB/GYN Associates to increase the number of timely postpartum visits members attend.</p> <p>Two interventions were planned for this PIP cycle. The initial intervention could not be implemented due to difficulty in obtaining the necessary data elements from the practice. This resulted in missing or incomplete critical patient information required to execute the intervention. This initial intervention could not be adopted, adapted or abandoned. The second intervention, which was successfully executed, consisted of POM (auto-dialer) calls to members who had a birth event to educate them on the importance of scheduling and attending their PPC visit within 21-56 days of delivery. The POM calls were completed on a weekly basis after the birth event. This intervention was initiated on August 25, 2015 and was completed on November 3, 2015. It cannot be concluded that this intervention was effective due to the Plan's inability to confirm that the intervention of the POM calls increased the PPC visit.</p> <p>The baseline PPC visit rate for Dourron OB/GYN Associates was 60% from January 1, 2015-August 14, 2015. The SMART Aim goal was to increase the PPC visit rate occurring between 21-56 days following a birth event for women under the care of Dourron OB/GYN Associates delivering at DeKalb Medical center from 60% to 65%. The intervention was active from August 25, 2015 until November 3, 2015. The SMART Aim goal of 65% was met in September at 77.42%, October at 66.67% and November at 79%. The rate remained above the SMART Aim goal during the intervention period. However, the team cannot conclude that the intervention contributed to the improvement of the PPC visit rates. The SMART Aim did not demonstrate meaningful or sustained improvement, as there were not six or more consecutive data points trending toward the goal for this study.</p> <p>This initiative will be modified</p> <p>Lessons Learned:</p> <ul style="list-style-type: none"> ☛ Identifying if the PPC visit kept is related to the intervention is imperative to a successful PIP; ☛ Communication of all requirements and dedication to the initiative should be emphasized with all external partners prior to implementation of the intervention. <p>Proposed activities for 2016:</p> <p><i>Background:</i> Adult Black or African American women (18 and over) in the Atlanta area are the largest population of delivering women and their compliance rate for postpartum care visits is 29.02%. The most recent national average for delivery by Cesarean section was 32.7% in 2014. As of September 30, 2015 the Cesarean section rate for 28 hospitals in Georgia was 27.9% and Peach State's Plan rate was 27.6%. Most C-section patients have their first post-op visit within 2 weeks of the delivery. Medical record review demonstrated that C-section patients don't receive all the recommended elements of the first postpartum visit in their post-op visit (i.e., family planning, birth spacing and mental health assessment) and many do not return for the standard postpartum visit. Therefore, a significant number of members who deliver via C-section are missing the benefit of a postpartum care visit.</p>

IMPROVING POSTPARTUM VISIT CARE

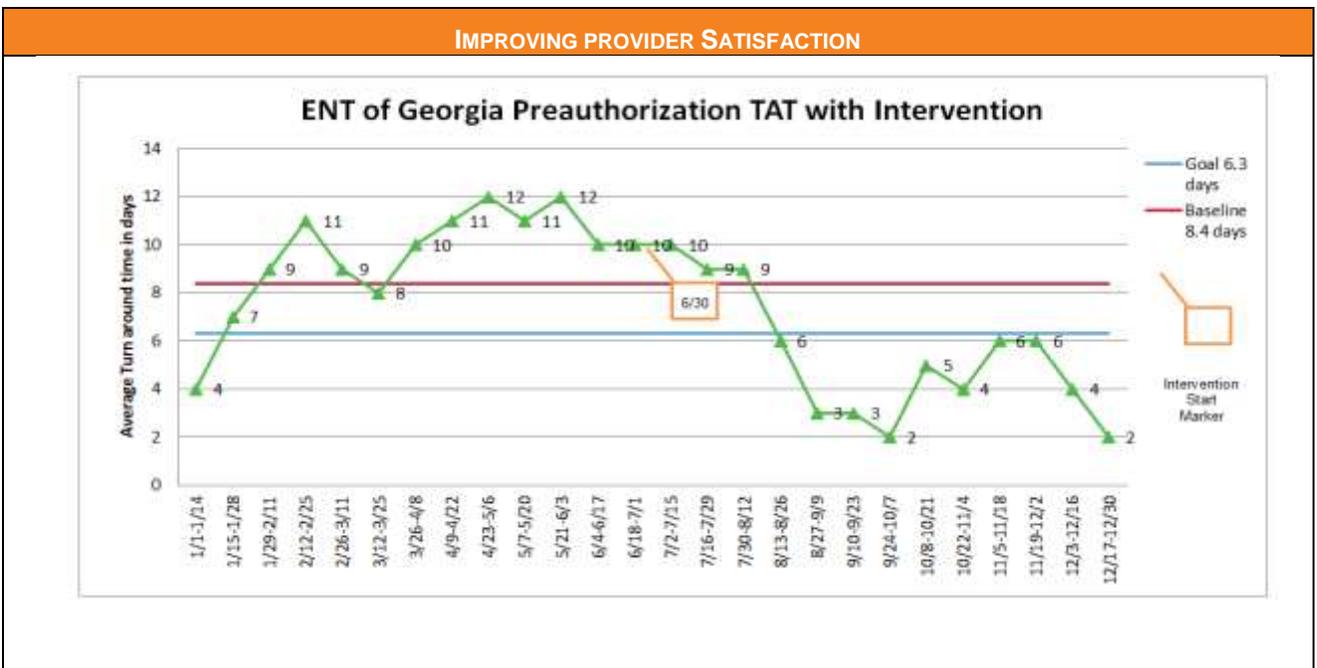
Intervention: To increase the postpartum care visit rate of women delivering by C-section, Peach State is partnering with Dourron OB/GYN Associates. Peach State will outreach to women who deliver via C-section and offer to educate them on the importance of the postpartum care visit and schedule their visit using Peach State’s MyHealthDirect (MHD) scheduling system.

Measures:

- ☞ Dourron OB/GYN Associates proportion of deliveries that are C-section
- ☞ Percent of members that had a C-section delivery and who had a postpartum care visit between 21-56 days post-delivery
- ☞ Percent of members who had their postpartum care visit scheduled through MHD
- ☞ Percent of members who scheduled their postpartum visit through MHD and received a qualifying postpartum care visit



IMPROVING PROVIDER SATISFACTION
SMART Aim Goal
Peach State aims to reduce the prior-authorization turn-around time for ENT of Georgia from 8.4 days to 6.3 days by 12/31/2015 to improve provider satisfaction.
Summary of Overall Key Findings and Interpretation of Results
<p>To improve provider satisfaction, Peach State worked to improve prior authorization turnaround times (TAT).</p> <p>The Peach State staff performed an educational intervention on 6/30/2015. The first three data points following the education show a stabilization of the data just above the baseline, which may have represented the learning curve that came as a result of the intervention. The first data point after this stabilization shows a sharp decline on the run chart that continues with a downward trend with ten data points falling below the goal, which is the desirable outcome (as this is an inverse measure).</p> <p>The SMART Aim was reached and sustained. It was not possible to determine that the intervention caused this effect; a correlation analysis was performed and showed that there was no correlation between the number of errors and the amount of TAT in each PA request. The team became aware of other factors that occurred after the intervention was implemented such as the internal PA process was updated and additional staff was hired, each having the potential to have a positive effect on TAT. Peach State surveyed the office staff at the end of the study to determine provider satisfaction with the training results. The possible responses ranged from very satisfied, satisfied, unsatisfied and very unsatisfied. The five staff's response was a unanimous "very satisfied." They found the intervention effective, as they did not have any issues with timely authorization determinations after the training.</p> <p>The data has shown that the SMART Aim rate was achieved and sustained and the provider group was satisfied. Attaining the SMART Aim was likely attributed to a combination of several factors – provider education, increase in staff, and an improved internal process. Therefore, the Plan cannot attribute the education intervention to achieving the SMART Aim goal. It would be reasonable to test the educational intervention again with two provider groups to evaluate the effectiveness of the education intervention. If the intervention continues to show success, there could then be a plan of adopting this intervention.</p> <p>This initiative will be modified.</p> <p>Lessons Learned:</p> <ul style="list-style-type: none"> ✦ Ensure that the Plan evaluates the intervention impact on the SMART Aim; ✦ Make sure that any confounding factors such as hiring of staff and process improvements will not affect the planned intervention; ✦ Utilize a customized survey to query provider group before and after intervention to assess level of satisfaction, assess root causes. <p>Proposed activities for 2016:</p> <p>New SMART Aim:</p> <p>By December 31, 2016, 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.</p> <p>Educate Spine and Orthopedic Clinic on the documentation that needs to be submitted with prior authorization requests to make a medical necessity determination</p>



Effective Performance Improvement Project Strategies

As a result of the 2015 PIP rapid-cycle small tests of change, Peach State Health Plan was able to identify promising interventions to retest/adopt to improve outcomes for members.

Outbound Live Calls:

- ☞ The Diabetes, Member Satisfaction, Dental and Bright Futures Guidelines PIPs used live outbound calls to engage members as part of the activities for 2015. The PIP teams found that members were more likely to take action and respond when Peach State outreached to the member versus the member contacting Peach State after receiving a postcard or auto-dialer call. Peach State will continue to strategically use the Peach State staff such as the Together we Help Increase Needed Care (THINC) outbound call team to contact members.

Layered Interventions:

- ☞ Through the Diabetes PIP, the Plan learned that employing multiple interventions might assist with positive outcomes. A mail based intervention, though passive, should be employed first. This outreach is simple and cost effective. Additionally, this outreach may prepare members for upcoming telephone or field service outreach. Although mailers were the least successful outreach they should be used as a supplemental effort to reach all members in advance of the deployment of other interventions.

Overall Lessons Learned:

An all PIP Team member meeting was held on December 2015 to review key lessons learned from the 2015 rapid cycle PIP process and to use the opportunity to share challenges and successes. The primary lesson identified was the need for the PIP team members to consistently monitor and track effectiveness of interventions, not just the SMART Aim measure. Other lessons learned included:

- 🍷 A need to better define roles, identify internal participants and external stakeholders – The Core PIP Team
- 🍷 Keep it simple (small) and measurable
- 🍷 Deploy one intervention at a time, not a program
- 🍷 Ensure targeted providers understand the commitment to the test of change
- 🍷 Passive interventions (POM Calls) may provide general information to members but their effectiveness is difficult to track

Monthly combined PIP team meetings were implemented in 2016 to ensure barriers and promising practices are communicated to improve the Peach State culture of Continuous Quality 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 2015 to improve outcomes for its Children's and Women's health, Adult Screening and Chronic Conditions.

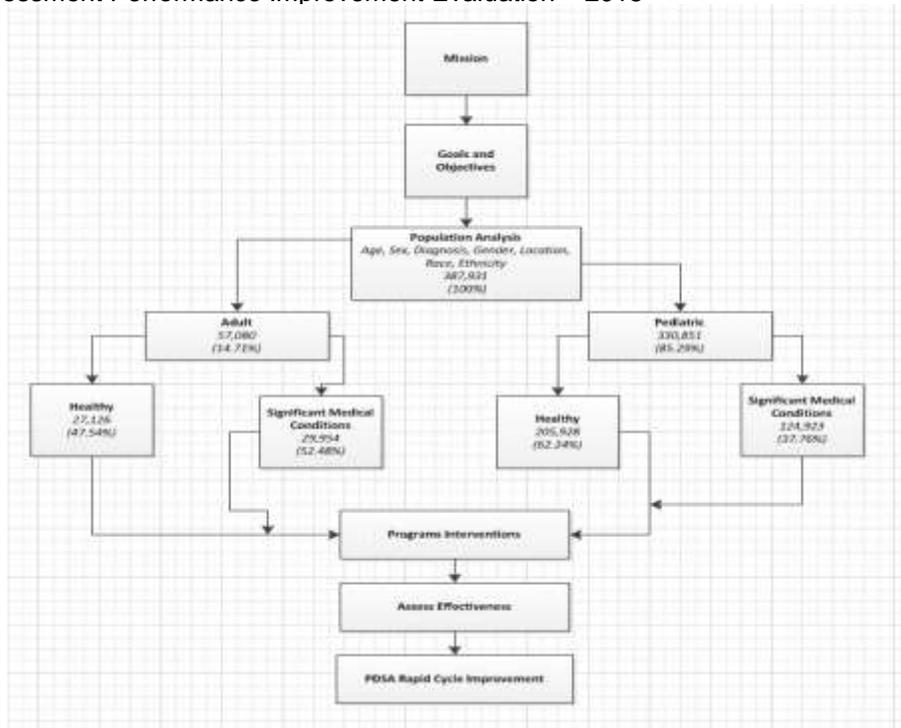
Real-Time Quality

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, in order 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 in an effort 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 2015, Peach State examined its populations to determine if their health was improving overall based on performance measure scores. Peach State also reviewed its 2015 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.

Planning for the Future

Using 2015 demographic and outcomes data, Peach State identified high priority areas to be addressed through PDSA rapid cycle improvement in 2016.

2015 Performance Measure Results

Peach State conducted a high level comparison of performance between 2014 and 2015 for the 96 measures that Peach State submits. Five (5) measures showed statistically significant improvement, seven (7) showed a statistically significant decrease (including HbA1c poor control, which showed an increase in the rate, where lower is better), and the remaining ones did not show a statistically significant change. In addition, Peach State compared its performance measures for 2015 to DCH 2015 targets. Peach State met DCH targets for sixteen (16) measures out of a total of fifty-seven (57).

