



**Behavioral Health 2015
Quality Improvement
Program Evaluation**

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I. Introduction

Peach State Health Plan, a National Committee for Quality Assurance (NCQA) accredited managed behavioral health organization (MBHO), administers publicly funded behavioral health contracts in multiple states for Medicaid, Medicare and Health Insurance Exchange populations. Populations served include:

- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Children's Health Insurance Program (CHIP)
- Foster care programs
- Aged, Blind and Disabled (ABD)
- Health Insurance Marketplace (HIM) populations
- Programs for chronic/disabled populations
- Other federal block grant and state subvention funded programs

The Peach State Health Plan Quality Improvement (QI) program is based on the principles of continuous performance improvement (CPI) and is adopted and utilized throughout the organization. Peach State Health Plan believes quality is an organizational value synonymous with performance and incorporates monitoring, analysis and evaluation of clinical services; access to services for members and providers; network adequacy and management; utilization management; operations measures and member and provider satisfaction in the identification of performance improvement opportunities.

The QI Program Evaluation provides a comprehensive analysis of the efficacy of the previous year's QI activities; identifies areas for continued monitoring and improvement; and establishes the framework for the 2016 QI program's priorities and initiatives. This evaluation covers the 2015 calendar year (January 1, 2015 – December 31, 2015). Data analysis includes longitudinal tracking to assist in the identification of performance trends and shifts.

II. Effectiveness of Peach State Health Plan's QI Committees

The Board of Directors for Peach State Health Plan is responsible for the implementation of the quality program, approval of the annual program evaluation and the QI Program description. The quality program, at the direction of the Board, is implemented through the Quality Improvement Committee (QIC). Within the timeframe of this review, the QIC met five times. The main topics reviewed by the QIC included:

- Review and approval of the Quality, Utilization, Case Management and Credentialing Program Descriptions, work plan and Annual Evaluations;
- Updates to the QI work plan;
- Updates to policies and procedures;

- Review and approval of QI activities;
- Oversight of sub-committee work; and
- Monitoring of performance indicators.

The QIC has four defined sub-committees that functioned during 2015. Sub-committees of the QIC with a brief description of their activities and their meetings for the time period are listed below.

Sub-Committee	Composition/Function	Meetings Held
Credentialing Committee (CC)	<p>The committee expanded to include representation from the various disciplines credentialed. The committee includes MDs, PhD's, PsyD, Licensed Clinical Social Works, and Licensed Professional Counselors. The Vice President of Medical Affairs from MHS IN joined the Credentialing Committee as a representative of Primary Care.</p> <p>The committee reviewed and approved applicants for network participation, assessed sanction activity, evaluated new delegates and approved annual oversight audits for existing delegates.</p>	The Credentialing Committee held twelve regularly scheduled meetings with additional meetings scheduled for peer review on an as needed basis.
Utilization Management Committee (UMC)	<p>This internal committee reviewed data for service utilization data on a market and product level; assessed utilization trends as compared to established thresholds; assessed for instances of over and underutilization; monitored the performance and level of satisfaction with the Case Management Program; monitored timeliness of decisions made in the UM Department; evaluated the use of Clinical Fact Sheets for practitioners which provide assistance in managing members with specific diagnoses; assessed inter-rater reliability testing results and action plans and reviewed provider profiling.</p> <p>The focus of the UMC at the end of the year moved to the use of predictive modeling for member population health assessment and provider profiling.</p>	The committee held five meetings.

Sub-Committee	Composition/Function	Meetings Held
Policy and Procedure Committee (P&P)	<p>This internal committee is responsible for the review of all policies for the organization. Departments in attendance are responsible for educating their staffs when a policy impacts their functions or processes.</p> <p>All policies were reviewed on an annual cycle and on an as needed basis following change to contracts and/or laws, statutes and regulations.</p>	The committee held twelve regularly scheduled meetings and three ad hoc meetings.
National Advisory Council (NAC)	Review and approval of the actions identified in response to the 2013 Member Satisfaction Survey; Submission and Approval of Adoption of the SAMHSA Recovery Principles; Review and recommendation to adopt and implement the SAMHSA YSS-F and MHSIP Member Surveys.	Four meetings (two in person; two telephonic) held in 2015.

III. Quality Documentation and Reporting

The Peach State Health Plan 2015 QI work plan identified six priority areas related to QI documentation and reporting:

- QI Annual Documentation
- Policies and Procedures
- Member and Practitioner Notification of Quality Activities
- Customer Reporting
- Provider Profiling

Description on progress in each category related to work plan goals and objectives is discussed below.

QI Annual Documentation

Peach State Health Plan provides supporting guidance and structure to its QI Program through the development and implementation of a QI program description, work plan and the evaluation of previous QI plan activities. Peach State Health Plan met its goal to establish current, actionable QI guidance documents in 2015. Peach State Health Plan's QIC and Board reviewed and approved the implementation of the 2015 QI Work Plan. The work plan acted as the primary data feed into the QI Committees in 2015. The Peach State Health Plan Vice President of Quality and Process Improvement provided updates on work plan progress and reports to the QIC at each meeting in 2015. Approval dates and Committee meeting dates are available in the QIC minutes.

Member and Practitioner Notification of QI Activities

While Peach State Health Plan is not delegated member and practitioner notification of BH QI Activities, Peach State Health Plan ensures its members and practitioners have access to current QI activities and outcomes of quality initiatives. Peach State Health Plan posts reviews and updates to its QI program on its member and practitioner websites and via provider notifications. Peach State Health Plan provides information for members accessing behavioral health services to its health plans for inclusion in health plan member communications. Peach State Health Plan successfully accomplished this task in 2015 and will continue to prioritize this activity in its 2016 QI Plan year.

Policies and Procedures

Peach State Health Plan's Vice President of Quality and Process Improvement chairs the Policy and Procedure (P&P) Committee. All functional area policies are reviewed against applicable federal, state and NCQA requirements and approved by the Committee. The P&P Committee reports quarterly into the QIC. All QI related policies are included for reference in the Peach State Health Plan 2016 QI Program Description. Peach State Health Plan functional area policies are centrally located on Peach State Health Plan's intranet and are used in training and supervision of Peach State Health Plan employees. Peach State Health Plan will continue the goal of complete and accurate policy and procedure development in the 2016 QI Plan year.

Cultural competency is critical to the quality of care provided to members served by Peach State Health Plan. As such, Peach State Health Plan developed Cultural Competency training as part of new employee orientation and ongoing cultural sensitivity support. The organization approved and implemented policies and procedures to guide culturally competent services. Peach State Health Plan continues to prioritize culturally competent care and services and will continue this effort in the 2016.

Customer Reporting

Peach State Health Plan's QI Department set a goal to provide each of its customers (health plans and states) with actionable, data driven reports at least quarterly in 2015. Peach State Health Plan's QI Department significantly changed the scope of the reports to provide a comprehensive, cross functional overview of Peach State Health Plan functional area performance based on quantifiable measures. The reports are broken out into the following categories:

- Service Utilization Measures
- Network Management
- Service Operations Measures
- Improvement Opportunities

Data for each reporting area is provided graphically presenting longitudinal, tracked performance on a market level. Data is stratified by market product and service area, where applicable. The Peach State Health Plan Quarterly QI reports are used by Peach State Health Plan's customers to guide joint oversight committees (JOCs). The JOCs are a customer venue for real time oversight of Peach State Health Plan's performance as a delegated behavioral health vendor. Peach State Health Plan successfully presented aggregate market data specific to each customer in 2015.

The QI Department, in conjunction with the Peach State Health Plan Senior Management Team (SMT) identified an opportunity to further improve customer reporting in 2015. The Peach State Health Plan Vice President, Quality and Process Improvement, with support from the Director, Process Improvement, initiated a cross functional workgroup to redesign external customer quarterly reporting for 2016. Peach State Health Plan effectively rolled out this new reporting format with all of its customers in 2015, with direct project management and oversight by the QI Department. Peach State Health Plan will continue to prioritize this task in the 2016 QI Work Plan.

IV. Performance Monitoring

To further support the quality of its routine reporting, Peach State Health Plan's QI Department monitors participating providers' performance against established performance thresholds. Primarily, Peach State Health Plan reviews provider specific trends to identify areas for individual provider and system improvement. Peach State Health Plan's QI Department routinely monitors the following:

- Complaints
- Quality of Care Concerns (QOC)
- Critical Incidents
- Adherence to Clinical Practice Guidelines
- Adherence to Record Review Standards

Quality Monitoring Report

Peach State Health Plan sets thresholds on the number of complaints, QOCs and critical incidents pertaining to a specific provider during a year measurement period. Peach State Health Plan's Quality Monitoring report is used to support Credentialing Committee (CC) and peer review activities and informs Peach State Health Plan's network management strategy. The performance measures utilized in the Quality Monitoring report are as follows:

- QOC Concerns
 - ≥ 5 Level 1&2 QOC Concerns
 - ≥ 1 Level 3 or 4 QOC Concern

Level 1	No confirmed Quality of Care issue
Level 2	Confirmed Quality of Care issue with no evidence of adverse affect
Level 3	Confirmed Quality of Care issue with the potential for adverse effect
Level 4	Confirmed Quality of Care issue with adverse effect

- Complaints
 - > 1 Complaint

- Critical Incidents
 - Any critical incident
- Corrective Action Plans (CAPs)
 - Appointment Availability
 - QOC Concern improvement activities
 - Utilization Management corrective action
 - Complaint resolution corrective actions

2015 Quality Monitoring Results:

No Peach State Health Plan provider or practitioner exceeded the quality monitoring thresholds for calendar year 2015. Peach State Health Plan set the goal to assess 100% of its contracted providers against the Quality Monitoring standards in 2015. The Peach State Health Plan CC minutes document the review and discussion of the Quality Monitoring Reports by the committee in the evaluation of providers. Market specific trends in complaints and other quality concerns are discussed in Section IV. Peach State Health Plan successfully met this goal in 2015 and continues to prioritize this monitoring activity in its 2016 QI Work Plan.

Clinical Practice Guidelines (CPGs)

For reporting year 2015, Peach State Health Plan chose to measure adherence to the following clinical practice guidelines:

- Practice Guideline for the Treatment of Patients with Major Depressive Disorder, third edition, from the American Psychiatric Association;
- Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder, from the American Academy of Child and Adolescent Psychiatry; and
- Practice Guideline for the treatment of patients with schizophrenia, second edition, from the American Psychiatric Association.