Overarching barriers to achieving DCH goals include the following: (1) poor demographic data which limited the effectiveness of all outreach efforts with an overall 40% of calls not completed due to wrong numbers or never answered (2) a significant increase in membership that reduced the capacity of the existing staff to complete many interventions to the extent required by the population. These factors, in conjunction with specific barriers related to individual measures are being utilized to plan activities to be implemented in 2016 with the purpose of maintaining or improving those measures that reached DCH targets and improving those measures that fell short of the DCH targets.

Detailed results and comparisons are included in the table below. Interventions implemented in 2015, root cause analysis and proposed 2016 interventions can be found in the following pages.

Identifier	Measure	PSHP Results 2014	PSHP Results 2015	Change from 2014 to 2015	DCH Targets 2015	2015 DCH Target Met/Not Met
W15	WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE – 6 or more visits (HYBRID)	65.05%	67.79%	↑	64.30%	Met
W34	WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH AND SIXTH YEARS OF LIFE (HYBRID)	69.91%	68.99%	↓	72.80%	Not Met
AWC	ADOLESCENT WELL-CARE VISITS (HYBRID)	49.07%	47.60%	↓	48.90%	Not Met
CAP	CHILDREN AND ADOLESCENT ACCESS TO PRIMARY CARE PRACTITIONERS			□		
	<i>12 to 19 years</i>	88.63%	88.78%	↑	93.50%	Not Met
AAP	ADULTS ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES – 20 to 44 Years	81.17%	77.87%	↓ Significant	88.52%	Not Met
CIS (3,6,10)	CHILDHOOD IMMUNIZATION STATUS – Combos 3, 6, and 10 (HYBRID)			□		
	<i>Combo 3</i>	79.63%	79.09%	↓	80.30%	Not Met
	<i>Combo 6</i>	43.52%	36.30%	↓ Significant	59.37%	Not Met
	<i>Combo 10</i>	40.28%	34.38%	↓	38.94%	Not Met
LSC	LEAD SCREENING IN CHILDREN (HYBRID)	79.40%	80.05%	↑	75.34%	Met
WCC	WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION & PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS (HYBRID)			□		
	<i>Total BMI</i>	69.21%	67.79%	↓	55.09%	Met
	<i>Total Nutrition</i>	64.81%	66.59%	↑	60.58%	Met
	<i>Total Physical Activity</i>	60.19%	57.21%	↓	51.38%	Met
ADV	ANNUAL DENTAL VISIT			□		
	<i>2 to 3 years</i>	45.07%	44.05%	↓ Significant	54.20%	Not Met
	<i>19-21</i>	33.62%	37.57%	↑	34.04%	Met

Identifier	Measure	PSHP Results 2014	PSHP Results 2015	Change from 2014 to 2015	DCH Targets 2015	2015 DCH Target Met/Not Met
				Significant		
CCS	CERVICAL CANCER SCREENING (HYBRID)	68.53%	68.56%	↑	76.64%	Not Met
BCS	BREAST CANCER SCREENING	71.02%	66.90%	↓	71.35%	Not Met
PPC	PRENATAL AND POSTPARTUM CARE (HYBRID)			□		
	<i>Timeliness of Prenatal Care</i>	82.13%	77.49%	↓	89.62%	Not Met
	<i>Postpartum Care</i>	70.30%	59.72%	↓ Significant	69.47%	Not Met
FPC	FREQUENCY OF ONGOING PRENATAL CARE – 81% or More Expected Visits (HYBRID)	57.77%	59.00%	↑	60.10%	Not Met
CHL	CHLAMYDIA SCREENING IN WOMEN	56.71%	59.83%	↑ Significant	54.93%	Met
IMA	IMMUNIZATIONS FOR ADOLESCENTS – Combo 1 (HYBRID)	76.39%	88.90%	↑ Significant	71.43%	Met
CWP	APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS	80.31%	82.14%	↑ Significant	83.66%	Not Met
CDC	COMPREHENSIVE DIABETES CARE – All Components (HYBRID)			□		
	<i>HbA1c test</i>	83.63%	81.80%	↓	87.59%	Not Met
	<i>HbA1c Poor >9 (lower rate is better)</i>	53.17%	59.72%	↑ Significant	44.69%	Not Met
	<i>HbA1c Control <8</i>	37.32%	32.51%	↓	46.43%	Not Met
	<i>HbA1c control <7</i>	27.73%	23.52%	↓	36.27%	Not Met
	<i>Eye exam</i>	58.63%	59.36%	↑	54.14%	Met
	<i>Attention to nephropathy</i>	77.82%	91.87%	↑ Significant	80.05%	Met
	<i>BP Control <140/90</i>	53.17%	52.83%	↓	61.31%	Not Met
ADD	FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION			□		
	<i>Initiation</i>	43.58%	43.84%	↑	53.03%	Not Met
	<i>Continuation</i>	58.19%	58.82%	↑	63.10%	Not Met
FUH	FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS			□		
	<i>7 DAY</i>	56.78%	55.77%	↓	63.21%	Not Met
	<i>30 DAY</i>	72.79%	72.53%	↓	80.34%	Not Met

Identifier	Measure	PSHP Results 2014	PSHP Results 2015	Change from 2014 to 2015	DCH Targets 2015	2015 DCH Target Met/Not Met
AMBA	AMBULATORY CARE per 1000 member Months			□		
	<i>ER VISITS</i> (lower is better)	54.1	52.44	↓	<52.31	Not Met
	<i>OP VISITS</i>	309.79	303.03	↓	-	-
IQI-21	CESAREAN DELIVERY RATE (lower is better)	29.84%	29.32%	↓	28.70%	Not Met
416- DPr	PERCENTAGE OF ELIGIBLES WHO RECEIVED PREVENTIVE DENTAL SERVICES – Use 416 specifications; run combined PCK and Medicaid	52.17%	51.46%	↓	58.00%	Not Met
416- DTx	PERCENTAGE OF ELIGIBLES WHO RECEIVED DENTAL TREATMENT SERVICES – Use 416 specifications; run combined PCK and Medicaid	24.53%	Measure Retired	□		
CAHMI	DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE (HYBRID)	46.28%	50.60%	↑	46.36%	Met
C-S Rate	CESAREAN SECTION FOR NULLIPAROUS SINGLETON VERTEX (HYBRID)	NM-NPR	11.43%	-	18.08%	Not Met
PQI-9	LIVE BIRTHS WEIGHING LESS THAN 2,500 GRAMS (lower rate is better)	9.04%	8.87%	↓	8.02%	Not Met
AMM	ANTIDEPRESSANT MEDICATION MANAGEMENT			□		
	<i>Effective Acute Phase Treatment</i>	39.57%	38.66%	↓	54.31%	Not Met
	<i>Effective Continuation Phase Treatment</i>	24.86%	23.89%	↓	38.23%	Not Met
PQI-01	DIABETES SHORT-TERM COMPLICATIONS ADMISSION RATE (per 100,000 member months)	18.15	15.46	↓	<62.74	Met
PQI-05	CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) or ASTHMA IN OLDER ADULTS ADMISSION RATE	28.7	23.78	↓	<559.03	Met
PQI-08	HEART FAILURE ADMISSION RATE	5.45	4.54	↓	<380.70	Met
PQI-15	ASTHMA IN YOUNGER ADULTS ADMISSION RATE	4.55	3.19	↓	<63.43	Met
ABA	ADULT BMI ASSESSMENT (HYBRID)	80.56%	82.38%	↑	85.23%	Not Met
ABX	ANTIBIOTIC UTILIZATION-% OF ANTIBIOTICS OF CONCERN OF ALL ANTIBIOTIC SCRIPTS – Total	38.49%	38.78%	↑	-	-
CBP	CONTROLLING HIGH BLOOD PRESSURE (Age 18-85) BP < 140/90 (HYBRID)	36.64%	43.14%	↑	56.46%	Not Met
FSA	FLU SHOTS FOR ADULTS AGES 18-64 – Captured in CAHPS Survey	26.70%		□	34.65%	
IET	INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT - Total			□		
	<i>Initiation of Treatment</i>	39.65%	35.24%	↓	43.48%	Not Met

Identifier	Measure	PSHP Results 2014	PSHP Results 2015	Change from 2014 to 2015	DCH Targets 2015	2015 DCH Target Met/Not Met
				Significant		
	<i>Engagement of Treatment</i>	8.24%	6.82%	↓	14.97%	Not Met
MPM	ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS			□		
	<i>ACE Inhibitors or ARBs</i>	87.24%	87.45%	↑	88.00%	Not Met
	<i>Anticonvulsants</i>	Measure Retired	Measure Retired	Measure Retired		
	<i>Diuretics</i>	86.63%	87.41%	↑	87.90%	Not Met
	<i>Total</i>	86.74%	87.41%	↑	88.25%	Not Met
MSC	MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION – Captured in CAHPS Survey			□		
	<i>Advising Smokers and Tobacco Users to Quit</i>	70.50%		□	76.80%	
	<i>Discussing Cessation Medications</i>	31.90%		□	45.87%	
	<i>Strategies</i>	31.30%		□	41.57%	
URI	APPROPRIATE TREATMENT FOR CHILDREN WITH URI	83.50%	84.00%	↑	86.11%	Not Met
TJC PC-01	ELECTIVE DELIVERY (HYBRID)	0%	2%	↑	2.00%	Met
SAA	ADHERENCE TO ANTIPSYCHOTICS FOR INDIVIDUALS WITH SCHIZOPHRENIA	33.33%	19.63%	↓ Significant	61.37%	Not Met
23.62	HUMAN PAPILLOMAVIRUS VACCINE FOR FEMALE ADOLESCENTS (HYBRID)	24.54%	21.93%	↓	23.62%	Not Met
MMA	MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA – 5 to 64 Years			□		
	<i>Medication Compliance 75% for 5-11 yrs. old</i>	18.82%	20.95%	↑	32.32%	Not Met
	<i>Medication Compliance 75% Total</i>	18.03%	19.41%	↑	-	-
AMA-PCPI	MATERNITY CARE-BEHAVIORAL HEALTH RISK ASSESSMENT (HYBRID)	0%	5.46%	↑	-	-
SEA	Dental Sealants for 6-9-year-old Children at Elevated Risk	-	20.56% New	□	-	-

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 Adults' Access to Preventive/Ambulatory Health Services (AAP) and Adult BMI Assessment (ABA) performance measures.

Results:

- 📊 AAP: 20-44 years old – 2015 (77.87%) vs. 2014 (81.17%). Statistical significant decrease
- 📊 ABA: 2015 (82.38%) vs. 2014 (80.56%). No statistical difference

2015 Interventions and activities:

In 2015, Peach State continued to educate adult members about the need to have preventive visits in the member handbook, at health fairs/ events and during live inbound and outbound telephonic interactions. Peach State did not perform specific interventions to improve adult preventive/ambulatory health services (including BMI assessment) in 2015. This was done as part of the strategic decision to prioritize and focus on improving outcomes of adults with chronic conditions.

Effectiveness of 2015 Interventions and next steps:

In December 2015, Peach State noted, through monthly analysis of AAP rates, that males had lower compliance rates than females and that the males in the Central region had the lowest compliance rate. Outbound calls were made to males in the Central region to identify barriers to receiving preventive care. The ten male members who agreed to speak to Peach State identified the top three reasons for not visiting a PCP in 2015 as not having time to see a doctor, not being sick, and not knowing preventive health visits were a covered service. Due to the low number of members who agreed to speak to Peach State, it was determined that additional information will be gathered during New Member Orientations. Peach State will use this venue to educate new members about Peach State benefits.

In 2016 Peach State will dedicate a Member and Community Advisory Board meeting to a discussion about the barriers to adult members receiving preventive health. Peach State is also working on the implementation of a Healthy Rewards Program that will reward members for obtaining certain preventive health services. Rapid-cycle interventions will be developed with the purpose of finding and testing effective ways to improve adult utilization of preventive health services.

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), Chlamydia Screening (CHL) and HPV Vaccine for Females.

Results:

- ☞ BCS: 2015 (66.90%) vs. 2014 (71.02%) - No statistical difference
- ☞ CCS: 2015 (68.56%) vs. 2014 (68.53%) – No statistical difference
- ☞ CHL: 2015 (59.83%) vs. 2014 (56.71%) - Statistical significant improvement
- ☞ HPV: 2015 (21.93%) vs. 2014 (24.54%) - No statistical difference

2015 Interventions and Activities

- ☞ Peach State surveyed women in the Southwest Region to assess barriers to chlamydia screening. This group was identified through the DRAGG analysis as being the one with the lowest rates.
 - Survey results: Seventeen percent were ages 16-20, 75% were 21-35; 53% were pregnant; 75% had received a Pap smear but only 22% replied that their OB/GYN had recommended a Chlamydia screening. Many reported they did not want the screening and did not know why it was needed or important.
 - 2016 Activities: Peach State Health Plan will use the feedback from this survey and other surveys planned in 2016 to better determine root causes to non-compliance and then plan and conduct rapid cycle interventions.
- ☞ Peach State staff reviewed the charts of over 50 members included in the hybrid sample for the HEDIS HPV measure who were non-compliant. The reasons for non-compliance were related to members starting the series but never completing them; completing the series after their 13th birthday; and never starting the immunization.
 - Lessons learned: The Women’s Health Improvement Workgroup will utilize this information to identify proper actions for improvement.
- ☞ Peach State conducted a survey of women for whom mammography was recommended and who had not had a mammogram in the last 2 years. At the same time Peach State proceeded to educate them and made appointments for willing members. There were over 160 members who were called, five of them were successfully contacted and provided barriers to completing a mammogram.
 - Survey results: The members reported that their barriers were forgetting that a mammogram was needed, disliking the referral process, difficulty finding a participating facility and lack of knowledge of the importance of screening mammography. Three members agreed to allow Peach State to assist with scheduling their mammogram and only two members kept their appointment.
 - 2016 Activities: Based on the feedback received and lack of members’ desire to schedule/keep screening mammograms, in 2016, Peach State is adding a healthy reward incentive program for members that get their mammogram.
- ☞ Peach State’s Nurse Liaisons conducted an education campaign with twelve pediatric providers in the Atlanta Region and educated them on use of urine testing for Chlamydia screening.
 - Effectiveness: When comparing the Chlamydia screening rate for the 12 offices between 2014 and 2015, 50% of the offices increased their Chlamydia screening rates.
 - 2016 Activities: The program will continue and will be expanded.