Peach State Health Plan presented the proposed CPGs to the QIC for review and approval, per the 2015 QI work plan goals.

Peach State Health Plan adopted and disseminated clinical practice guidelines that are relevant to the needs of its enrolled members. Peach State Health Plan believes clinical practice guidelines help practitioners and members make decisions about appropriate care for specific clinical circumstances. To determine practitioner adherence to its clinical practice guidelines, Peach State Health Plan annually measures performance against important aspects of selected guidelines.

For the reporting period of January 1, 2015 through December 31, 2015, Peach State Health Plan identified the following specific aspects of care for measurement and analysis for the following CPGs:

- Practice Guideline for the Treatment of Patients with Major Depressive Disorder, from the American Psychiatric Association
- Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder, from the American Academy of Child and Adolescent Psychiatry; and
- Practice Guideline for the treatment of patients with schizophrenia, second edition, from the American Psychiatric Association.

Practice Guideline for the Treatment of Patients with Major Depressive Disorder

- *Measurement 1: Antidepressant Medication Management—Effective Acute Phase (AMM Acute)*
- *Measurement 2: Antidepressant Medication Management—Effective Continuation Phase (AMM Continuation)*

Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention Deficit/Hyperactivity Disorder

- *Measurement 1: Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase (ADD Init)*
- *Measurement 2: Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD Continuation)*

Practice Guideline for the Treatment of Patients with Major Depressive Disorder

- *Measurement 1: Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)*
- *Measurement 2: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)*

Methodology

All data collection conforms to the 2016 HEDIS Technical Specifications.

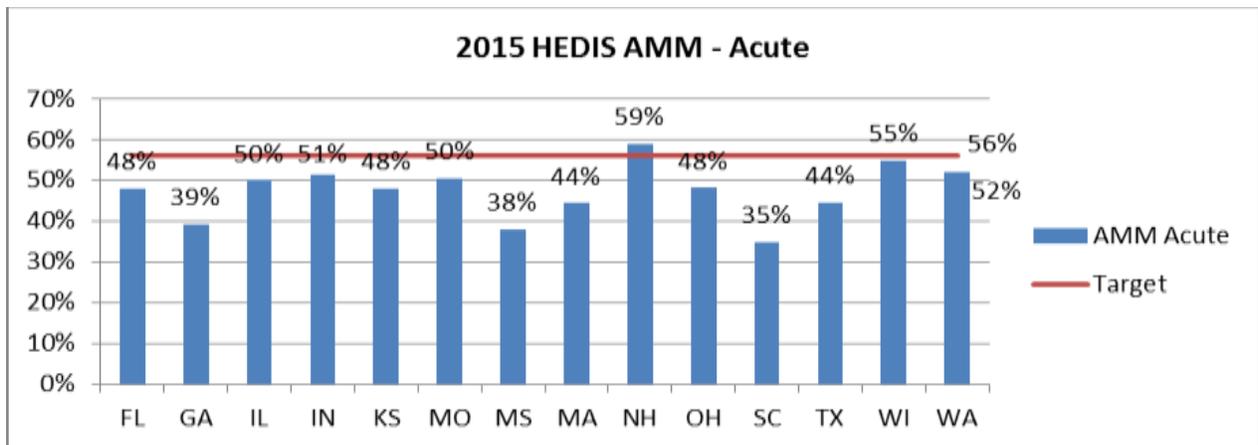
Data sources: Claims data.

Performance goal: Listed in the table below for each measure.

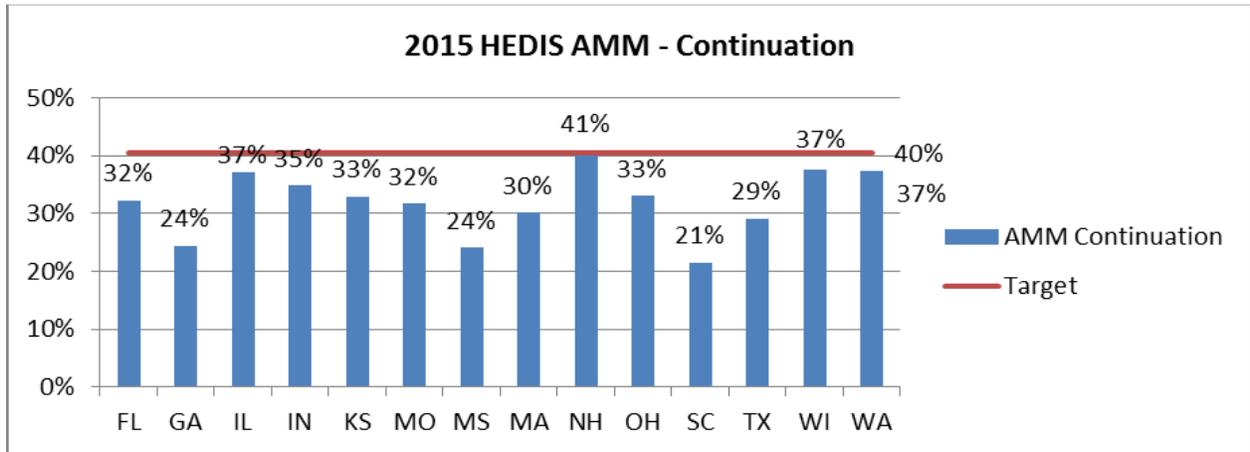
Antidepressant Medication Management (AMM)

Peach State Health Plan performance on the Antidepressant Medication Management (AMM) Acute Phase indicator was below the HEDIS 75th percentile (56.15%), but increased slightly from the 2014 performance (44.8% to 46.7%, respectively), but is statistically significant ($p < .0002$). A review of market specific performance for this reporting period indicates one positive market outlier, New Hampshire (58.9%), is slightly above the performance target of 56.1%.

Peach State Health Plan HEDIS Rates: Antidepressant Medication						
Goal: NCQA 75 th Percentile:						
Acute Phase – 56.15% Continuation Phase-40.48%						
AMM Indicator	2014			2015		
	Num	Denom	Rate	Num	Denom	Rate
Effective Acute Phase Treatment	7707	17210	44.8%	13214	28302	46.7%
Effective Continuation Phase Treatment	5053	17210	29.4%	8933	28302	31.6%



Performance on the Continuation Phase indicator increased slightly from 29.4% in 2014 to 31.6% in 2015, but did not reach the 75th percentile (40.48%). The increased aggregate performance rate was statistically significant ($p < .0000$). Again, the NH market performed above the 75th percentile with a rate of 41%.



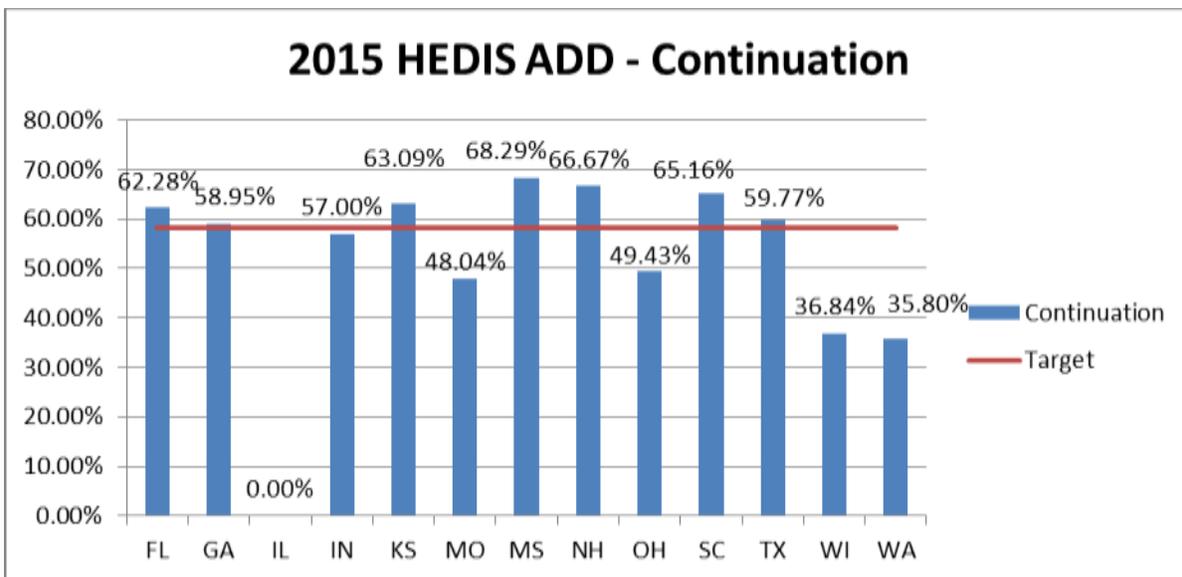
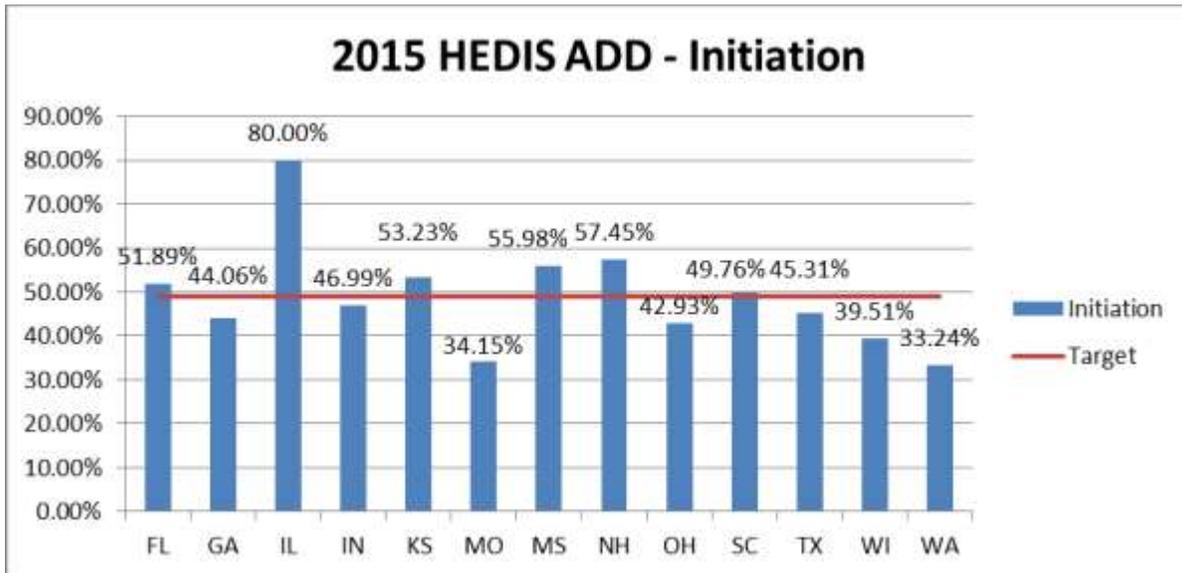
Barriers & Interventions

Root Cause/Barrier	Proposed Intervention	Selected	Date
Practitioners not adhering to the Depression (AMM) CPG.	Provide Tool Kits to Primary Care Practitioners to ensure they have accurate and useful information to enable them to adhere to the Depression CPG's.	Yes	04/01/15
Members and parents/guardians are not adhering to medication treatment plans.	Conduct targeted scheduled clinical outreach calls to assess medication compliance and treatment needs for members being treated for Depression.	Yes	01/01/15

Attention Deficit Disorder (ADD)

The Attention Deficit Disorder (ADD) rate decreased slightly in both phases of the measure in 2015. The Peach State Health Plan Overall Acute Phase Rate declined from 47.32% in 2014 to 46.25% in 2015. The decline was statistically significant ($p < .0305$). The Continuation Phase also declined slightly from 59.52% in 2014 to 58.31% in 2015.

Peach State Health Plan HEDIS Rates: Attention Deficit Disorder						
Goal: NCQA 75 th Percentile:						
Initiation Phase – 49.07% Continuation and Maintenance Phase- 58.36%						
ADD Indicator	2014			2015		
	Num	Denom	Rate	Num	Denom	Rate
Effective Initiation Phase Treatment	10004	21140	47.32%	10987	23755	46.25%
Effective Continuation Phase Treatment	2364	3972	59.52%	2519	4320	58.31%



The IL ADD Initiation rate was at 80.00% in 2015, but only had five members in the denominator. The Continuation and maintenance phase requires medication compliance for at least 210 days and in addition to the initiation phase visit, at least two follow-up visits with a practitioner within 270 days after the initiation phase ends. At the time of data collection for this report, all five members had not completed the run out for the Continuation Phase. The performance rate of 0.00% illustrated above should be interpreted with caution, as the number of members to successfully complete the Continuation Phase has yet to be determined.

Barriers & Interventions

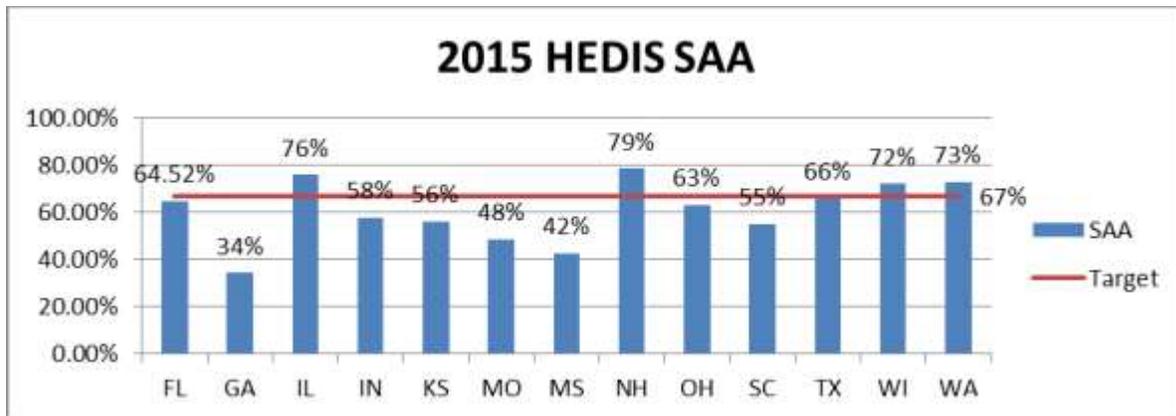
Root Cause/Barrier	Proposed Intervention	Selected	Date
Practitioners not adhering to the ADD/ADHD CPG	Provide Tool Kits to Primary Care Practitioners to ensure they have accurate and useful information to enable them to adhere to the Depression and ADHD CPG's	Yes	04/01/15
Members are not aware of appointments and the need to attend them for ADD/ADHD medications	Use a Proactive Outreach Management system to make automated calls to members to engage them in case management	Yes	03/01/15
Members and parents/guardians are not adhering to medication treatment plans.	Conduct targeted scheduled clinical outreach calls to assess for medication compliance and treatment needs for members being treated for ADD/ADHD treatment	Yes	01/01/15

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

The Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) measure declined overall for Peach State Health Plan from 62.31% in 2014 to 52.22% in 2015. The decrease is statistically significant ($p < .0000$). However, the results should be interpreted with caution, at the time of this analysis; the measurement period had not closed on this metric.

Peach State Health Plan HEDIS Rates: Adherence to Antipsychotic						
Goal: NCQA 75 th Percentile: 66.96%						
SAA Indicator	2014			2015		
	Num	Denom	Rate	Num	Denom	Rate
SAA Measure	6664	10695	62.31%	6427	12308	52.22%

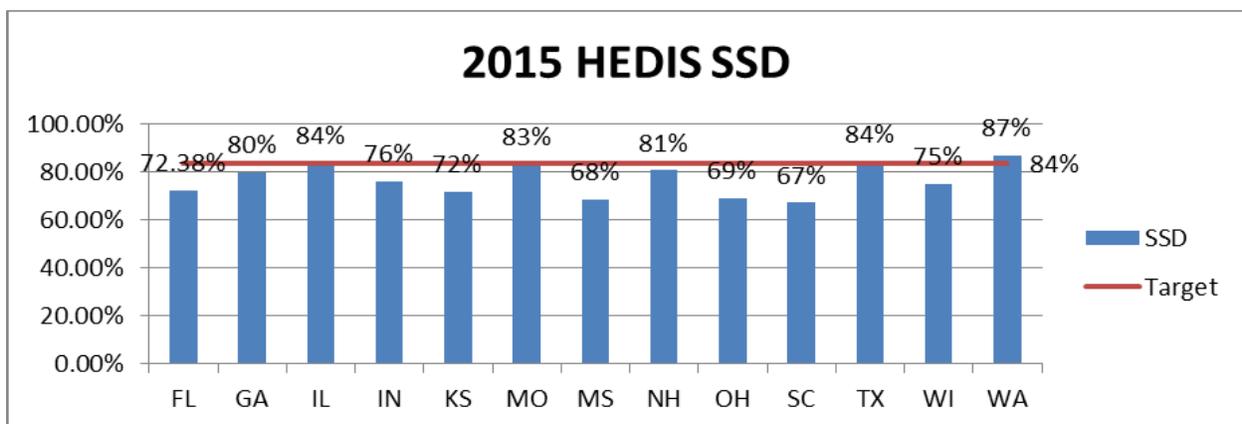
As the SAA measure is relatively new, no interventions were implemented during 2015 to impact the measure. Four of Peach State Health Plan markets, IL, NH, WI and WA exceeded the 75th percentile goal of 66.96% in 2015. Peach State Health Plan's lowest trending markets, GA, MS and MO, will be targeted for focused intervention in 2016. Peach State Health Plan will leverage its existing disease management staff in the development and implementation of a targeted medication adherence campaign to assist members with understanding the need for their medication treatment and provide them tools to better manage their care.



Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)

The aggregate Peach State Health Plan rate for the SSD measure increased from 70.02% in 2014 to 76.95% in 2015, but did not meet the 75th percentile (83.84%) goal. The increase is statistically significant ($p < .0000$), but is expected to continue to trend upward as the data for 2015 data is received in its entirety. Several Peach State Health Plan markets, MO, TX, WA and IL met or exceeded the 75th percentile goal for 2015. The lowest trending markets MS, OH and SC will be targeted for focused interventions in 2016.

Peach State Health Plan HEDIS Rates: Diabetes Screening for People with Schizophrenia and Bipolar Disorder Who are Using Antipsychotic						
Goal: NCQA 75 th Percentile: 83.84%						
SSD Indicator	2014			2015		
	Num	Denom	Rate	Num	Denom	Rate
SSD Measure	10205	14575	70.02%	12127	15760	76.95%



Barriers & Interventions

Root Cause/Barrier	Proposed Intervention	Selected	Date
Practitioners not ensuring members are tested for diabetes when taking an antipsychotic medication	Train clinical staff on the requirements of the SSD measure to ensure staff remind inpatient facility practitioners to test all members on antipsychotic medications and coordinate care appropriately	Yes	04/01/15
Practitioners not ensuring members are tested for diabetes when taking an antipsychotic medication	Conduct targeted medical record reviews of high volume practitioners in the MS, OH and SC markets to provide focused technical assistance and corrective action	Yes	02/01/16

Medicaid Summary

As outlined above, Peach State Health Plan's enterprise wide results for the AMM, ADD, SAA and SSD measures indicate opportunities for improvement overall. Recognizing these are shared measures between physical and behavioral health, Peach State Health Plan has established ongoing work groups in which the clinical and quality staff interface with health plan partners to develop interventions from a collaborative perspective. Peach State Health Plan has also begun participating in the health plan HEDIS steering committees to ensure information sharing and discussion about market trends and best practices are continuously incorporated into activities.

Ambetter Results

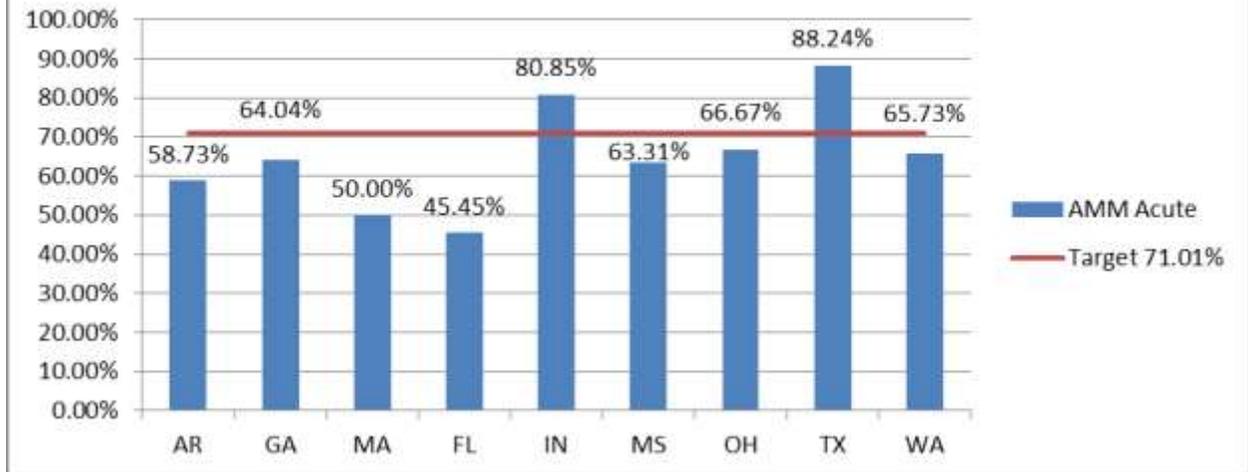
For the Ambetter product the age range for the ADD measure (6-12 years old) excludes it from reporting. However, the AMM, SAA and SSD measures are analyzed and reported below:

Antidepressant Medication Management (AMM)

The Ambetter AMM Acute rate declined from 65.57% in 2014 to 59.51% in 2015. The decrease is not statistically significant, ($p < .0680$), but the AMM Acute measurement remained below the 75th percentile goal of 71.01%.