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 2015 rates for C-section deliveries remained constant, 29.84% in 2014 and 29.32% in 2015.

Results:

- ☞ FPC (81%+): 2015 (59.00%) vs. 2014 (57.77%) - No statistical difference.
- ☞ PPC – prenatal: 2015 (77.49%) vs. 2014 (82.13%) - No statistical difference
- ☞ PPC – postpartum: 2015 (59.72%) vs. 2014 (70.30%) - Statistical significant decrease.

Peach State performed a further drill down analysis by race, age, gender and region on the pregnancy performance measures. The analysis showed the following areas of member noncompliance with obstetrical visits that are of concern:

- ☞ The PPC-postpartum performance measure rate review indicated that Black or African-American women have lower rates of care in the Southwest Region.
- ☞ Black or African American women give birth to a disproportionately high number of LBW and VLBW babies as compared to White and Hispanic women. The Southwest Region has the highest rate of LBW and VLBW

The following table below shows the birth outcomes for Peach State members who delivered in 2015:

All Peach State Deliveries Birth Weight Categories	2014	2015	% Change ↑↓	Statistical Significance
Normal Birth Weight	88.4%	88.0%	0.5%↓	Not significant
Low Birth Weight	9.5%	9.1%	0.4%↓	Not significant
Very Low Birth Weight	2.1%	2.9%	3.8%↑	Not significant

2015 Interventions and Activities:

- ☞ In 2015, Peach State implemented its Women Involved and Nurturing (W.I.N.) Program in collaboration with Public Health Departments and FQHCs. The collaboration focused on improving perinatal outcomes and the reduction of infant mortality. 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 2015 sessions were the importance of prenatal and postpartum care, choosing a birth control method before you deliver, and birth spacing.
 - **Effectiveness:** In 2015, there were four classes held in the Southwest, Atlanta and Central Regions. There were 52 members who attended the events along with an unknown number of caregiver supports. For the members who delivered in 2015, the outcomes were: 89% delivered a normal birth weight baby, 11% delivered a LBW baby and no members delivered a VLBW baby. Of the members who attended, 70% kept their postpartum appointments. The significance of these results is that there were no VLBW babies (compared to 2.9% in the state) and the high rate of kept postpartum appointments.
- ☞ In 2015, Peach State expanded its Healthy Start program to increase the number of members who received face-to-face education on the importance of postpartum care and assistance in scheduling and keeping their appointments.

- Effectiveness: In 2015, 4,357 mothers participated in the Healthy Start Program. This represented a 12% increase from the previous year. In 2015, 77% of the members who participated in this program kept their postpartum appointments.
- ☞ Peach State initiated a rapid cycle project with Dougherty County Public Health Department in the Southwest Region. Peach State outreached members, upon receipt of the Public Health Department Assessment, to set up the member's first obstetric appointment. Peach State also followed up with the low risk members, who did not qualify for CM services/ did not screen with any high risk factors during the duration of their pregnancy, to encourage attendance of all prenatal and postpartum appointments.
 - Effectiveness: One hundred and seventy-six (176) members were contacted in the fourth quarter of 2015 and educated on prenatal and postpartum care. Of those, eighty-nine (89) were enrolled in CM
 - Proposed 2016 activity: By the time Peach State contacted the members, most of them had already had their first visit. This intervention needs to be re-assessed and possibly modified to encourage members to receive all prenatal and postpartum visits as opposed to just the initial visit.
- ☞ Peach State partnered 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: In 2015, there were four baby showers throughout the state, one every quarter, targeting Black or African American women, as identified through DRAGG analysis as more likely to deliver a LBW baby. There were a total of 89 members who attended these community baby showers held in various regions. Of the members who attended and have delivered, 93% had a normal birth weight baby, 4 % had LBW babies and 3% had VLBW babies. Among those who were invited, did not attend and have delivered, 86% had a normal birth weight baby, 10% a LBW baby and 4% a VLBW baby.
- ☞ Additionally, in Q4, 2015 Peach State conducted a Flu Prevention baby shower in the Southwest Region partnering with Walgreens Pharmacy to educate and encourage Peach State's pregnant members to receive the Flu shot. Mothers that were at 34 weeks or less gestational period were invited. Invitations were sent via mail and followed-up with phone calls.
 - Effectiveness: Seven hundred and eighty-three members were invited and 66 attended. Among those who attended, 67% received a flu shot, compared to 34% among those invited but who did not attend and 25% among the comparison group in the Central Region, identified as the most similar to the SW.
- ☞ In 2015, Peach State outreached to all pregnant members aged 35 years and older in order to conduct risk stratification and to provide education on prenatal and postpartum care. Peach State implemented Healthy Lifestyle events targeting these members to educate them on the importance of prenatal and postpartum care.
 - Effectiveness: The first targeted Healthy Lifestyle event was conducted on December 5, 2015. Seventeen Peach State members attended.
 - 2016 activities: The Plan has determined to continue this initiative and collect data on its effectiveness in 2016.

Additionally, Peach State Health Plan had the following prenatal care programs in place:

- 🍌 Making Outcomes Memorable (M.O.M). In collaboration with Best Fed Beginnings facilities (a National Institute for Children’s Health Quality initiative), the M.O.M. Program provides support to increase breastfeeding among mothers with babies in the Neonatal Intensive Care Unit (NICU). Peach State has partnered with Public Health Departments (PHD’s) and Federally Qualified Health Centers (FQHC’s) in the Southwest and five facilities with the highest numbers of Peach State member deliveries to offer member’s encouragement and support, to promote breastfeeding, and to encourage postpartum follow up visits. Program interventions included engaging and educating mothers on breastfeeding by supplying an electric breast pump to the mother’s bedside immediately following delivery and assisting with lactation support. A face-to-face home visit was completed within two days of discharge to complete an assessment of the mother’s continuation of breastfeeding, provide lactation support and resources and ensure follow up with appointments.
 - Effectiveness: In 2015, there were 452 newborns that participated in the program, which represented a 20% increase from the previous year. Peach State compared NICU outcomes for M.O.M. program participants to those for non-participants (babies born in non-participating facilities). Program participants demonstrated an average NICU ALOS that was 12% less than the experienced by non-program participants.
- 🍌 Peach State partnered with a high volume OB/GYN provider, Drs. Robert and Rodney Dourron at DeKalb Medical Center; on a rapid cycle PIP to improve postpartum visit rates. Peach State identified and outreached pregnant members to set up and then remind them of their appointments and conducted medical record review to verify postpartum appointments kept.
 - Effectiveness: The baseline rate for these providers was 51.2%. All Eighty-three members who delivered during the intervention phase were contacted by phone (auto-dialer) and 59 of them (71%) kept their postpartum appointments.
- 🍌 Peach State initiated a rapid cycle project with a public health department in Lowndes County in the Southwest Region to contact the member upon receipt of the Notification of Pregnancy form to set up their first appointment and follow the member through the duration of their pregnancy to encourage appointment attendance.
 - Effectiveness: Fifteen members were contacted by phone and all 15 kept their appointments.
 - 2016 activities: This intervention will be expanded in 2016. Peach State will measure the effectiveness of this intervention by birth outcomes of participating members and the percentage of participants who receive at least over 81% of their prenatal visits.

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:

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:

- ☞ HgA1c Testing: 2015 (81.80%) vs. 2014 (83.63%) - No statistical difference
- ☞ Poor Control - > 9: 2015 (59.72%) vs. 2014 (53.17%) - Statistical significant increase (lower % is better)
- ☞ Good Control - <7: 2015 (23.52%) vs. 2014 (27.73%) - No statistical difference
- ☞ Eye Exam: 2015 (59.36%) vs. 2014 (58.63%) - No statistical difference
- ☞ Attention to Nephropathy: 2015 (91.87%) vs. 2014 (77.82%) - Statistical significant improvement
- ☞ BP <140/90: 2015 (52.83%) vs. 2014 (53.17%) – No statistical difference

Peach State Health Plan serves 2,213 members with diabetes, 32.31% children and 67.69% adults. Of the adult members, 66.15% are African America, 15.15% are male and 84.85% are female.

A review of the comparison between 2015 and 2014 rates revealed basically no change in all sub-measures except for HbA1c poor control, which showed a statistically significant increase in the rate, which represents a step in the wrong direction since lower rates are better, and attention to nephropathy, which showed a statistically significant improvement.

The increase in the rate of diabetic members poorly controlled demonstrates barriers to proper care and management of the condition. Rapid-cycle initiatives and a medication management program will be implemented in 2016 with the purpose of improving medication compliance, frequent PCP visits and testing.

The improvement in the rate of attention to nephropathy shows proper monitoring by providers and proper prescribing patterns. Diabetic nephropathy, also known as Kimmelstiel-Wilson syndrome, is a sequela of diabetes caused by levels of blood glucose that are persistently elevated beyond the ability of the kidney to reabsorb the glucose from the renal ultra-filtrate. Unchecked diabetic nephropathy leads to hypertension, arteriosclerosis, proteinuria, and ultimately renal failure.

Finally, only two sub-measures met DCH targets, eye exam and attention to nephropathy.

2015 Interventions:

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

- ✎ Member educational materials were distributed to all members via the Peach State website and the US Postal Service. All member materials were made available through the Peach State website and members were encouraged to access the materials electronically. Anecdotal reports, however, indicate that some members prefer mailed newsletters to other modes of communication.
- ✎ Provider educational materials related to diabetic member care were distributed to all participating primary care providers via the Peach State website, email, fax, and in-person through the Provider Relations staff. The Provider Relations team conducted ongoing visits throughout the year and shared informational and educational materials with office staff and practitioners directly, as appropriate. Materials were also shared during Practice Manager Advisory Group events and provider-based conferences. Approximately 80% of the provider network was reached through this mode of communication.
- ✎ Live and automated outreach call campaigns were conducted to reach all members/households who might be non-compliant for any of the diabetic sub-measures to remind them of the need to access the service.
- ✎ The Diabetes Disease Management Program outreached to Peach State's diabetic members in order to provide education and attempted to enroll them in an ongoing DM program. Targeted outreach prioritized members by risk score (determined by Peach State's predictive modeling tool, ImpactPro). Peach State targeted primary care providers in the Southwest Region treating high volumes of diabetic members. One hundred and fifty-seven (157) members were identified who were due or overdue for services.
 - Effectiveness: Of the 157 members outreached, thirty-one members (20%) received the missing service and their "care gaps" were closed
- ✎ Peach State implemented a Pharmacy Care Program (PCP) during November and December 2015 to address poorly controlled diabetics and those who were missing lab tests. The PCP's care advocate contacted members, providers, and pharmacists to educate members about their disease, to encourage medication adherence and to align proper care. The objectives of the program were not only to increase medication adherence but also to reduce ER visits and inpatient admissions. The PCP addressed medication omission and/or non-adherence for diabetic medications, as well as antidepressants, corticosteroid and potassium medication.
 - Effectiveness: In order to assess effectiveness of the telephonic health coaching in reducing acute care utilization, each member participating in the program was compared to him/herself pre and post intervention. Results are as follows:
Average ER visits per member: 1.96 vs. 0.82 (pre-post) – statistically significant
Average INP admissions per member: 0.14 vs. 0.07 (pre-post) – statistically significant
 - 2016 activities: A Medication Therapy Management (MTM) program will replace the PCP program where the MTM outreach coordinators will have access to US Scripts, which will provide real time medication information. In addition, MTM outreach coordinators will have access on a daily basis to a list of members who are 5 days late or more on expected medication refill.
- ✎ Peach State developed a formal rapid cycle PIP to address diabetic eye screening in the Atlanta Region (which had the highest rate of non-compliance) by outreaching to non-compliant members to complete their diabetic eye exams.

- **Effectiveness:** 370 members were called, 107 were sent post cards and 26 had field service visits. For the study group of 195 members who maintained eligibility during the study period, compliance for retinal eye exams increased from 42% to 61% as of December 2015.
- **2016 activities:** This intervention will be expanded in 2016 in four Atlanta counties (Cobb, Gwinnett, Fulton and DeKalb). A mailer will be sent out where the future calls will be introduced. The mailer will be followed by a call and a home visit when appropriate or necessary.