Peach State Health Plan Ambetter HEDIS Rates: Antidepressant Medication						
Goal: NCQA 75 th Percentile:						
Acute Phase – 71.01% Continuation Phase- 54.34%						
AMM Indicator	2014			2015		
	Num	Denom	Rate	Num	Denom	Rate
Effective Acute Phase Treatment	160	244	65.57%	1295	2176	59.51%
Effective Continuation Phase Treatment	137	244	56.15%	1014	2176	46.60%

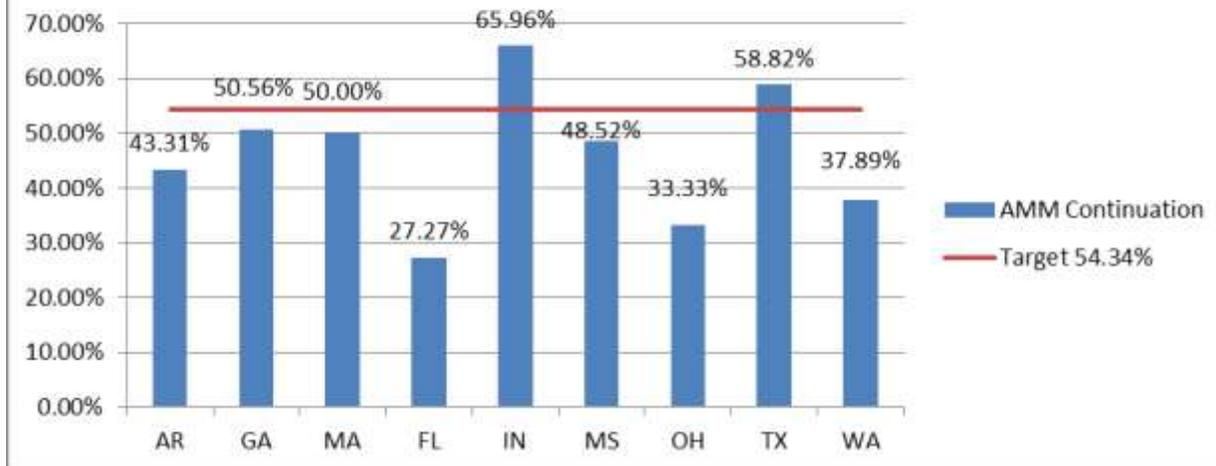
2015 Ambetter HEDIS AMM Acute



The Continuation Phase decreased from 56.15% in 2014 to 46.60% in 2015. This change is statistically significant ($p < .0072$). The 2015 Ambetter AMM Continuation measurement fell below the 75th percentile goal of 53.34%.

The Arkansas market contributed the majority of Ambetter members to the AMM measure, making up 1663 of the 2176 eligible members in 2015. Peach State Health Plan identified the need to increase staff levels to accommodate the fast growing Ambetter product. In the fourth quarter of 2015, Peach State Health Plan hired three additional staff to support the Arkansas market.

2015 Ambetter HEDIS AMM Continuation



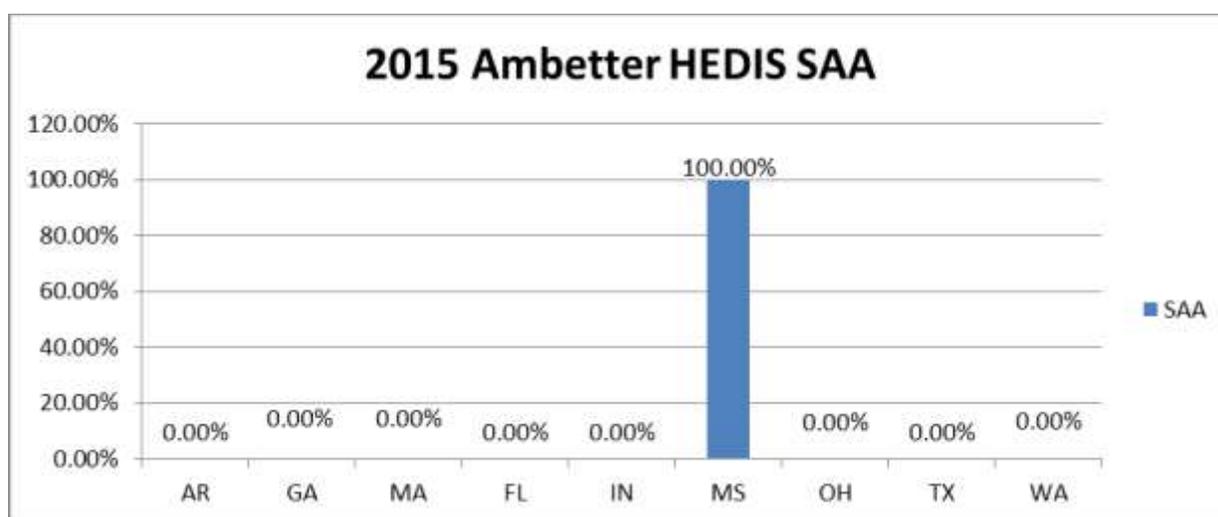
Barriers & Interventions

Root Cause/Barrier	Proposed Intervention	Selected	Date
Practitioners not adhering to the Depression (AMM) CPG	Provide Tool Kits to Primary Care Practitioners to ensure they have accurate and useful information to enable them to adhere to the Depression CPG's	Yes	04/01/15
Members and parents/guardians are not adhering to medication treatment plans.	Conduct targeted scheduled clinical outreach calls to assess medication compliance and treatment needs for members being treated for Depression.	Yes	01/01/15

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

The denominator for the Ambetter SAA measure was 68 members at time of data collection for this report. A review of available HEDIS data indicated only one denominator member met criteria for inclusion in the numerator. Peach State Health Plan addressed this issue with its corporate parent who manages the HEDIS data collection and reporting on behalf of Peach State Health Plan. Upon review, we determined that Ambetter product HEDIS performance was not fully programmed, indicating that the rate as reported is truncated. Peach State Health Plan will continue to work with its corporate parent to ensure that all behavioral health related HEDIS metrics are programmed for both the Medicaid and health insurance marketplace (Ambetter) populations.

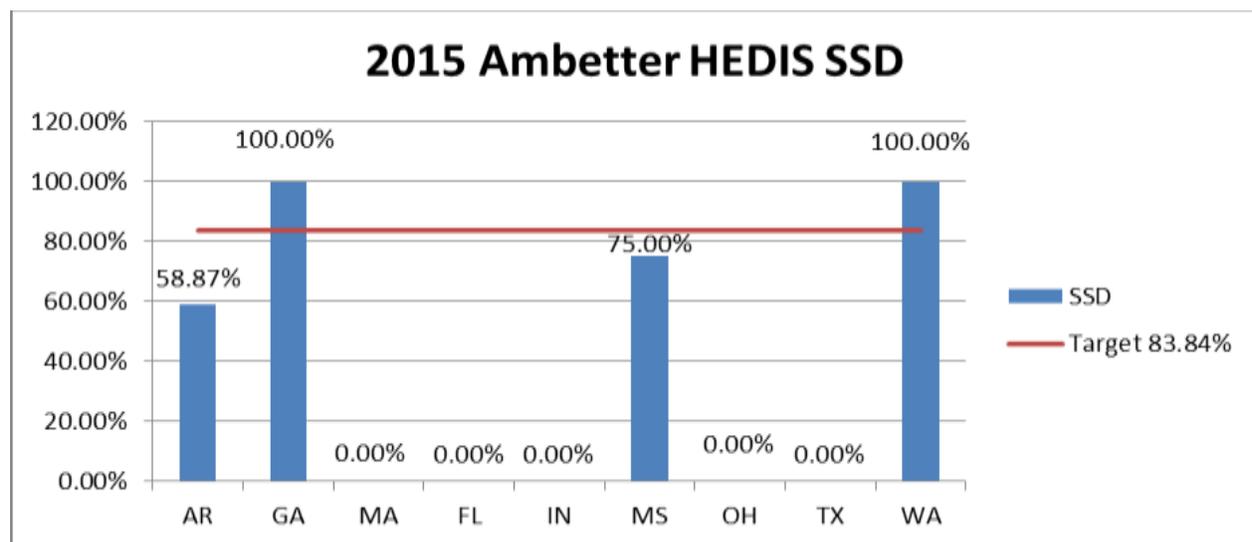
Peach State Health Plan Ambetter HEDIS Rates: Adherence to Antipsychotic Goal: NCQA 75 th Percentile: Not Established			
SAA Indicator	2015		
	Num	Denom	Rate
SAA Measure	1	68	1.47%



Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)

The majority of members in the Ambetter SSD measure originated from the Arkansas market, with a total of 141 out of 149 eligible members this reporting year. Peach State Health Plan faced challenges related to the Ambetter SSD, in that the logic for the collection data was not complete in time for inclusion this report. Historical data is not available for comparison, as calendar year 2015 is the first full year of HEDIS data collection for the Ambetter product.

Peach State Health Plan Ambetter HEDIS Rates: Diabetes Screening for People with Schizophrenia and Bipolar Disorder Who are Using Antipsychotic			
Goal: NCQA 75 th Percentile: 83.84%			
SSD Indicator	2015		
	Num	Denom	Rate
SSD Measure	90	149	60.40%



Barriers & Interventions

Root Cause/Barrier	Proposed Intervention	Selected	Date
Practitioners not ensuring members are tested for diabetes when taking an antipsychotic medication	Train clinical staff on the requirements of the SSD measure to ensure staff remind inpatient facility practitioners to test all members on antipsychotic medications and coordinate care appropriately	Yes	04/01/15

Ambetter Summary

The Ambetter product posed a unique challenge in that it's a small fraction of the overall membership in each market and often requires different providers than those traditionally established in the Medicaid network. In 2015, the Peach State Health Plan Network Team focused on expanding the Ambetter provider network in all markets, placing

priority on Arkansas as it has the largest membership. Three additional staff members have been hired to support the Arkansas market.

As articulated in the aforementioned Ambetter results and analysis, Peach State Health Plan's enterprise wide results for the AMM, SSD and SAA measures indicate opportunities for improvement. No historical data was available for comparison, as 2015 was the first full year of Ambetter data collection. In addition, the Ambetter HEDIS performance was not fully programmed, indicating some rate results may not be fully reflective of performance. Peach State Health Plan is working with its corporate parent to ensure that HEDIS data collection and reporting is programmed specific to the Ambetter population.

Also, recognizing the AMM, ADD, SSD and SAA are shared between physical and behavioral health, Peach State Health Plan has established ongoing work groups in which our clinical and quality staff interface with health plan partners to develop interventions from a collaborative perspective. Peach State Health Plan QI has also begun participating in the health plan HEDIS steering committees to ensure information sharing and discussion about market trends and best practices are continuously incorporated into activities.

Continuity and Coordination of Behavioral and Physical Health Care

Peach State Health Plan prioritizes continuity and coordination of member care across its service system and with medical systems as a primary driver of positive member outcomes. Peach State Health Plan uses member inpatient discharge information to coordinate transitions in behavioral healthcare across the behavioral health service delivery system. Peach State Health Plan collaborates with relevant medical delivery systems and uses information at its disposal to coordinate between behavioral healthcare and medical care. Peach State Health Plan monitors the following areas to ensure collaboration between the behavioral health and medical systems:

- Evaluation of medical provider/practitioner satisfaction with the frequency and timeliness of behavioral health practitioner communications regarding their members;
- Results of medical record reviews assessing compliance with PCP communication and coordination between behavioral health providers;
- Exchange of information between behavioral health care and primary care practitioners and other relevant medical delivery system practitioners or providers;
- Appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care;
- Appropriate use of psychopharmacological medications;
- Management of treatments access and follow up for members with coexisting medical and behavioral disorders; and
- Implementation of a primary or secondary behavioral health program.

Continuity and Coordination of Behavioral Healthcare

Peach State Health Plan uses member inpatient discharge information to coordinate transitions in behavioral healthcare across the behavioral health service delivery system. The following section details the methodology and data analysis for this coordination activity.

Communication of Discharge Plans with Outpatient Behavioral Health (BH) Providers

Peach State Health Plan conducted a medical record review of a sample of high volume outpatient provider sites in 2015. The sample was comprised of 225 enrollee medical record files.

Continuity and Coordination of behavioral healthcare was assessed via review of medical record documentation. The audit tool contains one indicator targeting comprehensive treatment planning, including communication and coordination of members' treatment between behavioral health providers and practitioners.

Additionally, the Peach State Health Plan medical record review tool evaluates behavioral health practitioner compliance with ongoing communications with members' Primary Care Providers (PCP). The requirement is met if documentation (reports, conference notes) included in the members' medical records indicates that the primary behavioral health clinician shared pertinent behavioral health treatment information with PCPs to coordinate care.

The audit tool also assesses compliance with timely aftercare compliance for members discharged from an inpatient setting. The standard is met if the medical record includes documentation of the members' discharge plans; identification of the outpatient provider; a follow up appointment date within 7 days of discharge; and a progress note or case summary clearly outlining the services provided for the follow up appointment.

Results of the audit for the three identified questions are provided below. Peach State Health Plan initiated the following monitors and activities to improve member continuity and coordination of care.

Review Tool Categories	Performance	Rate
Treatment Plan Components Completeness of treatment plans including member education and support systems, evidence of communication among behavioral health clinicians, plans for discharge from outpatient care	1252/1367	92%
Identification of and communication with the PCP Documentation of behavioral health practitioner communication and coordination of treatment with the member's primary care physician.	219/294	74%
Follow-up Appointments Documentation of follow up appointments after discharge from an inpatient facility; clearly identified discharge criteria on discharge plans.	148/187	79%

Providers did not meet the Peach State Health Plan goal of at least 85% compliance with two of the three key medical record standards listed above in 2015. Review of documentation for coordination and communication of behavioral healthcare treatment with completeness of treatment plans indicated 92% (1252/1367) compliance. Performance on this indicator demonstrated a statistically significant improvement ($p < .0000$) from 74% in 2014 to 92% in 2015 (24%), and exceeded the target rate of 85%.

For the 225 enrollee medical records reviewed, (219/294) of the medical review questions demonstrated compliance with behavioral health practitioners' communication and coordination of treatment with a member's primary care physician. The audit result yielded a compliance rate of 74% and is 13% below the target of 85%. Additionally, 79% (148/187) of the review questions demonstrated compliance with documenting engagement and follow up after discharge from an inpatient facility, results yielded in 2015 fell below the target rate in 85%.

Results of the medical record review act as a leading indicator into network performance related to continuity and coordination of care. 2015 results indicate there are opportunities for improvement related to identification of members' PCPs and ensuring treatment coordination with providers and practitioners.

Peach State Health Plan's clinical team conducts the following care coordination activity to address this identified gap in coordination of member services.

1. Methodology

Eligible Population: All behavioral health members hospitalized in an inpatient setting

Inclusion criteria: Discharge from an inpatient setting for a mental health disorder. Exclusion

criteria: Discharge summaries that contain documentation related to:

- HIV/AIDS or substance abuse/chemical dependency
- No signed consent from the member to release information
- Discharge summaries without an identified behavioral health practitioner.

Denominator description: The eligible population as identified above

Numerator description: All discharge summaries in the denominator meeting the inclusion criteria as listed above that were faxed to the member's identified behavioral health clinician scheduled to provide aftercare services.

Data source: All denominator and numerator data is collected from TruCare, the Peach State Health Plan Clinical Management Software. Peach State Health Plan uses a standardized report extraction methodology utilizing data entered in a discharge summary assessment in TruCare.

Measurement period: Annually, January 2015 – December 2015

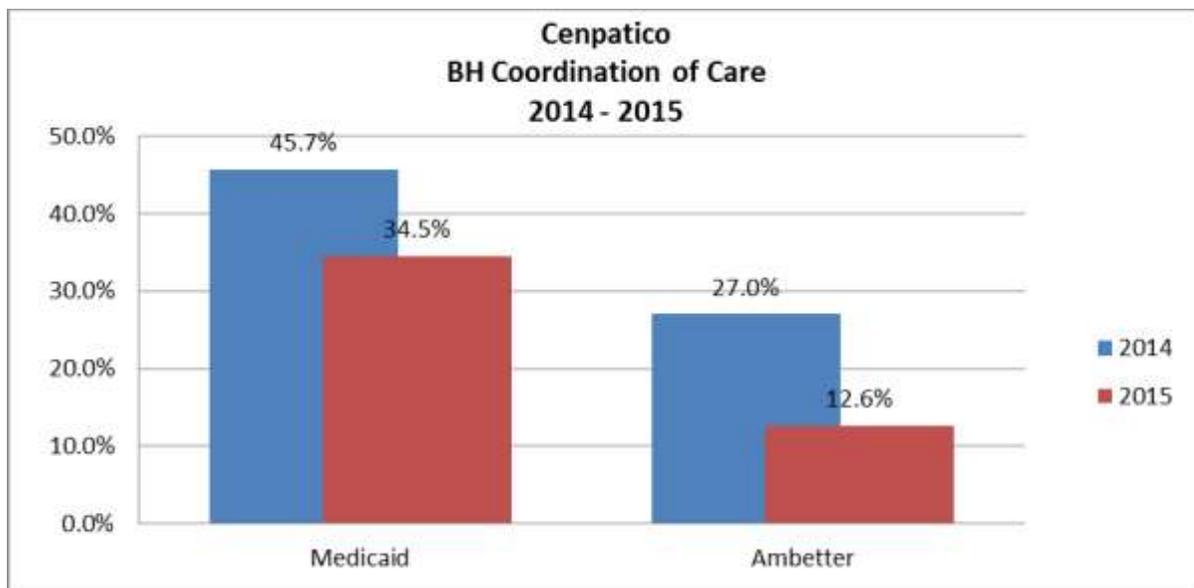
Reporting frequency: Peach State Health Plan monitors progress on the coordination measure monthly and provides longitudinal analysis of rates annually.

2. Goal

Increase the rate of member discharge summaries faxed to behavioral health practitioners to 65%.

3. Quantitative Analysis

The graphs and tables below show the rate discharge summaries were faxed to the behavioral health practitioner scheduled to provide aftercare services to members after discharge from an acute inpatient hospitalization.



Peach State Health Plan demonstrated a statistically significant decrease ($p < .0000$) in the number of eligible discharge assessments faxed to the members' behavioral health practitioners scheduled to provide aftercare for members discharged from a behavioral health inpatient setting faxed discharges. Performance for this indicator remains below the 65% goal and declined from the 2014 performance of 46% (8566/18740) to 35% (9367/27145) in 2015.

A review of 2015 data indicates that sixty-five percent (65%) of the assessments were not faxed because they either contained substance abuse documentation (15%), protected health information (PHI) (2%), the PCP's fax or name was unknown (27%) or the discharge assessment was not received from the inpatient facility (18%).

The clinical team will continue to assist the member in receiving an outpatient appointment during discharge planning and fax the member's information to the

outpatient provider. Peach State Health Plan has opportunities for improvement to increase our eligible fax rate performance.

Peach State Health Plan Ambetter also demonstrated a significant decline ($p < .0000$) in the number of eligible discharge assessments faxed. Performance decreased from 27.0% in 2014 to 12.6% (88/699) in 2015 demonstrating a statistically significant decrease ($p < .0000$) by 87% in 2015. Total discharge assessments increased in the Ambetter market from 2014 (148) to 2015 (699).