Health Care Disparities Proposed 2016 Intervention

The December 2015 DRAGG Analysis found Black or African American females (> 20 years of age) in the Southwest Region have a disproportionately higher rate of diabetic prevalence and non-compliance compared to other regions. These members do not have good control of their HbA1C, have not had nephropathy screenings, and do not have blood pressure in the appropriate range. In 2016, Peach State will work to address this disparity by working directly with two provider offices at Phoebe and Albany Primary Care, in the Southwest Region. Peach State will pilot a Diabetic Program with these providers.

Mental Health.

Peach State had 2,481 adult members with a mental health diagnosis (Depression, Bipolar, and Mood Disorders) as of December 2015. Of those, approximately 40.63% of members with mental health diagnoses were Black or African American, 56.55% were White, 0.60% were Asian and 2.22% were Other Race. The percentage of members who identified with Latino/Hispanic ethnicity was 1.85%. With regard to gender, 6.89% were male and 93.11% were female. Regionally, members with a mental health diagnosis reside in the following regions: Atlanta 45.51% North 4.31%, East 1.49%, Southwest 28.13%, Southeast 2.18%, and Central 18.38%.

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. 2014 56.78% - No statistical difference
- ☞ FUH – 30: 2015 (72.53%) vs. 2014 (72.79%)- No statistical difference
- ☞ AMM – acute: 2015 (38.66%) vs. 2014 (39.57%) - No statistical difference
- ☞ AMM – continuation: 2015 (23.89%) vs. 2014 (24.86%) - No statistical difference
- ☞ SAA: 2015 (19.63%) vs. 2014 (33.33%) - Statistically significant decrease.

There was no statistically significant change in any of the five metrics except for adherence to antipsychotic drugs among individuals with schizophrenia, which showed a statistically significant decrease between 2014 and 2015. Peach State did not meet DCH targets for any of these five measures. In general interventions put in place in the area of BH have had a small reach. New, larger interventions, particularly related to medication management will be implemented in 2016.

Behavioral Health Case Management Program. Peach State's Behavioral Health Case Management program supports all of its behavioral health clinical efforts and initiatives. For ADHD and depression, members are contacted by the Proactive Outreach Manager (POM) and

have the option to an immediate access to a live Care Manager to discuss their needs, treatment, and any other issues or barriers that they may experience. 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 case 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. There are times when the best approach is to work closely with the member's outpatient provider, and include him as a member of the CM Team, ensuring the provider is clear about the member's condition(s), needs, and challenges as well as plan of care. Other times Peach State will employ the full integrated CM protocol which includes PCPs and BH providers.

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.

2015 Interventions:

- 🍌 The Case Management Team has continuously completed outreach calls to eligible members to ensure appropriate behavioral health follow-up after a hospitalization. The care manager also outreached to the inpatient facility staff to assist with coordination or referrals for 7-day follow up appointments. Outreach to inpatient facility staff is a strategic effort to reduce delay in scheduling a 7-day follow-up appointment with BH providers in varying geographic locations and specialties. Members were contacted upon discharge from a psychiatric inpatient facility to assist them with overcoming barriers to attending their follow-up appointments. The care manager also mailed a letter providing the care manager's contact information as well as an educational Discharge Tool Kit to encourage BH follow up.
- 🍌 Peach State intended stationing an on-site care manager at inpatient Psychiatric facilities in the metro Atlanta region. Despite numerous attempts, Peach State has not been successful in implementing such initiative. Efforts to collaborate with psychiatric facilities will continue in 2016.

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.

Ongoing Interventions:

- ☞ The Case Management Team has continuously completed outreach calls to members newly treated with antidepressant medications. In addition, members with a diagnosis of depression, upon discharge from a psychiatric inpatient facility, were contacted to educate them on the importance of taking the prescribed anti-depressant medication as directed and ensure proper follow-up with a BH practitioner. The care manager also assisted the member in the event he/she might not have access to the prescribed anti-depressant medication. A letter was mailed to the member with the care manager's contact information as well as an educational anti-depressant brochure and a Discharge Tool Kit to encourage medication compliance and follow-up management with a BH provider.

Peach State documented all outreach calls in a BH Structured Note in the case management system. All successful and unsuccessful outreach calls were documented with an outcome.

2015 Interventions:

- ☞ The DRAGG analysis performed at the end of 2014 showed that Black or African American women in Atlanta have lower rates of adherence to anti-depressant medication. Peach State implemented a new pilot behavioral health disease management program targeting depression. This program concentrated on educating members on the appropriate use of medication and on management of their depression. The pilot was run during the month of December 2015.
 - Effectiveness: Peach State achieved only a 4% contact rate during the month targeting 99 qualifying members.
 - Lessons learned: Peach State will use this experience to reassess the approach to tailor the outreach to this population and the resources required for that outreach.

Proposed 2016 Interventions:

- ☞ Peach State initiated a two-stage POM campaign on December 18, 2015 and will continue into 2016. In the initial POM call, members are provided with information regarding the importance of medication adherence. The second POM campaign contacted members who are overdue for filling a prescription or a follow up appointment.
 - Effectiveness will be measured by assessing the number of members who kept follow-up appointments and filled prescriptions.
- ☞ Peach State will 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.

Children's Health

Children's Preventive Health Strategy

Approximately 85.29% of the 2015 membership (as reported in December 2015) was 20 years of age or younger. Approximately 76% of all Peach State's females were members aged 20 years old and younger and approximately 97% of all Peach State's male members were 20 years of age and younger. Of all Peach State members who were ages 20 years or younger: 52.68 % were Black or African American, 34.04% were White, 7.53% were 'unknown' and 2.89% were Asian. There were 86.44% of members 20 years of age or younger whose ethnicity was reported as Non-Latino/Hispanic; 12.56% reported Latino/Hispanic and 1.00% had an unknown ethnicity. There were 37.76% of members aged 20 years or younger who had significant medical condition and 62.24% who were considered healthy

Preventive health care is one of the most important aspects of keeping healthy children healthy. Studies have shown that children who receive regular preventive health care, including preventive visits, immunizations and dental care, are healthier than children who do not³. 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 2014 and 2015 rates for these measures were compared and the 2015 rates were compared to the DCH targets.

Results:

MEASURE	SUB-MEASURE	2014	2015	Sig.	DCH Target
ADV - Annual Dental Visit - ADMIN	2-3 YEARS	45.07%	44.05%	↓Yes	54.20%
	19-21L	33.62%	37.57%	↑Yes	34.04%
AWC - Adolescent Well-Care Visits - HYBRID		49.07%	47.60%	No	48.90%
CAP - Children and Adolescents' Access to Primary Care Practitioners - ADMIN	12-19 YEARS	88.63%	88.78%	No	93.50%
CIS - Childhood Immunization Status - HYBRID	COMBO 3	79.63%	79.09%	No	80.30%
	COMBO 10	40.28%	34.38%	No	38.94%
DVS/CAHMI - Developmental Screening in the first three	TOTAL	46.28%	50.60%	No	46.36%

³ <http://www.healthjolt.com/preventive-health-care-children>

MEASURE	SUB-MEASURE	2014	2015	Sig.	DCH Target
years of life - TOTAL (DEV-CH) - Hybrid					
IMA - Immunization for Adolescents - HYBRID	COMBO 1	76.39%	88.90%	↑Yes	71.43%
LSC - Lead Screening in Children -HYBRID		79.40%	80.05%	No	75.34%
W15 - Well-Child Visits in the First 15 Months of Life - 6 or More Visits - HYBRID		65.05%	67.79%	No	64.30%
W34 - Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life - HYBRID		69.91%	68.99%	No	72.80%
WCC - Weight Assessment and Counseling on Nutrition and Physical for Children/Adolescents - HYBRID	BMI	69.21%	67.79%	No	55.09%
	Nutrition	64.81%	66.59%	No	60.58%
	Physical Activity	60.19%	57.21%	No	51.38%

Peach State achieved statistically significant improvement in 2015 compared to 2014 in two measures. Eight measures achieved or exceeded DCH targets.

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.

- ☞ Combined Medicaid and PCK members CMS-416 screening rate: 2015 (67%) vs. 2014 (78%) – Statistical significant difference – Did not meet 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 product line, region, age, race, ethnicity and gender as well as initiatives to address each disparity.

- ☞ **Product Line:** In Q2, 2015, Peach State noted a higher screening rate (CMS-416) for Medicaid members versus Peach Care for Kids members. Based on this data, the EPSDT team hosted Peach State Day events at Westcare Pediatric Center's Villa Rica and Carrollton offices. The plan invited non-compliant members to the Peach State Days to complete their preventive health visit and receive an incentive. The plan used this opportunity to survey the invited members' parents, gauging the perceived importance of preventive health visits between two separate groups. The number of Medicaid recipients surveyed totaled 11. Of the 11, five (5) were Black or African American, and six (6) were White. The number of Peach Care for Kids recipients surveyed totaled two (2), one White

member and one Black or African American member. Of the barrier questions asked, the results showed that 100% of parents surveyed stated that if the provider office offered later hours and/or weekend hours, they would be able to keep an appointment for the member. The parents also stated having to take the member out of school or the parent having to take off work was a major barrier of concern as well

- In 2016 Peach State will continue to collaborate with contracted providers to determine the difference between the product lines and to make improvements in access.
- ☞ *Region:* Administrative data collected during 2015 (DRAGG analysis) revealed the Eastern areas of Georgia (Southeast and East Regions) had lower compliance rates for the well-child visit measures. In Q2 2015 Peach State conducted provider outreach/ education in the Southeast Region. In addition, in Q4 2015 Peach State outreached to members in the Southeast Region via phone to remind them about the need to obtain their preventive health visits.
 - Effectiveness: Of 604 total calls for the AWC and W34 measures, 154 were unable to contact, 312 left a voicemail and 138 members answered and listened to the message, which brings the actual response rate to 23%.
 - 2016 activities: The outreach in the Eastern areas of Georgia (Southeast and East regions) will continue to educate and encourage providers as well as educate members on the importance of preventive health care. Peach State will continue to work toward improvements in this area to increase the EPSDT regional rates. See additional proposed activities related to regional disparities in the section “2016 Interventions and Activities”.
-
- ☞ *Ethnicity:* The percent of compliant Latino/Hispanics males who had at least six visits by fifteen months of life was lower (by approximately 14 percentage points) when compared to Non-Latino/Non-Hispanic population. Peach State began collaborating with a Pediatrician office that provides services to a high volume of Latino/Hispanic members in August 2015. The intent of the collaboration was to obtain information from members that will assist with identifying barriers to receiving care and planning interventions for 2016. See further details about activities related to ethnic disparities in the section “2015 Interventions.”
- ☞ *Gender:* Males had a lower compliance rate for preventive health visits (above age three years old), dental visits, and adolescent immunizations when compared to females. Peach State offered free Boys and Girls Clubs memberships for eligible children 6-18 years of age as an enhanced benefit. See further details about activities related to ethnic disparities in the section “Barrier Identification.”

Barrier identification

- ☞ Peach State Health Plan partnered with Med Globe, PC, a provider in the Atlanta Region that serves a high percentage of Hispanic members. Peach State held a Peach State Day at Med Globe and invited Hispanic members who were past due for their preventive visit. During the Peach State Day, members could get their preventive services and receive a nominal incentive. At the same time, a survey was conducted to identify barriers members and caregivers had in completing EPSDT preventive health visits. The EPSDT coordinator who called and assisted with scheduling the appointments for the Peach State Day and who was on site to conduct the survey is of Hispanic ethnicity and is bilingual (Spanish and English).

- Results: Of the 13 children belonging to five families that were scheduled for their past due preventive visit, each of the 13 kept their appointment. Results of the survey were as follows:
 - 4 out of 5 (80%) of respondents were aged 26-35, the other was aged 36-55 and all were female
 - Children of respondents ranged in age from 6 months-16 years; gender of children of respondents 6 females and 7 males
 - 60% of respondents shared that as a child, their guardians took them to get a health checkup "possibly" or "sometimes"
 - 80% responded "yes" they can make and keep an appointment
 - 100 % felt it would be "very serious" if their child developed a health problem and they didn't know about it

This information obtained during the Peach State Day will be used in addition to other focus groups/surveys to design interventions targeted at this population of members.

- ☞ Peach State conducted a face-to-face interview of members at three Family Fitness Days to assess barriers to compliance to preventive visits. Twenty-three members were interviewed. Of those, ten were compliant with well child visits and thirteen were not. The top reasons for non-compliance were compiled and will be evaluated during the creation of additional interventions.
 - Results: The Top 5 barriers given were 1) parent can't take time off from work, 2) child wasn't sick, 3) lack of transportation, 4) didn't feel preventive visits were important and 5) parent didn't have time. These interviews will be repeated in 2016.
- ☞ Peach State has an enhanced benefit of free Boys' and Girls' Club memberships for eligible children 6-18 years old. Peach State staff made three visits to Boys and Girls Clubs in the Atlanta area and completed nine surveys of fifteen children's parents.
 - Results: The top reason for not keeping appointments was difficulty missing work or scheduling conflicts. The top feedback given was that parents would like to see more flexible provider schedules with evening and weekend hours. Peach State will continue this type of surveys in 2016 and will integrate the member feedback into the design of future interventions.
- ☞ Peach State held a focus group/barrier meeting in December 2015 and invited five caregivers; only two caregivers (with a combined 15 children) showed up for the meeting. The members responded to several questions and shared their opinions on several topics.
 - Results:
 - Barriers to caregiver not scheduling preventive care appointments: Children weren't sick; they forget when to take the children; holistic medicine used to treat children (no need to see a doctor); scheduling difficulties; not aware of full benefits offered by the plan; no reminder system (preferred communication venues: text messages followed by live phone calls then letters since caregivers do not always check email)
 - Barriers to timely scheduling of appointments: No reminders; no urgency; other priorities
 - Recommended incentives to regular and timely preventive visits: Convenient appointments for multiple children; incentives such as gas or whole foods gift cards
 - Peach State is conducting further barrier analysis and soliciting additional member/caregiver feedback.