4. Barrier Analysis and Interventions

Barrier	Proposed Intervention	Selected	Date
For All Products: Primary outpatient (OP) behavioral health (BH) clinician information is not known/ identified.	Retrain Peach State Health Plan clinicians that the importance of investigating the OP BH clinician's information helps to coordinate care for our members.	Yes	Q3'2015 Peach State Health Plan clinical staff responsible for obtaining and faxing discharge assessments were retrained on the expectation to investigate, if unknown, the name and contact information for the member's OP BH clinician; where to find the OP BH clinician contact information in TruCare and appropriate TruCare designations based on the outcome of contact with the OP BH clinician.

5. Conclusion

Peach State Health Plan continues to work with discharging facilities and outpatient practitioners to facilitate the exchange of information across the continuum of care utilized by individual members. Ensuring that Peach State Health Plan clinicians are included in the first steps of discharge planning from an inpatient event will allow Peach State Health Plan's clinicians to engage early on with members and assist members in identifying their primary behavioral health clinicians. Additionally, the process improvement of using Peach State Health Plan customer service representatives (CSRs) to facilitate the immediate, real time transfer of facility utilization management (UM) staff to their appropriate Peach State Health Plan clinician will ensure timely receipt of member inpatient stay and discharge planning to ensure continuity and coordination of care. These interventions are focused on improving the overall rate of member health information shared between inpatient and outpatient providers to improve the coordination and continuity of care for members receiving behavioral health services in the Peach State Health Plan network.

Timely follow up to Outpatient Services after Hospitalization

Peach State Health Plan is fully responsible for the management of its members' behavioral health services, including assisting members in receiving timely outpatient behavioral health services following a discharge from an inpatient facility for a mental illness. Peach State Health Plan uses the HEDIS Follow up after Hospitalization for a Mental Illness (FUH) to track the timely transition to outpatient services following a discharge from an inpatient psychiatric hospitalization. Peach State Health Plan extracts follow up data using claims, mirroring the HEDIS specification and includes all eligible members discharging from an inpatient hospitalization. The following section details the methodology, data analysis and actions for improvement for this activity.

1. Methodology

Population: All members ages 6 and up who are discharged from an inpatient facility for treatment of a mental health diagnosis.

Inclusion criteria: All members ages 6 and up. Members must be discharged to the community and with a mental health diagnosis.

Exclusion criteria: Any member below the age of 6. Any member as defined in the inclusion criteria who was discharged to a skilled nursing facility or other acute inpatient placement, including psychiatric residential treatment. Any member who readmits to the hospital for treatment of a physical health need. Any member who readmits to an acute facility for a mental health diagnosis within 30 days of discharge will not be included in that month's calculation. The discharge following the readmission, if not meeting the exclusion criteria above, will be included in the following measurement period.

Denominator description: The eligible population as identified above.

Numerator description: Members in the denominator who had an outpatient, intensive outpatient or partial hospitalization service within 7 days of discharge.

Data source: Peach State Health Plan administrative claims data

Measurement period: Annually, January 1 – December 1.

Reporting frequency: Peach State Health Plan monitors progress on the follow up measure monthly and provides longitudinal analysis of rates quarterly.

2. Goal

Increase the rate of member follow up with an outpatient mental health provider within 7 days of discharge from an inpatient facility to meet or surpass the HEDIS national Medicaid 75th percentile.

Minimum performance standard:

- 7 Day FUH 46.22% (HEDIS 50th percentile)
- 30 Day FUH 66.64% (HEDIS 50th percentile)

Benchmark:

- 7 Day FUH 54.45% (HEDIS 75th percentile)
- 30 Day FUH 75.28% (HEDIS 75th percentile)

3. Quantitative Analysis

Peach State Health Plan's 7 day FUH performance increased slightly from 48.79% in 2014 to 49.30% in 2015, but did not reach the 75th percentile benchmark (54.45%).

The 30 day FUH rate demonstrated a statistically significant decline ($p < .0000$) from 72.31% in 2014 to 64.04% in 2015, but fell short of the 75th percentile goal in 2015.

These results must be interpreted with caution as data for this report was extracted in Dec. 2015 and may not be fully reflective of 2015 performance due to claims lag.

Peach State Health Plan HEDIS Rates: Follow up after Hospitalization for a Goal: NCQA 75th Percentile: FUH 7 Day Goal – 54.45% FUH 30 Day Goal – 75.28%						
	2014			2015		
	Num	Denom	Rate	Num	Denom	Rate
FUH 7 Day	10935	22411	48.79%	11102	22519	49.30%
FUH 30 Day	16206	22411	72.31%	14422	22519	64.04%

There are multiple factors affecting the overall Peach State Health Plan performance on this measure. In two markets (OH & SC) the majority of outpatient services are carved out to fee for service providers who contract directly with the state. This limits Peach State Health Plan's reach and influence, as Peach State Health Plan only managed the inpatient portion of the behavioral health benefit. Historically, the Mississippi (MS) market carved out inpatient services allowing Peach State Health Plan to only manage outpatient care. Effective December 1, 2015, inpatient services were carved in and Peach State Health Plan began managing inpatient and outpatient care. Managing both levels of care will reduce previous barriers in care coordination and increase the success of discharge planning.

Peach State Health Plan faced barriers to performance in Illinois (IL), as the IL health plan uses an in house integrated care team that manages all care coordination and clinical planning for behavioral health members, with Peach State Health Plan acting in an administrative capacity for utilization management.

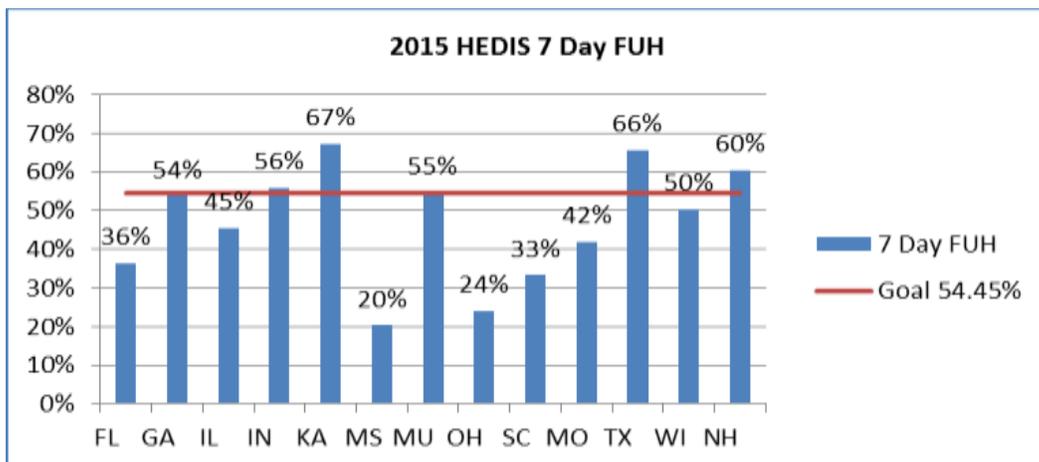
It should be noted that Peach State Health Plan's 30 Day FUH performance increased in the IL market as compared to the previous year from 51.52% in 2014 to 60.25% in 2015,

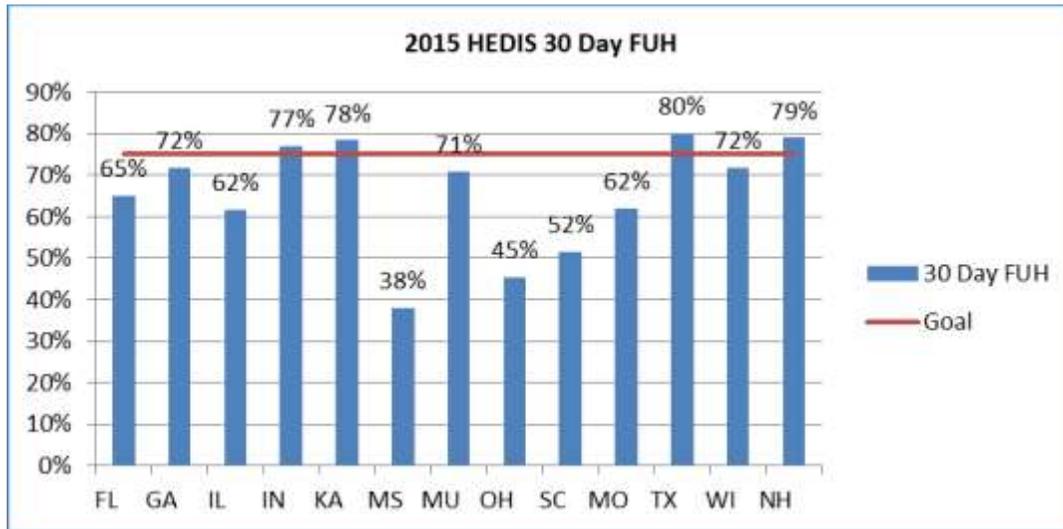
which is statistically significant ($p < .0000$). This is a true success for the IL market as performance increased despite the aforementioned mentioned barriers.

During 2014, an objective of providing a HEDIS overview and training for network staff was set in place and continued into 2015. It was important for network services to be empowered with information so that they could explain the FUH measures to providers and articulate how HEDIS relates to daily provider activities. The Texas market, which has the highest population, increased the 7 Day FUH rate by 6.32% in 2015 to 65.70%, finishing the year above the 90th percentile (63.85%).

During 2015, TX and IL implemented workgroups to focus on FUH outreach. These workgroups promoted discussion of barriers and produced outcomes that contributed to the upward trend in FUH rates.

Kansas (KS) reported the highest rate in 2015 at 67.20%. The improvement in this market exceeded the 90th percentile benchmark of 63.85%.





4. Barrier Analysis and Interventions

Number	Root Cause/Barrier	Category	Rank Order
1	Lack of hospital discharge planning	Clinical	2
2	Members are not attending follow up appointments	Member Compliance	1
3	Lack of step down/outpatient clinic appointments available	Provider/Network Development	4
4	Providers are submitting claims for allowable FUH services but are receiving denials	Network/Operations	5
5	Members are difficult to reach once discharged from the inpatient facility	Clinical/QI	3

Number	Solution Description	Selected for Implementation (Yes/No)	Date
1	A daily DSS report was requested for discharged members for Clinical Team outreach	Yes	Ongoing; started in March 2015
2	Clinical Staff trained/retrained on the FUH measure and outreach	Yes	Ongoing; started in April 2015
3	FUH Workgroups implemented in FL, IL, and OH	Yes	Ongoing; started in March 2015

5. Conclusion

Peach State Health Plan improved in performance as reported in the 2015 measurement period for the FUH 7 day indicator. Peach State Health Plan embedded the HEDIS FUH measure as a core business performance measure for the organization. Peach State Health Plan continues to actively monitor performance on this measure, utilizing NCQA-recognized best

practices to drive improvements. Those practices include ongoing facility education and data sharing, monitoring of claims distribution and mental health practitioner types to ensure accurate mapping across Peach State Health Plan and Centene data systems, and standard monitoring of clinical staff outreach activities to ensure valid supplemental data for consideration in final auditing of this measure for submission to NCQA.