2015 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 above, Peach State implemented the following activities in 1st Quarter of 2015.

- 📄 **Member Incentives:** in 2015, Peach State's THINC and EPSDT teams contacted members between the ages of 3 - 21 years old who were assigned to targeted providers. The staff encouraged the members (parents/guardians) to schedule a due/past due well visit and offered assistance with scheduling the appointment through MyHealthDirect and transportation if needed. If the appointment was scheduled, an incentive was offered to encourage the member to keep the appointment.
 - Effectiveness:
 - The total calls made in 2015 - 9,156; total appointments scheduled - 883/10%; member scheduled appointment or already had a visit - 1,400/15% at time of call.
 - In November 2015 Peach State performed live calls during evening hours and on Saturdays along with offering incentives. During that time 736 outbound calls were made. There were 165 appointments made (22.4%), of those 35 (21%) were kept. The intervention was considered successful, sustainable and will continue in 2016 based on the percent of members who became compliant. The goal is to achieve at least a 40% success rate for completed services based on outreach calls made.
 - Findings:
 - It was determined that evening and weekend calls were more successful, and members were more responsive. In addition, members responded more positively with incentives or rewards for scheduling visits.
- 📄 **Auto-dialed Calls:** In late November 2015 and December 2015, Peach State conducted auto-dialed/automated calls to non-compliant members (parents/guardians) ages 3- 21 years old using POM. The information provided during the auto-dialer calls included general information on the importance of scheduling and keeping past due EPSDT screening visits.
 - Effectiveness: In November and December 2015, 103,074 successful auto-dialed calls were made (i.e., the phone was answered and the complete message played) and 12,017 (approximately 11%) members received a preventive well visit within 60 days. The auto-dialer calls are a cost effective and sustainable method of providing reminders and education to members and will continue in 2016.
- 📄 **Postcard Mailings:** Reminder postcards were mailed in early November 2015 to members who were non-compliant with preventive visits.
 - Effectiveness: Approximately 22% of 88,248 non-compliant members who were mailed a reminder postcard scheduled and received a preventive visit. Postcard mailings are low cost and sustainable and may continue in 2016.
- 📄 **Preventive Dental Reminders:** In July 2015, Peach State's dental vendor, DentaQuest, conducted auto-dialer calls and mailed postcards to members (caregivers) ages 2- 21- years old who were non-compliant and due for a preventive service. In September 2015, DentaQuest completed a second round of auto-dialer calls and postcards. Additionally, DentaQuest sent out emails to households for which it did not have any phone data on file but did have email addresses. The information provided during the auto-dialer calls encouraged enrollees to schedule and/or keep dental appointments as well as educated

enrollees on the benefits of sealants. Postcards were mailed to all households with members who were ages 6-9 years old with no claim evidence of sealant placement.

- **Effectiveness:** Based on claims evidence, there were approximately 28.3% of members who were contacted via mailer and/ or phone call who received at least one sealant afterward. Approximately 52.0% of members received a preventive dental visit after they received an auto-dialed call. The preventive dental reminders were determined to be successful and sustainable and will continue in 2016.

📌 **EPSDT Medical Record Review (MRR) Re-Audit Modification:** Peach State continued to perform EPSDT Medical Record Reviews according to DCH requirements to improve provider documentation compliance with EPSDT requirements. Peach State modified its policy for re-audits of providers who were issued a Corrective Action Plan (CAP) to now require a CAP for providers who score less than 85% on one element of the EPSDT MRR or who do not have required equipment according to DCH's "Form A." Previously, providers received a CAP for missing any one element regardless of the overall score. The re-audit that was performed one quarter after the implementation of the CAP will be performed two quarters after the CAP. This allows time for providers to understand and implement required changes and submit claims for EPSDT preventive visits that reflect the change.

- **Effectiveness:** During 2015, there were 384 providers audited, of which 73 providers received at least one Corrective Action Plan (CAP). All providers who received a CAP were re-audited the following quarter. Approximately 50% 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 60% 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 are 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. More details are included in the "Provider Network" section.

📌 In 2015, Peach State continued the rapid cycle PIPs in the areas of Improving Compliance with Bright Futures Guidelines and Improving Oral Health. The PIPs carried out a rapid cycle testing of interventions on a small (targeted) group to identify effective strategies to improve compliance and outcomes. For more details, see section "2015 PIP Summary and Results". The Improving Compliance with Bright Futures Guidelines and Improving Oral Health PIPs targeted the below populations:

- Improving Compliance with Bright Futures Guidelines - members 14-18 years olds assigned to a high volume provider in a low compliant area
- Improving Oral Health – members 15-18 years old in Muscogee County, which has lower preventive dental rates for this age group

📌 Peach State planned to partner with a high volume pediatric practice in the Southwest Region to conduct a rapid cycle improvement by reminding and incentivizing caregivers to bring in their children for well child visits. This particular practice approached Peach State in order to help them improve their performance. Unfortunately, efforts in the Southwest (Sumter Pediatrics) were deemed unsuccessful due to lack of member participation. Contacting members in the Central region, as per the practice's request, educating and

scheduling appointments for them through MyHealthDirect and tracking outcomes, was the replacement intervention.

- Effectiveness: Only one member accepted an appointment and did not show up for the preventive visit in the Southwest Region intervention. In the Central region, 15 members were contacted and, in addition, were offered an incentive to take their child to a preventive health (EPSDT) visit. Sixty-seven percent of the members (10) completed the preventive visit but only three contacted Peach State again to collect their incentive.
- 2016 interventions and activities: This intervention will be adapted and applied to other geographic areas in 2016 with the purpose of outreaching to a larger number of members in order to have a significant impact.
- ☞ Peach State collaborated with **Nuestros Niños**, a provider group in Atlanta who services a high volume of Hispanic members. The collaboration was based on contacting and educating members on the importance of preventive health visits and assisting with scheduling due/past due preventive visits.
 - Effectiveness: Twenty-three members were invited; seventeen (74%) received the well child visit that was due. This intervention will be continued with other provider offices in 2016.
- ☞ Peach State partnered with North Clayton High School based clinic to educate parents about preventive services.
 - Effectiveness: Three preventive health visits were completed. The event was open to the public and had limited advance marketing. Peach State staff and Clinic staff met after the event and decided that if repeated, the staff noted that more Peach State members needed to be invited in advance. Staff also received feedback that better response would be likely if the event were held after hours or on weekends.
 - 2016 Intervention: Peach State has planned an event in conjunction with the clinic for the Summer 2016
- ☞ MyHealthDirect: Peach State improved member engagement through integration of MyHealthDirect (MHD) with Peach State systems. MHD offers a web-based solution that organizes and books open and available healthcare appointments into a searchable and schedulable inventory of healthcare services. The system allows Peach State personnel who have telephonic contact with members to instantly schedule appointments for members with their MHD-enrolled providers, for the most convenient available time for the members. This applies to well child visits in the first 15 months and at ages 3-6. Peach State has utilized the THINC outbound call team to contact members to close gaps in care and improve member health outcomes by scheduling their appointments and arranging for transportation using MHD.
- ☞ Peach State implemented a provider portal medical record upload functionality, which enables providers to upload the member's medical record through the Secure Provider Portal to share information about whether the member received EPSDT services before enrolling with Peach State. Implementation took place on 12/17/2015 and as of April 2016, over 100 medical records were received.
- ☞ New Member Orientation (NMO) Session Pilot: Peach State piloted the NMO Sessions in December 2015. The NMO sessions are inter-departmental collaborative meetings with members at local facilities, such as restaurants, Boys and Girls Clubs and Neighborhood/Apartment Clubhouses. These monthly in-person sessions will be held throughout the State to educate members about (this is not an all-inclusive list):
 - The importance of selecting a PCP and Primary Care Dentist (PCD)/Dental Home and their roles

- An explanation of EPSDT and how preventive care can improve health outcomes
- How to connect with the customer service department
- How to use the Member Secure Web portal
- The benefits (including value added benefits) Peach State offers
- The importance of scheduling and keeping preventive appointments and canceling appointments they will not keep

The first NMO occurred in DeKalb County at a local restaurant. There were 114 invitations mailed to new members and 108 stated they would attend. All of the 29 members (26% of those who said they would attend) who attended the event were Black or African American, English speaking and resided in DeKalb County. The questions the new members asked were related to the enhanced benefits. The NMO attendees stated that the session was beneficial. Peach State is in the process of developing a survey for attendees to take after the NMO to get insight as to what Peach State did well and other topics and suggestions new members might have to make the NMO more meaningful. This intervention will be continued in 2016.

Proposed 2016 Interventions and Activities

- ☞ Peach State Children's Health Improvement Workgroup will be working with two providers with high volumes of non-compliant members in the Southeast Region for the Well Child Visits ages 3-6 (W34) measure. Peach State will educate member on preventive health care and encourage them to receive a preventive health visit, and every member who completes a preventive health visit, with the approval of DCH, will be invited to a Peach State Playdate/Birthday Party (which is a party for children ages 3-6 who complete a preventive visit with the two chosen providers). If this is successful, Peach State will test this intervention in others regions.
- ☞ Peach State Children's Health Improvement Workgroup will be testing an intervention with Black or African American males in the Southwest Region to educate and encourage them to complete a preventive health visit. This intervention will focus on the compliance with the Adolescent Well Care (AWC) for 11-21 years old. Every male that completes his visit within the time period will be entered into a raffle for items such as electronics, gift cards and items to promote healthy behaviors such as a "Fitbit". If this is successful, Peach State will test this intervention in other regions.
- ☞ Peach State will reach out to members ages 19-21 and offer to assist them in setting up appointments for a preventive health visit and offer an incentive.
- ☞ All members that need a 12 & 15 months' visit will be contacted, offered a scheduled appointment and may be offered incentive if visit is kept
- ☞ The internal, member secure and provider secure portals contain a "New Member Care Gap" alert if the new member has not had a visit within 90 days of enrollment. Implementation was scheduled for February 2016 and has been 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 has 20,364 members identified with Asthma as a Primary Risk Category as of December 2015. These members were majority male (55.54%), Black or African American (61.04%), aged 20 and younger (96.59%), and residing in the Atlanta Region (59.98%).

Peach State uses the Medication Management for People with Asthma 5-11 years old – 50% and 75% and 12-18 years old 50% and 75% (MMA) to assess the health status of asthmatics.

Results:

- ☞ MMA 5-11 yrs. – 50%: 2015 (45.40%) vs. 2014 (44.06%) – No statistical difference
- ☞ MMA 5-11 yrs. - 75%: 2015 (20.95%) vs. 2014 (18.82%) – No statistical difference
- ☞ MMA 12-18 yrs. - 50%: 2015 (41.64%) vs. 2014 (39.67%) – No statistical difference
- ☞ MMA 12-18 yrs. -75%: 2015 (16.58%) vs. 2014 (16.03%) – No statistical difference

There was no statistically significant improvement when rates for 2015 were compared to 2014. In addition, the only DCH target (75% for children 5-11 years) was not met.

Numerous interventions were in place in 2015, from a population based program based on a risk-tiered model to a specific Pharmacy Care Program targeting member who were non-compliant with medications. A detailed description of the interventions is included in the sections “Overall DM Program Highlights” and “Asthma DM Highlights”.

Attention Deficit Hyperactivity Disorder (ADHD)

Peach State has approximately 24,076 children with a diagnosis of ADHD as of December 2015. Approximately 41.87% of the children were White, 49.73% Black or African American, 0.42% Asian and 1.92% percent all other races. With regard to gender, 66.73% were male and 33.27% were female. Regionally, children reside in the Atlanta Region (39.81%), Southwest Region (33.68%), Central Region (21.80%), North Region (2.30%), Southeast Region (1.63%) and the East Region (0.78%).

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. The 2015 rates for these metrics were compared to the 2014 for the trending assessment and compared to DCH targets. There was no statistically significant change from 2014 and neither measure reached DCH target. Furthermore, there has been no change in rates in the last 3 years as can be seen in the tables below.

Results:

- ☞ ADD – Initiation: 2015 (43.84%) vs. 2014 (43.58%) - No statistical difference
- ☞ ADD – Continuation: 2015 (58.82%) vs. 2014 (58.19%) - No statistical difference

2015 Interventions

- ☞ In 2015, Peach State continued its rapid cycle PIP in the area of Improving Compliance with Initial ADHD Follow-Up Visits by implementing a reminder outreach call to members filling a prescription for ADHD medication. The PIP did not achieve its goal and the activity was discontinued at the end of the year. A new initiative will be implemented in 2016. For more details, see section on “2015 PIP Summaries and Results”.
- ☞ In April, 2015 Peach State implemented automated calls to educate the member (caregiver) about the importance of scheduling/keeping an initial follow up appointment (within 30-days) with their provider and taking medication(s) as directed. The POM calls had 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. Based on analysis of the results, POM calls that were answered by a live person had the highest percentage of success as per members who had their follow-up visit within 30 days. The least effective of the calls were those where the member requested transfer to a Care Manager. Eighteen percent of the calls, the member listened to the call, 31% a message was left and 2% were transferred to CM. This intervention will be continued in 2016.

- ☞ Provider Outreach: A Cenpatico Medical Director performed outreach to the top ten prescribers of ADHD medications in the Atlanta Region to educate them on the requirements of the ADD sub-measures. The ten behavioral health providers with the lowest ADHD follow-up rates were outreached. Three (30%) were unable to be reached and of the seven contacted; four did not show any change in rates. This intervention was deemed unsuccessful and will be adapted for the future by evaluating providers based on their readiness to change rather than their low rates of current compliance.
- ☞ Peach State initiated a collaborative effort with the Lead Epidemiologist of the Centers for Disease Control and Prevention (CDC) to implement family focused behavioral therapy to improve outcomes of all members diagnosed with ADHD, which involved a focused effort to enroll ADHD patients into behavioral health Case Management. Peach State will continue to collaborate with CDC and metrics will be developed in 2016 to evaluate the effectiveness. Preliminary results in 2015 have shown success in enrolling these members.

Proposed 2016 Interventions and Activities

- ☞ *Disparities in ADHD Follow Up Care for Members Newly Prescribed Medication.* Peach State reviewed the ADD measure data based on race, ethnicity and region. The DRAGG analysis conducted in December 2015 indicated the Southwest Region has a low rate of compliance for 30 day follow up after prescription fill for a new diagnosis of ADHD and a high rate of diagnosis/prescribing. In 2016, Peach State is partnering with Memorial Pediatrics in the Southwest Region to pilot interventions to impact this population. Peach State also noted that Black or African American children had lower compliance rates when compared to other races.
- ☞ Peach State will conduct a series of surveys with parents of Black or African American children diagnosed with ADHD in order to identify barriers to services

Effective Member Communication Strategies

Member Satisfaction - CAHPS Scores

In 2015, Peach State administered CAHPS (Consumer Assessment of Healthcare Providers and Services) Adult and Child surveys to assess members' overall satisfaction with Peach State's services and the care that they received. 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 2015 Child and Adult CAHPS Surveys, compared to the 2014 Child and Adult CAHPS Surveys and the NCQA percentile for each rate.

Child CAHPS:

Child CAHPS 5.0 Composites, Attributes and Key Questions	2015 (830 Total Respondents)		2014 (741 Total Respondents)	
	Percentile*	Rate	Percentile**	Rate
Getting Needed Care	33rd	83.6%	50th	86.1%
Q14. Ease of getting care, tests or treatment child needed		87.5%		88.0%
Q28. Obtained child's appointment with specialist as soon as needed		79.7%		84.2%
Getting Care Quickly	24th	87.5%	50th	90.7%
Q4. Child obtained needed care right away		92.0%		92.0%
Q6. Child obtained appointment for care as soon as needed		82.9%		89.3%
How Well Doctors Communicate	29th	92.2%	25th	91.8%
Q17. Child's doctors explained things in an understandable way		92.5%		91.7%
Q18. Child's doctors listened carefully to you		94.5%		94.1%
Q19. Child's doctors showed respect for what you had to say		95.2%		95.1%
Q20. Child's doctors spent enough time with you		86.4%		86.5%
Customer Service	23rd	85.8%	50th	88.3%
Q31. Getting information/help from customer service		79.1%		82.8%
Q32. Treated with courtesy and respect by customer service staff		92.6%		93.8%
Shared Decision Making	N/A	79.0%	N/A	57.7%
Q10. Doctor/health provider talked about reasons you might want your child to take a medicine		93.1%		65.6%

Child CAHPS 5.0 Composites, Attributes and Key Questions	2015 (830 Total Respondents)		2014 (741 Total Respondents)	
	Percentile*	Rate	Percentile**	Rate
Q11. Doctor/health provider talked about reasons you might not want your child to take a medicine		65.5%		35.7%
Q12. Doctor/health provider asked you what you thought was best for your child when talking about starting or stopping a prescription medicine	59 th	78.4%	N/A	71.9%
Health Promotion and Education	42nd	71.1%	N/A	71.7%
Coordination of Care (Q22)	33 rd	79.9%	50 th	81.8%
Ease of Filling Out Forms (Q34)	14 th	93.5%	<25 th	94.6%
Summary Items (Rating 8, 9 and 10)				
Rating of Health Care (Q13)	83 rd	87.3%	50 th	83.8%
Rating of Personal Doctor (Q23)	62 nd	88.4%	75 th	88.9%
Rating of Specialist (Q27)	59 th	85.5%	50 th	86.0%
Rating of Health Plan (Q35)	89 th	88.5%	50 th	84.9%

*2014 Quality Compass® All Means and Percentiles

**2013 Quality Compass® All Means and Percentiles

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 from all the Medicaid plans they conduct surveys for.

The Key Driver Opportunities for the Child CAHPS in 2015 for Rating of Health Plan were Customer Service and Getting Needed Care. The selection of “Rating of Health Plan” as the measure of choice for improvement is related to one of Peach State’s QAPI Goals and Objectives (Improve the overall member experience with Peach State – Achieve statistically significant improvement on the Children’s CAHPS score for overall member satisfaction with the health plan)

Highlights from the 2015 Child CAHPS survey results included:

- 📌 *Rating of Health Care* and *Rating of Health Plan* increased from 2014 to 2015 in their ranking from a 50th percentile to above an 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 2014 to below the 50th percentile in 2015 according to NCQA Quality Compass.
- ☞ There was no statistically significant difference between the 2015 and 2014 rates.

Adult CAHPS:

Adult CAHPS 5.0 Composites, Attributes and Key Questions	2015 (474 Total Respondents)		2014 (468 Total Respondents)	
	Percentile*	Rate	Percentile**	Rate
Getting Needed Care	37th	78.8%	<25th	77.7%
Q14. Ease of getting care, tests or treatment needed		79.8%		84.2%
Q25. Obtained appointment with specialist as soon as needed		77.9%		71.3%
Getting Care Quickly	14th	76.4%	<25th	79.2%
Q4. Obtained needed care right away		81.7%		82.6%
Q6. Obtained appointment for care as soon as needed		71.1%		75.8%
How Well Doctors Communicate	82nd	91.4%	25th	88.8%
Q17. Doctors explained things in an understandable way		91.9%		89.1%
Q18. Doctors listened carefully to you		93.2%		88.3%
Q19. Doctors showed respect for what you had to say		93.1%		89.6%
Q20. Doctors spent enough time with you		87.2%		88.3%
Customer Service	13th	82.9%	90th	89.7%
Q31. Getting information/help from customer service		74.2%		84.1%
Q32. Treated with courtesy and respect by customer service staff		91.7%		95.3%
Shared Decision Making	N/A	77.6%	N/A	N/A
Q10. Doctor/health provider talked about reasons you might want to take a medicine		97.5%		55.6%
Q11. Doctor/health provider talked about reasons you might not want to take a medicine		64.1%		28.0%
Q12. Doctor/health provider asked you what you thought was best when talking about starting or stopping a prescription medicine	<10 th	71.3%		77.4
Health Promotion and Education (Q8)	39th	70.6%	N/A	74.7%

Adult CAHPS 5.0 Composites, Attributes and Key Questions	2015 (474 Total Respondents)		2014 (468 Total Respondents)	
	Percentile*	Rate	Percentile**	Rate
Coordination of Care (Q22)	34 th	77.7%	<25 th	70.4%
Providing Needed Information (Q29)	77th	70.3%	75th	70.0%
Ease of Filling Out Forms (Q34)	85 th	96.1%	50 th	95.4%
Summary Items (Rating 8, 9 and 10)				
Rating of Health Care (Q13)	73 rd	74.0%	75 th	75.3%
Rating of Personal Doctor (Q23)	76 th	81.3%	90 th	83.3%
Rating of Specialist (Q27)	68 th	82.0%	75 th	83.6%
Rating of Health Plan (Q35)	23 rd	71.2%	50 th	76.6%

*2014 Quality Compass® All Means and Percentiles

**2013 Quality Compass® All Means and Percentiles

The Key Driver Opportunities for Adult CAHPS in 2015 for Rating of Health Plan were the same as those of the Child CAHPS results: Customer Service and Getting Needed Care.

Highlights from the 2015 Adult CAHPS survey results included:

- ☞ The *How Well Doctors Communicate* composite increased in its ranking from 2014 to 2015 from the 25th percentile to the 80th percentile according to NCQA Quality Compass.
- ☞ Each of the 'Rating' Summary Items (*Rating of Health Care, Rating of Personal Doctor, Rating of Specialist* and *Rating of Health Plan*) showed a decrease in NCQA Quality Compass percentiles from 2014 to 2015.
- ☞ One composite measure (*Customer Service*) decreased from the NCQA Quality Compass 90th percentile to below the 13th percentile from 2014 to 2015.
- ☞ There was no statistically significant difference between 2014 and 2015 rates.

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 Case 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 2015, Peach State implemented numerous initiatives and other activities to improve member satisfaction based on prior year's CAHPS Survey results (2014) and on current year (2015). For example, Peach State made a number of changes designed to make it easier for members to

obtain timely access to the care they need and to improve members' experience with Peach State's Customer Service Representatives:

Intervention	Satisfaction Area Addressed	Implementation Dates
Convened 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 2014
Continuing implementation of telehealth services in geographic areas with limited specialist availability	Member perception of inability to get appointments with specialists as soon as needed	Q2 2014
Instituted process of outreaching and auditing key specialists each month to ensure appointment availability.	Member perception of inability to get appointments with specialists as soon as needed	Q1 2015
Enhanced the Member Handbook to educate members on how to access specialist care, as well as appointment availability and wait time standards	Member perception of inability to get appointments with specialists as soon as needed	Q3 2014
Published CAHPS results regarding access, appointment availability, and wait time standards in member and provider newsletters	Members' perception of difficulty getting needed care	Q4 2014
Developed a Member Resource Guide/Tip Sheet for New Member Packets to assist members with "how to get needed care"	Members' perception of difficulty getting needed care or inability to get appointments with specialists as soon as needed	Q4 2015
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 2014
Implemented 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 2014
Enhanced CSR call flow scripts to enhance the customer experience, gauge/confirm member satisfaction during the call interaction and increase first call resolution.	Member perception of difficulty obtaining information/assistance from Call Center staff.	Q1 2015
Updated call scripts to encourage members to rate the Plan's performance during the call interaction to obtain real time feedback on service satisfaction with calls	Member perception of difficulty obtaining information/assistance from the Member Services Call Center	Q3 2015

Intervention	Satisfaction Area Addressed	Implementation Dates
Increased call monitoring conducted by Quality Specialists and Supervisors to provide real time feedback to CSRs on key skill sets such as empathetic listening and other customer service techniques.	Member perception of difficulty obtaining information/assistance from the Member Services Call Center	Q1 2015
Implemented a contracting strategy to close gaps identified through GeoAccess and members' grievances	Member perception of inability to get appointments quickly or get appointments with a specialist	Q2 2015

2015 Interventions and Activities

In 2015, Peach State continued the interventions discussed in the above table. Interventions focused on improving customer service, included:

- ☞ Implemented year-round “Back to Basics” training campaign for CSRs to reinforce the basics of good customer service.
- ☞ Instituted a Customer Service process change in which every member contact concludes with a question to the member to assess if he/she is satisfied with the interaction.
 - Any member who is not satisfied with the CSRs information or assistance is immediately transferred to a Supervisor or Member Advocate to assist in resolving the member’s concern
- ☞ Enhanced the role of the Member Advocate position (within the Customer Service Department) to assist members with complex questions or concerns.
- ☞ Monthly “thank you” postcards are mailed to members who required supervisor intervention, or who expressed dissatisfaction with Peach State services during the prior month.
- ☞ Conducted a quarterly survey of members who contacted Customer Service to assess satisfaction with their experience.
- ☞ Implemented an appointment scheduling process for CSRs that enabled them to more easily offer members assistance with scheduling appointments for needed services.
- ☞ Created the Physician Locator Specialist position dedicated to helping members identify and locate providers for needed services. In 2015, there were 763 requests and of those, the PLS filled 298 or 39.1%. The intervention and further analysis of the outcomes will continue in 2016 for additional interventions and improvements in the process.
- ☞ Expanded and enhanced the TeleHealth Initiative by partnering with three new locations to install telehealth equipment: 1) South Central Primary Care; 2) Bleckley Regional Hospital 3) Albany Area Primary Health Care (Edison Location). TeleHealth is the delivery of health services using telecommunications and related technologies to virtually support patient care, health education and administrative activities. Telemedicine is a subset of TeleHealth, focused on clinical services and communication, including clinician-to-clinician or clinician-to-patient. Telemedicine provides quick access to quality healthcare for individuals living in rural and urban settings who may not have easy access to healthcare specialists. Access to healthcare via telemedicine has also proven to cut costs on travel and work time while providing earlier access to care that often prevents the large costs of untreated healthcare problems. Implementation of these three new locations was in Q4 2015 with plans to assess benefits to Peach State members in 2016.

- ☞ Educated members and providers in their respective newsletters about CAHPS ratings and Peach State’s commitment to improve satisfaction scores. The survey scores are published in the fourth quarter of each year in the “Winter” newsletter editions.