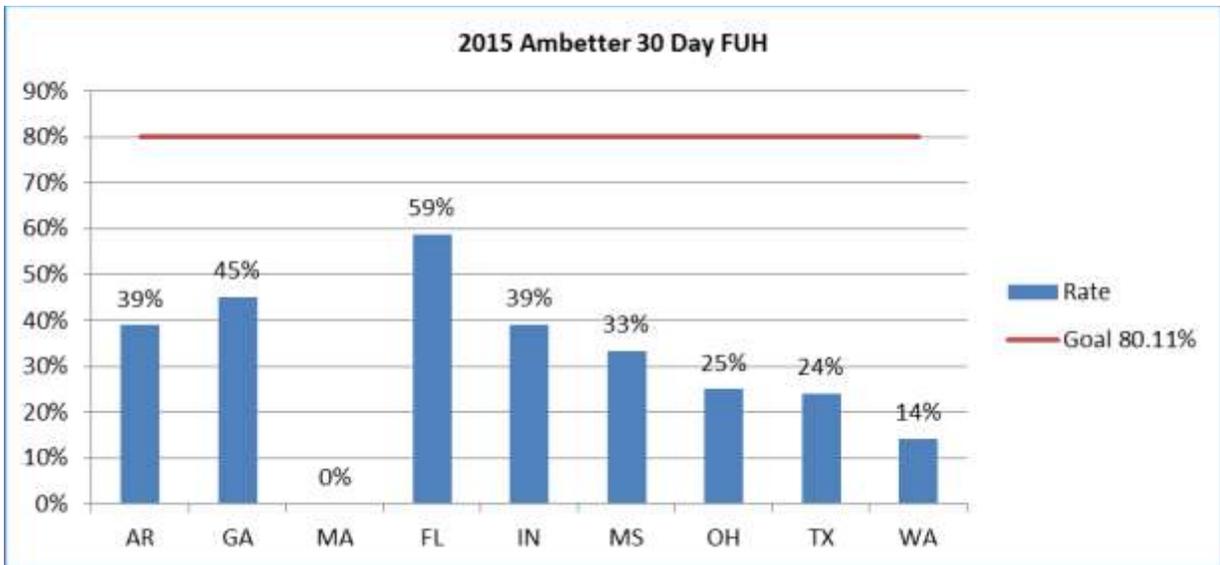
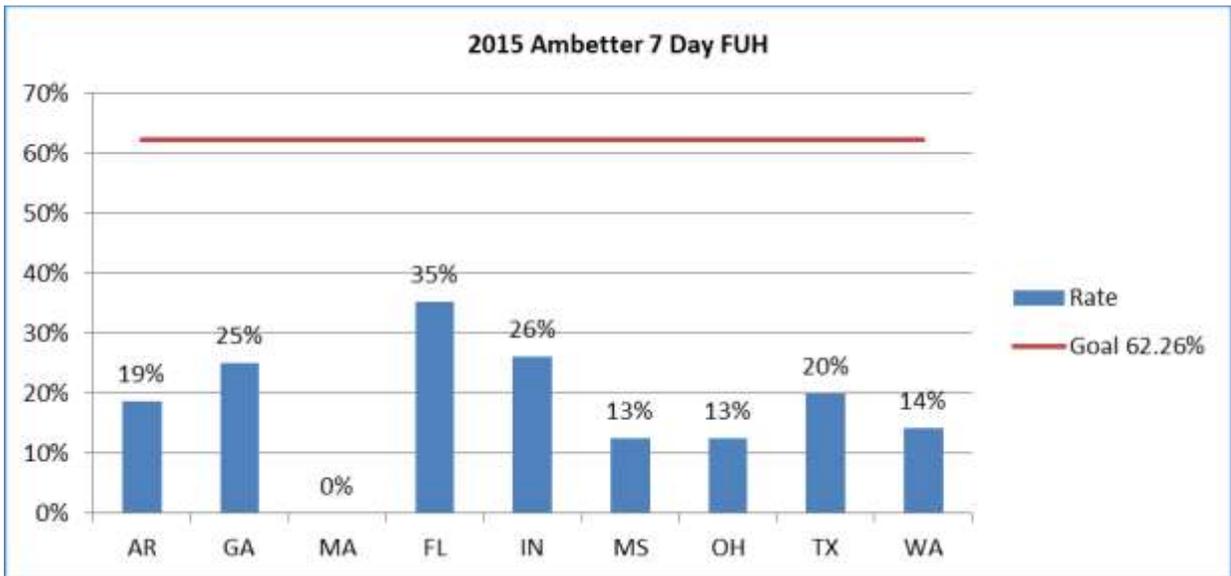
Ambetter

The Ambetter product saw steady increases from 2014 to 2015 on both FUH metrics. The 2014 7 day FUH rate of 3.06% was surpassed by the 2015 rate of 19.34%. Similarly the 30 Day FUH rate in 2014, 5.81%, rose to 38.34% in 2015. Although both measures fell below the 75th percentile goals in 2015 (7 Day FUH 63.26% and 30 Day FUH 80.11%) both made steady improvement moving towards the overall goals. Both of these increases demonstrated statistically significant improvement.

There are several challenges unique to the Ambetter products. The first is that it represents a small portion of the overall membership in each market and the members often need a different provider than the established Medicaid providers already in place for the other products. During 2015 the Peach State Health Plan Behavioral Health (CBH) Network team worked to increase the Ambetter providers in each market.

Peach State Health Plan HEDIS Rates: Follow up after Hospitalization for a						
Goal: NCQA 75th Percentile:						
FUH 7 Day Goal – 63.26% FUH 30 Day Goal – 80.11%						
	2014			2015		
	Num	Denom	Rate	Num	Denom	Rate
FUH 7 Day	10	327	3.06%	112	579	19.34%
FUH 30 Day	19	327	5.81%	222	579	38.34%

The Arkansas market is currently the largest Ambetter market (411 of the 579 members in the aggregate for the FUH measures came from Arkansas) and is also where the most focus has been placed to increase access to providers and increase clinical staffing.



Barrier Analysis and Interventions

Number	Root Cause/Barrier	Category	Rank Order
1	Lack of hospital discharge planning	Clinical	2
2	Members are not attending follow up appointments	Member Compliance	1
3	Lack of step down/outpatient clinic appointments available	Provider/Network Development	4
4	Providers are submitting claims for allowable FUH services but are receiving denials	Network/Operations	5
5	Members are difficult to reach once discharged from the inpatient facility due to inaccurate contact information	Clinical/QI	3

Number	Solution Description	Selected for Implementation (Yes/No)	Date
1	A daily DSS report was requested for discharged members for Clinical Team outreach	Yes	Ongoing; started in March 2015
2	Clinical Staff trained/retrained on the FUH measure and outreach	Yes	Ongoing; started in April 2015
3	Began working with the Member Services team in AR in order to obtain accurate contact information for members	Yes	Ongoing; started in February 2015

Conclusion

Peach State Health Plan's performance increased for the 7 and 30 FUH day rates in 2015. However, these rates continue to fall below the 75th percentile goal. Three additional clinical employees were hired to accommodate the Arkansas market to provide care coordination with an anticipated positive effect on the rates moving forward. In 2016 Peach State Health Plan will continue to complete barrier analysis to identify unique issues impacting this population and to identify interventions to drive improvements.

Appropriate Use of Psychopharmacological Medications

1. Introduction

Peach State Health Plan measures adherence to the clinical practice guideline (CPG), Practice Guideline for the Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications, third edition, (American Psychiatric Association), to assess its network practitioners' compliance with the guidelines for treating and making referrals for treatment of Schizophrenia Disorder and Bipolar Disorder. Peach State Health Plan follows the HEDIS specification for Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using

Antipsychotic Medications (SSD) in collecting measurement data for this CPG. The HEDIS specifications for SSD allow practitioners from both physical health and behavioral health to provide services that contribute toward compliance to this measure.

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

2. Methodology

Population: Members 18-64 years of age

Inclusion Criteria: Must be diagnosed with schizophrenia or bipolar disorder, which were dispensed an antipsychotic medication and have a diabetes screening test during the measurement year.

Must be continuously enrolled for the measurement year with no more than one 45 day gap in enrollment during that measurement year.

Members with a diagnosis of Diabetes.

Identify members with schizophrenia or bipolar disorder as those who met at least one of the following criteria during the measurement year:

- At least one acute inpatient encounter, with any diagnosis of schizophrenia or bipolar disorder.
- At least two visits in an outpatient, intensive outpatient, partial hospitalization, emergency department or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or bipolar disorder.

Exclusion Criteria: Members not meeting the inclusion criteria for continuous enrollment.

Members who were dispensed insulin or oral hypoglycemics/antihyperglycemics during the measurement year or year prior to the measurement year on an ambulatory basis.

One rate is reported: The percentage of eligible members who receive a Diabetes Screening test at least once during the measurement year.

Denominator description: The eligible population meeting inclusion criteria.

Numerator description: Number of members who received at least one glucose test or an HbA1c test performed during the measurement year, as identified by claim/encounter or automated laboratory data.

Measurement Period: January 1, 2015 – December 31, 2015

Reporting Frequency: Interim monitoring monthly and quarterly; formal analysis annually.