Lessons Learned and Proposed Activities for 2016

- ☞ Members want a first call resolution
 - Reduce the number of repeat callers by increasing the number of dedicated resources, and provision of a concierge approach to resolving complex member inquiries
 - CSR must be proficient and knowledgeable when responding to inquiries thus requiring mandatory refresher training
- ☞ Members expect timely resolution to their inquiries
 - Develop a program to improve department’s ability to respond within 4 hours of receipt of member’s concern.

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 it is 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.

2015 Initiatives and Activities:

- ☞ The Customer Service Representatives educated members on their Medicaid rights and responsibilities and how to select an appropriate Primary Care Provider (PCP).
- ☞ The Care Coordination, Case Management, and Disease Management staff provided integrated education as a 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/Case Management teams by communicating with and educating members in their homes and communities.
 - Results: During 2015, the MCRs had a 63% success rate at reaching high risk, hard to reach members through face-to-face interventions.
- ☞ The Plan Community Relations Specialists 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.

- ☞ Mobile communications
 - For members in case 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.
 - 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.
- ☞ DM mailings: there were 28,359 mailings for the low risk asthmatics
- ☞ IVR: there were 6,969 IVR calls to members with asthma
- ☞ Healthy Lifestyle Events: provided community education and activities: there were 141 events, 101 in providers' offices and the remaining 40 in FQHC/RHCs
- ☞ Baby showers: four baby showers were conducted in 2015, 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, 2015, there were 70,450 unique registrants on the member portal.
- ☞ Email: Peach State sent out monthly "eblast" on health topics which reached approximately 45,722 members.
- ☞ MyStrength: a behavioral health application that provided tools and resources to managing issues such as depression and anxiety. Peach State members accessed MyStrength through the Cenpatico (BH vendor) website and/or their mobile devices. The table below shows the utilization of MyStrength

2015	Member Users	Provider Users
Q 1	34	32
Q 2	47	34
Q 3	53	39
Q 4	60	42

- ☞ 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.

2016 Proposed Interventions and Activities

- ☞ MyPSHP Member Mobil App: Peach State expects to deploy MyPSHP in Q3 2016, 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.

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- ☞ **New Member Care Gap Alerts:** The internal, member secure and provider secure portals contain a New Member Care Gap alert if the new member has not had a visit within 90 days of enrollment to prompt members/providers and internal staff to take action earlier. This intervention went live on February 2016.
- ☞ **Targeted Texting:** In conjunction with Voxiva, a leading mobile health company, Peach State will expand its electronic reach to members through Targeted Texting, which will incorporate phone texting campaigns customized for individual member needs. Deployment of the targeted texting program is scheduled for implementation in 2016 and will consist of timely, targeted messages designed to engage members in routine and ongoing healthcare services, such as appointment reminders, screening checks, and other activities designed to improve the health of members who use SafeLink phones. These text messages will also provide specific health information a member needs based on their diagnoses and conditions.

All of these activities geared to increase the communication between Peach State, its members and providers 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 member where they are, Peach State sponsored, offered and/or participated in a wide range of community outreach and education events in 2015 to communicate with members in their communities. Examples include:

- ☞ **Pamper Me PINK** – Peach State participates in four of these events per year 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.
- ☞ **Spirit of Health** – These health and wellness campaigns are conducted approximately four times per region per month, 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, 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 Camp designed to promote participation in multiple sports and find one in which they may excel.
- ☞ **Adopt A School Program** – Peach State partners with several public schools each year to conduct activities for their students on topics such as nutrition, medical and dental health and anti-bullying campaigns.

- 🍌 **Goodwill Career Resource Fairs** – There were 20 Fairs held in 2015 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** – Is a national program that began in Kentucky when a teacher noticed children at her school who were on a free or reduced 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 July, 2005, Blessings in a Backpack was created by Peach State who partnered with school officials to identify families in need of food for their family. Students were provided with backpacks of food to provide meals during the weekend. Peach State has partnered with Alpha Kappa Alpha Sorority Twenty Pearls Foundation since 2012 to provide the food for their summer “Blessings in A Back Pack” program serving 300 children each year for 2 Atlanta area schools. Peach State also donated new backpacks for 10-20 children in Title 1 schools throughout Georgia which enables them to carry the food home. To date, Peach State has assisted in serving over 100 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 will be implemented in 2016. Peach State purchased a Food Truck which will be used to donate fresh fruits and vegetables in communities in which individuals have limited access to grocery stores. The Plan is partnering with the Atlanta Community Food Bank and other community organizations to purchase the fruits and vegetable to be donated and to provide health information and healthy food options to communities in need

Conclusion

Summary of Lessons Learned from 2015 QAPI Program

Peach State's evaluation of our 2015 QAPI Program demonstrated both success and lack of success of our various 2015 strategies and interventions. Our Senior Leadership Team and Quality Oversight Committee reviewed each instance in order to learn from this experience and continue to improve our quality improvement capabilities. Key lessons learned included:

- ☞ Our continuing commitment to quality improvement yielded improvement in more than 40% of performance measures between 2014 and 2015, and enabled the Plan to maintain NCQA commendable accreditation status.
- ☞ We are still on a learning curve for Quality Strategic Planning, and for identifying, prioritizing, and implementing effective interventions. Our goals and objectives need to be more tightly linked to the strategic planning process. Our interventions need to be scalable and sufficiently resourced.
- ☞ We need to improve our use of improvement methodology, particularly the planning phase, and rapid cycle tests of change.
- ☞ We need to periodically rebalance our strategic focus on individual age and condition-related outcomes to ensure that all outcomes have positive trends over time.
- ☞ Peach State's methodology to develop consistent and valid race and ethnicity data for our members, largely dependent on DCH 834 enrollment files, has succeeded in identifying race and ethnicity for over 90% of our membership. This has allowed us to develop more valid and useful demographic and health disparities analyses.
- ☞ We are still on a learning curve for developing and implementing effective strategies and interventions targeting specific populations of members with demonstrated disparities that are culturally appropriate and that have measurable impact on the targeted members.
- ☞ Peach State's methodology for assessing the disease burden of our enrolled population, using our predictive modeling application, did not identify any primary risk factor for nearly 27% of members. We need to improve our ability to distinguish between truly healthy members and members that may not be receiving needed services.
- ☞ We need to improve our ability to assist members to change their health behaviors. (e.g. Health literacy)
- ☞ We need to improve our ability to engage network providers in sustained participation in trials of potential improvement interventions.

Other Key Drivers of Changes in the QAPI Program for 2016

Population Assessment

Peach State's annual membership demographic and DRAGG analysis at year-end 2015 demonstrated only minimal changes in statewide or regional demographics from our 2014 analysis. The following are examples of findings from these analyses that drove our selection of strategies for 2016.

Central Region: A relatively high proportion of members had a behavioral health diagnosis, yet there was low performance on follow-up after mental health related hospitalizations and after initiating treatment with ADHD medication.

Southwest Region: A relatively low proportion of Black or African American members had a behavioral health diagnosis. There was low performance for members achieving better than poor control of their diabetes (HbA1c less than 9).

Southeast Region. There was low compliance with childhood preventive health visits.

Atlanta Region. There was a relatively high rate of avoidable ED visits.

Environmental Scan

We took note of two key trends in our annual scan of our 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° 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		External Analysis	
Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> ☞ 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 	<ul style="list-style-type: none"> ☞ Bridging a gap between our strategic direction (Vision, Goals, and Objectives) and our operational QAPI Program. ☞ Demonstrating effectiveness of activities (timely data collection, analysis, and evaluation). ☞ Sustaining improvement initiatives over time. ☞ Fully understanding the demographics and disease burden of our member population. 	<ul style="list-style-type: none"> ☞ Continue evolving the culture of quality plan wide ☞ Improved effectiveness of member and provider engagement through targeted outreach and an increased focus on reducing regional, racial, and ethnic health disparities. ☞ Link the strategic Plan to the QAPI goals, objectives, strategies, and interventions ☞ Use of claims data to conduct population analysis instead of Impact Pro 	<ul style="list-style-type: none"> ☞ 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

Internal Analysis		External Analysis	
associates, across the organization		<ul style="list-style-type: none">  More disciplined approach to documentation, data collection and interpretation.  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. 	

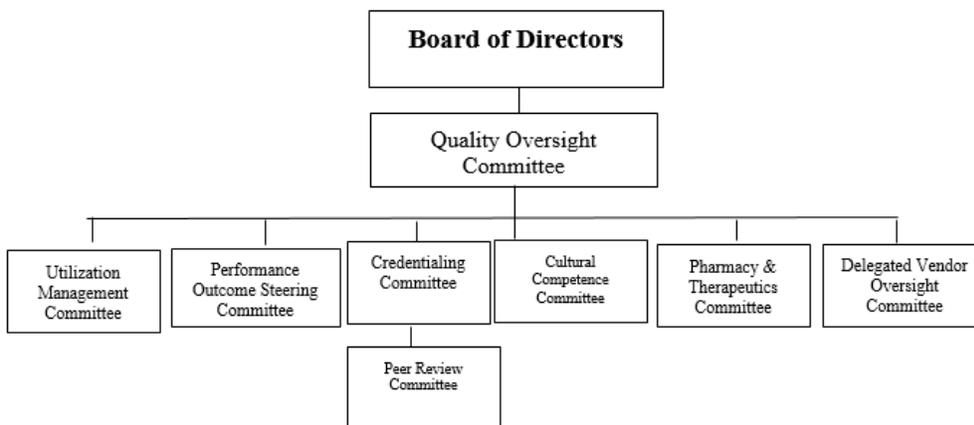
Program Changes for 2016

As planned in 2015, Peach State restructured the Quality Department management in 2016 to improve accountability and effectiveness in achieving program objectives. The Vice President of Quality position, responsible for strategic direction as well as daily oversight and leadership, was recently filled by an individual who is committed to enhancing the Quality Strategic Planning process; improving staff training in, and use of, improvement and analytic methodology; and enhancing our focus on implementing, demonstrating the effectiveness of, and continuously improving both general outreach and outreach that targets member populations with health disparities.

The department restructuring also established two Director positions. One of these Directors oversees operations such as ensuring appropriate documentation and policy development, and overseeing medical record and other audits; Performance Improvement Project development, implementation, and evaluation; and EPSDT outreach activities and performance measurement. The second Director oversees data acquisition, including medical record review and data analytics, as well as Performance Measure related outreach interventions.

In addition, we are simplifying the Quality Committee structure in 2016 by re-designating several of the current committees, more appropriately, as workgroups based on our experience during 2015.

Peach State Health Plan QAPI Committee Structure, 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.

- ☞ Enhance our Quality Strategic Planning process: develop 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.
- ☞ Enhance 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.
- ☞ 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 the effectiveness of barrier analysis by engaging the Centene corporate market research team to conduct more structured member focus groups.
- ☞ Enhance 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.
- ☞ Implement targeted outreach to members (nearly 12% of all members in 2015) who were eligible for more than 90 days and had no claims for services of any type to assist them to complete a Health Risk Assessment and to schedule a PCP appointment (or prenatal visit for pregnant members) when appropriate.

- ☞ 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.
- ☞ Implement targeted outreach and care coordination for members identified as receiving services from multiple PCPs to facilitate their assignment to a medical home. This group of members has been identified as having higher per member costs than other members.

2016 QAPI Goals, Objectives, Strategies, Outreach Activities, and Metrics

In 2016, Peach State will continue to structure the QAPI Program goals using the Triple Aim of improving member health, enhancing member care experiences, and decreasing per capita healthcare costs (as well as the fourth element in the Quadruple Aim: enhancing providers’ experience). Our goals, objectives, and strategies for 2016 are shown in the following table.

Table of 2016 QAPI Goals, Objectives, and Strategies

Goal	Objective	Strategy
<p style="text-align: center;">Improve Member Health</p>	<p>1.1 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.</p> <p>Metrics: <i>Core Set</i>: CMS 416 Report screening rate, Dental Sealants (core set measure); <i>HEDIS</i>: Well Child Visits (Ages 3 – 6), Adolescent Well Care Visits.</p>	<p>1.1a Use member-focused incentives (informed by member focus groups) to increase the number of 12 -21 year old males in the Southwest Region who receive a preventive visit.</p>
	<p>1.1b Engage parents of members 3-6 year old residing in the Southeast Region about the importance of preventive care visits.</p>	
	<p>1.1c Eliminate barriers for targeted members to actively participate in their own health care.</p>	
	<p>1.1d Improve awareness about and access to dental sealant services for children ages six through nine years in the Central Region.</p>	
	<p>1.2 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.</p> <p>Metrics: <i>HEDIS</i>: Follow-Up Care for Children prescribed</p>	<p>1.2a – Determine why Black or African American members in the Southwest Region receive fewer behavioral health services than Black or African American or White members in all other regions.</p>
	<p>1.2b Ensure providers utilize evidence-based guidelines to manage and assist their patients in managing chronic conditions.</p>	
	<p>1.2 c Increase the rate of the 30-day follow-up appointments for 6 – 12 year olds in the Central Region who had an initial prescription fill for ADHD medication.</p>	
	<p>1.2d Increase the rate of 7-day follow-up appointments after mental health hospitalization for members in the Central Region.</p>	

Goal	Objective	Strategy
	ADHD Medication (initial); Comprehensive Diabetes Care - HbA1c >9; 7-Day Follow-up after Mental Health Hospitalization	1.2e Increase the percent of members with diabetes in the Southwest Region who had HbA1c rates < 9.
Improve Member & Provider Experience with Care	2. 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	2.1 Achieve improvement on the CAHPS Child survey score for overall member satisfaction with the health plan.
		2.2 Achieve improvement on the provider satisfaction survey results for overall satisfaction with the health plan.
Lower per Capita Cost	3. 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	3.1 Improve access to urgent care facilities in the Atlanta Region.
		3.2 Decrease the rate of utilization for AED visits to Phoebe Putney Memorial Hospital for members > 18 years old.
		3.3 Reducing the all cause readmission rate for all members with inpatient stays at Gwinnett Medical Center.

During 2015, Peach State identified several potential outreach activities/interventions we would like to investigate for 2016 intervention. The potential outreach activities/interventions and associated metrics for each QAPI Program strategy are shown in the following table.

Table of Potential Outreach Activities/Interventions and Metrics for Each QAPI Program Strategy

Strategy	Potential Activity/Intervention	Metrics
<p>1.1a Use member-focused incentives (informed by member focus groups) to increase the number of 12 - 21-year-old males in the Southwest Region who receive a preventive visit.</p>	<ol style="list-style-type: none"> 1. Utilize social media marketing strategies to educate members about the importance of preventive health visits. 2. Conduct focus groups to gain understanding about relevant culturally sensitive outreach methods, and then implement those methods. 3. Select age/culturally appropriate/impactful incentives for identified members who complete their preventive health visit on time. (Age specific incentives were identified based on member surveys) 	<ol style="list-style-type: none"> 1. Number and type of social media used; how many 'hits' if available; % positive responses in survey of users. 2. % of planned focus groups held; % of invited members attending; sufficient feedback received to enable analysis. 3. Number of members identified; % of identified members who completed their visit on time; % of identified members who receive a reward.
<p>1.1b Engage parents of members 3-6 year old residing in the Southeast Region about the importance of preventive care visits.</p>	<ol style="list-style-type: none"> 1. Host “Parents’ Night Out” meetings to educate parents about the importance of preventive health visits. 2. Expand our social media campaign targeting parents in the Southeast Region to educate them about the importance of preventive health visits 3. Dedicate one Member Advisory Board meeting to a discussion about the barriers parents of pre-school aged face in taking their children to preventive health visits. 	<ol style="list-style-type: none"> 1. % of planned meetings held; % of invited members attending (or if not by invitation, % of planned attendance achieved); sufficient feedback received to enable analysis; % of non-compliant members attending with completed visit within two months of meeting. 2. Number and type of social media used; how many 'hits' if available; % positive responses in survey of users. 3. % of Advisory Board attending; sufficient feedback received to enable analysis.

Strategy	Potential Activity/Intervention	Metrics
<p>1.1c Eliminate barriers for all targeted members to actively participate in their own health care.</p>	<p>1. Community health workers (CHWs) will provide the team with feedback about members' barriers to effective self-management.</p> <p>2. Develop and implement (upon DCH approval) a "Healthy Reward" program for members who make and keep child and adult preventive health visits.</p>	<p>1. % of CHWs attending meeting (or providing feedback, if no meeting); sufficient feedback received to enable analysis.</p> <p>2. % of targeted members who are compliant at end-of-year; % of targeted members who receive a reward.</p>
<p>1.1d Improve awareness about and access to dental sealant services for children ages six through nine years in the Central Region.</p>	<p>1. Educate PCPs to refer their patients within this age range to a dental home if one has not been established, and obtain feedback on barriers.</p> <p>2. Work with the Bibb County School District and the Georgia Dental Association to provide educational resources to students in the 1st through 4th grades about prevention of dental caries. Ask parents of students who are PS members to call for assistance with scheduling visit.</p> <p>3. Partner with two high-volume but low-performing dentists in the Central Region to further identify the barriers for dental sealant application.</p> <p>4. Offer a healthy rewards incentive to targeted non-compliant members for the completion of a sealant.</p>	<p>1. % of targeted PCPs successfully contacted; number of members per month with a claim for sealant application for selected PCP practices; sufficient feedback received to enable analysis.</p> <p>2. Number of schools cooperating and using educational resources; number of calls received from parents.</p> <p>3. Completion of collaboration with targeted dentists; sufficient feedback received to enable analysis.</p> <p>4. % of targeted members receiving sealant application within two months of outreach (compared to non-targeted noncompliant members); % of compliant targeted members who state that the incentive was the reason they took their child to the dentist.</p>

Strategy	Potential Activity/Intervention	Metrics
<p>1.2a – Determine why Black or African American members in the Southwest Region receive fewer behavioral health services than Black or African American or White members in all other regions.</p>	<p>1. Conduct member focus groups in the Southwest Region to determine the barriers to Black or African American members for receiving behavioral health services.</p>	<p>% of planned focus groups held; % of invited members attending; sufficient feedback received to enable analysis.</p>
<p>1.2b Ensure providers utilize evidence-based guidelines to manage and assist their patients in managing chronic conditions.</p>	<p>1. Implement the revised CPGs and audit tools for ADHD.</p> <p>2. Host provider meetings to educate them about the new ADHD CPG. Conduct mock audit one quarter following meetings to include attendees and non-attendees.</p> <p>3. Conduct provider audits to ensure they comply with the new CPGs (score 80% or higher).</p>	<p>1. Done or not Done</p> <p>2. % of planned meetings held; % of invited providers attending (or if not by invitation, % of planned attendance achieved); % of attendees found in compliance by mock audit and next routine CPG compliance chart audit (compared to % of non-attendees found in compliance).</p> <p>3. % of all providers found in compliance in the annual CPG compliance chart audit</p>
<p>1.2 c Increase the rate of 30-day follow-up appointments for 6 – 12 year old members in the Central Region who had an initial prescription fill for ADHD medication.</p>	<p>Partner with the Children's Clinic of LaGrange to pilot a modified prescribing program for ADHD medications.</p>	<p>% of members receiving a script under the modified prescribing program that received a follow up visit within 30 days compared to those who were not prescribed under the modified program.</p>

Strategy	Potential Activity/Intervention	Metrics
<p>1.2d Increase the rate of 7-day follow-up appointments after mental health hospitalization for members in the Central Region.</p>	<p>Improve real-time care coordination by onsite (embedded) plan staff for members being discharged from four high-volume Atlanta-area mental health hospitals by connecting them with a "go to" outpatient provider in that region.</p>	<p>Percent of members who received an outpatient appointment at the "go to" provider within 7 days of discharge.</p>
<p>1.2e Increase the percent of members with diabetes in the southwest region that have HbA1c rates < 9.</p>	<p>1. Collaborate with two provider offices in the Southwest Region to pilot a program to include: a. Providing a diabetic action plan to members to encourage ownership of their diabetes management. b. Encouraging members to visit with their PCP. c. Providing members with an educational session with a Certified Diabetes Educator.</p> <p>2. Implement a medication adherence program with PharmMD Solutions for members diagnosed with Diabetes.</p>	<p>1. % of targeted members who received an action plan, and had PCP and diabetes educator visits who achieve HbA1c < 9 within two quarters (compared to non-targeted members with diabetes). 2. % of members in the medication adherence program who became adherent (compared to non-participants); % of members in the medication adherence program who achieved HbA1c <9 within two quarters (compared to non-participants).</p>
<p>2.1 Achieve improvement on the Children's CAHPS score for overall member satisfaction with the health plan.</p>	<p>Partner with Dr. Charlene Johnson to test at least two methods of improving members' experience with shared decision-making. Survey members in targeted practice within one week of office visits that utilized each method.</p>	<p>% of targeted members with positive response on shared decision making on study survey.</p>
<p>2.2 Achieve improvement on the provider satisfaction survey results for overall satisfaction with the health plan.</p>	<p>Partner with Spine and Orthopedic Clinic of Atlanta to test at least two interventions to decrease Prior Authorization Turn-Around-Time (PA TAT).</p>	<p>Monthly PA TAT for target provider; additional metrics based on specific intervention implemented.</p>

Strategy	Potential Activity/Intervention	Metrics
3.1 Improve access to urgent care facilities in the Atlanta Region.	Contract with additional urgent care facilities in the Atlanta Region.	Number of urgent care facilities added to network per quarter; quarterly rate of AED visits for Atlanta region.
3.2 Decrease the utilization rate for AED visits to Phoebe Putney Memorial Hospital for members > 18 years old.	<p>1. Supply the ED facility with written patient educational materials focused on appropriate ED use and the importance of a medical home.</p> <p>2. Supply the ED facility with patient educational materials focused on appropriate ED use and the importance of a medical home in bilingual video and podcast format for members with language, literacy, or hearing barriers.</p>	<p>1. % Of members with an ED facility visit within the past week who recall reading the materials when surveyed.</p> <p>2. % of members with an ED facility visit within the past week who recall seeing the materials when surveyed.</p>
3.3 Reduce the all cause readmission rate for all members with inpatient stays at Gwinnett Medical Center.	1. Conduct post discharge face-to-face home visits by the inpatient Concurrent Review Nurse for all members admitted to Gwinnett Medical Center. During the face-to-face visits, the nurse will review discharge instructions including medications, provider follow-up appointments, and also address any health care gaps the member may have.	% of inpatient members at target facility that receive a home visit within 3 days of discharge monthly; quarterly readmission rate for target facility.

Additional 2016 Potential Interventions Driven by 2015 Activities

In addition to the strategies and interventions proposed for our 2016 QAPI Program in the above tables, Peach State will also consider a number of additional potential interventions listed in the following table, based on our 2015 experience in several areas of focus, which we may consider during 2016.

Area of Focus	Potential Intervention
Inpatient Hospital Readmission Rates	Enhance post-discharge follow up with disease-specific member education.
ADHD Management	<ul style="list-style-type: none"> ✦ Collaborate with Memorial Pediatrics in the Southwest Region to pilot a follow-up prescription program in which providers write a 15 or 25-day prescription to promote timely follow-up visits. ✦ Conduct surveys of parents of Black or African American members diagnosed with ADHD in order to identify barriers to services.
Customer Service Line – First Call Resolution	<ul style="list-style-type: none"> ✦ Implement a concierge approach to resolving complex member inquiries, with increased dedicated resources. ✦ Mandatory refresher training for Customer Service Line staff.

Area of Focus	Potential Intervention
	<ul style="list-style-type: none"> ☞ Develop a program to improve response time when member concern cannot be resolved on first call.
Diabetes Management	<ul style="list-style-type: none"> ☞ Implement targeted sequential mail and telephonic outreach to members in select counties in the Atlanta Region in need of a retinal exam. Calls will use motivational interviewing and provide member education. ☞ Implement a “Diabetes Summit” that targets low-performing primary care providers to provide education from the Clinical Nurse Liaison, Medical Director, and Pharmacist.
Child/Adolescent Preventive Health	<ul style="list-style-type: none"> ☞ Implement member incentives for timely compliance with preventive health visits. ☞ Collaborate with two Southeast Region providers with many assigned members ages 3-6 years who are non-compliant for well child visits to encourage families to receive needed visits, and to invite them to Playdate parties, once compliant. ☞ Implement outreach that offers assistance scheduling appointments and an incentive for compliance that targets members in the Southeast Region in need of 12 or 15-month well child visits. ☞ Implement an incentive targeting Black or African American male members who are ages 11-21 years in the Southwest Region who are in need of an adolescent well visit. Members in timely compliance will be entered into a raffle. ☞ Implement outreach that offers assistance scheduling appointments, and an incentive for compliance, targeting members who are ages 19-21 years in the Southeast Region in need of an adolescent well visit.
Women’s Health	<p>Implement a member incentive for members in need of a mammogram that become compliant.</p>
Postpartum Care	<p>Partner with high-volume FQHCs to implement face-to-face home visits by the on-site Plan Care Manager for postpartum members after C-section who miss the post 21-day postpartum follow up visit. The home visits will address the value of the post-partum visit, as well as assistance with transportation and day care services for the member’s other children during the appointment.</p>
Targeted Outreach	<p>Implement an enhanced Targeted Texting function for members in the SafeLink phone program that will provide timely, targeted messages customized for individual member needs, such as appointment reminders, screening checks, and specific health information a member needs based on their diagnoses and conditions.</p>
Clinical Practice Guideline Compliance	<ul style="list-style-type: none"> ☞ Collaborate with the CMO Workgroup to ensure use of consistent guidelines, consistent use of the auditing tool and approach to medical record reviews, and to develop a joint plan to reduce provider abrasion.

Area of Focus	Potential Intervention
	<ul style="list-style-type: none">✦ Implement consistent three-month follow up with non-compliant providers placed on a corrective action plan (CAP) to monitor if provider implemented the CAP.✦ Implement face-to-face education by our Clinical Nurse Liaison targeting low-performing provider practices caring for many members.
Clinical Data Collection	<ul style="list-style-type: none">✦ Develop data transfer capabilities between large provider electronic medical record systems and Peach State's data warehouse to facilitate timely analysis and reporting and provider engagement.✦ Implement more consistent year-round medical record collection and review to facilitate timely analysis and reporting and provider engagement.

Review and Approval

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.



06/30/2016

Dean Greeson, MD, MBA
Senior Vice President, Medical Affairs/Chief Medical Officer
Peach State Health Plan

Date Signed