3. Goal

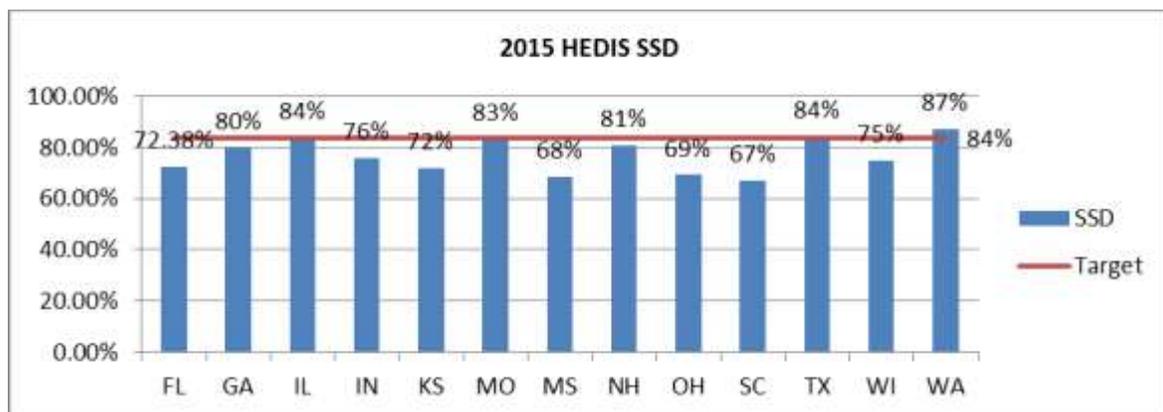
Meet or exceed the Medicaid 75th HEDIS percentile: SSD:

83.84%

4. Quantitative Analysis

The overall Peach State Health Plan rate for the SSD measure increased from 70.02% in 2014 to 76.95% in 2015, but did not meet the 75th percentile (83.84%) goal. The increase is statistically significant (p=.0000), but is expected to continue to trend upward as the 2015 data is received in its entirety. Several Peach State Health Plan markets, MO, TX, WA and IL met or exceeded the 75th percentile goal for 2015. The lowest trending markets MS, OH and SC will be targeted for focused interventions in 2016.

Peach State Health Plan HEDIS Rates: Diabetes Screening for People with Schizophrenia and Bipolar Disorder Who are Using Antipsychotic						
Goal: NCQA 75 th Percentile: 83.84%						
SSD Indicator	2014			2015		
	Num	Denom	Rate	Num	Denom	Rate
SSD Measure	10205	14575	70.02%	12127	15760	76.95%



5. Barriers & Interventions

Root Cause/Barrier	Proposed Intervention	Selected	Date
Practitioners not ensuring members are tested for diabetes when taking an antipsychotic medication	Train clinical staff on the requirements of the SSD measure to ensure staff remind practitioners to test all members on antipsychotic medications and coordinate care appropriately	Yes	04/01/15

6. Conclusion

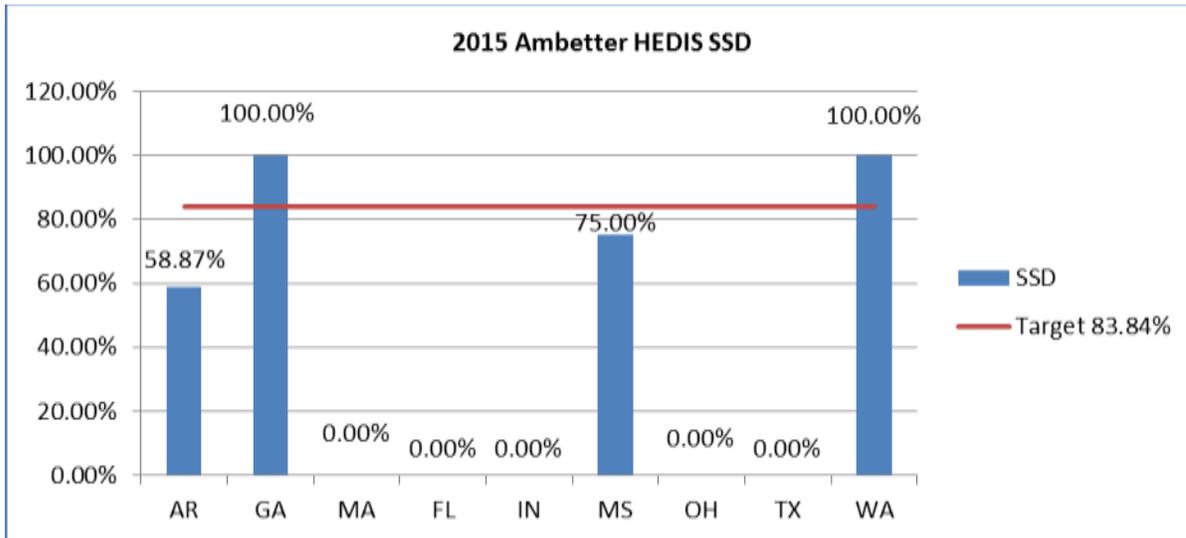
Peach State Health Plan improved in performance as reported in the 2015 measurement period for the SSD indicator. Peach State Health Plan continues to actively monitor performance on this measure, utilizing NCQA-recognized best practices to drive improvements.

Peach State Health Plan is just beginning managing the performance of this measure. In 2016 a workgroup will be assembled to identify the barriers to effectively meeting this measure and will come up with effective interventions to continue to improve this measure moving forward.

Ambetter

The majority members in the Ambetter SSD measure originated from the Arkansas market (141 out of 149 eligible members). An increase in the SSD measure is anticipated in 2016. Peach State Health Plan faced challenges related to the Ambetter SSD, in that the logic for the collection data was not complete in time for inclusion this report.

Peach State Health Plan Ambetter HEDIS Rates: Diabetes Screening for People with Schizophrenia and Bipolar Disorder Who are Using Antipsychotic Goal: NCQA 75 th Percentile: 83.84%			
SSD Indicator	2015		
	Num	Denom	Rate
SSD Measure	90	149	60.40%



Barriers & Interventions

Root Cause/Barrier	Proposed Intervention	Selected	Date
Practitioners not ensuring members are tested for diabetes when taking an antipsychotic medication	Train clinical staff on the requirements of the SSD measure to ensure staff remind practitioners to test all members on antipsychotic medications and coordinate care appropriately	Yes	4/1/2015

Conclusion

For the Ambetter product the SSD measure fell short of the 75th percentile goal in 2015. However, this rate should increase as more data is collected and the logic for calculating the SSD Ambetter rate is completed. Additional focus will be added to this rate in 2016 in the Arkansas market with additional clinical staff hired and training to be completed on the SSD rate.

Continuity and Coordination of Physical HealthCare

Coordination and continuity of care are critical to ensuring positive treatment outcomes for health care recipients. Peach State Health Plan collaborates with relevant medical delivery systems and uses information at its disposal to coordinate between behavioral healthcare and medical care. Peach State Health Plan monitors the following areas to ensure collaboration between the behavioral health and medical systems

Monitoring and Evaluation Plan			
Specific Area Monitored	Description of Monitor	Frequency	Time Period
Exchange of Information	Rate of Behavioral Health practitioner compliance with documented PCP coordination and communication attempts.	Annually	2015
Appropriate Diagnosis, Treatment and Referral	The percentage of children newly prescribed attention deficit/ hyperactivity disorder (ADHD) medication with at least 3 follow up care visits within a 10-month period, one of which is within 30 days of when the ADHD medication was first dispensed.	Annually	2015 HEDIS
Appropriate Use of Psychopharmacologic Medications	The percentage of members 18 yrs of age or older diagnosed with a new episode of major depression and treated with antidepressant medication who remained on an antidepressant medication treatment. Two rates monitored: Acute Phase and Continuation Phase.	Annually	2015 HEDIS
Screening and Management of Coexisting Disorders	Percent of post-partum women scoring moderate or high on the Edinburg Depression Screening tool, with a claim for a behavioral health care service within 6 weeks of survey return.	Annually	Jan 2015 – Dec 2015
Preventive Behavioral Program	Screening and referral of pregnant women scoring moderate or high on the Edinburg Depression Screening tool.	Annually	Jan 2015– Dec 2015

Exchange of Information

Peach State Health Plan conducted a medical record review in 2015 to assess behavioral health practitioners' adherence to Indiana, Florida, and Massachusetts State medical record guidelines. Peach State Health Plan's Quality Improvement Department completed a review of 225 medical records from fifteen (15) high-volume behavioral health providers.

The data presented in the table below are organized by the review tool categories, comprised of specific questions on the tool. Peach State Health Plan's goal is for 85% of the total records reviewed to comply with each element of the review tool. Results of the review are reported to the Peach State Health Plan Quality Improvement (QI) Committee and each state/Peach State Health Plan Joint Oversight Committee (JOC).

Review Tool Categories	Performance	Rate
Treatment Plan Components Completeness of treatment plans including member education and support systems, evidence of communication among behavioral health clinicians, plans for discharge from outpatient care	1252/1367	92%
Identification of and communication with the PCP Documentation of behavioral health practitioner communication and coordination of treatment with the member's primary care physician.	219/294	74%
Follow-up Appointments Documentation of follow up appointments after discharge from an inpatient facilities; clearly identified discharge criteria on discharge plans.	148/187	79%

Providers did not meet the Peach State Health Plan goal of at least 85% compliance with two of the three key medical record standards listed above in 2015. Review of documentation for coordination and communication of behavioral healthcare treatment with completeness of treatment plans indicated 92% (1252/1367) compliance. Performance on this indicator demonstrated a statistically significant increase ($p < .0000$) from 74% in 2014 to 92% in 2015 (24%), exceeding the target rate of 85%.

Of the 225 enrollee medical records reviewed, 74% (219/294) of the medical review questions demonstrated compliance with behavioral health practitioners' communication and coordination of treatment with a member's primary care physician. Performance on this indicator is below the performance goal. Additionally, 79% (148/187) of the review questions demonstrated compliance with documenting engagement and follow up after discharge from an inpatient facility, with performance below the target rate of 85%.

Results of the medical record review act as a leading indicator into network performance related to continuity and coordination of care. 2015 results indicate there are opportunities for improvement related to identification of members' PCPs and ensuring treatment coordination with providers and practitioners.

Peach State Health Plan's clinical team conducts the following care coordination activities to address this identified gap in coordination of member services. Peach State Health Plan uses member inpatient discharge information to coordinate transitions in behavioral and medical healthcare across the service delivery system.

1. Methodology

Eligible Population: All behavioral health members

Inclusion criteria: Discharge from an inpatient setting for a mental health disorder. Exclusion criteria: Discharge summaries that contain documentation related to:

- HIV/AIDS or substance abuse/chemical dependency
- No signed consent from the member to release information
- Discharge summaries without an identified behavioral health practitioner.

Denominator description: The eligible population as identified above

Numerator description: All discharge summaries in the denominator meeting the inclusion criteria as listed above that were faxed to the member's Primary Care Physician (PCP).

Data source: All denominator and numerator data is collected from the Peach State Health Plan Clinical Management Software TruCare. Peach State Health Plan uses a standardized report extraction methodology utilizing data entered in a discharge summary assessment in TruCare.

Measurement period: Annually, January 1, 2015 - December 31, 2015

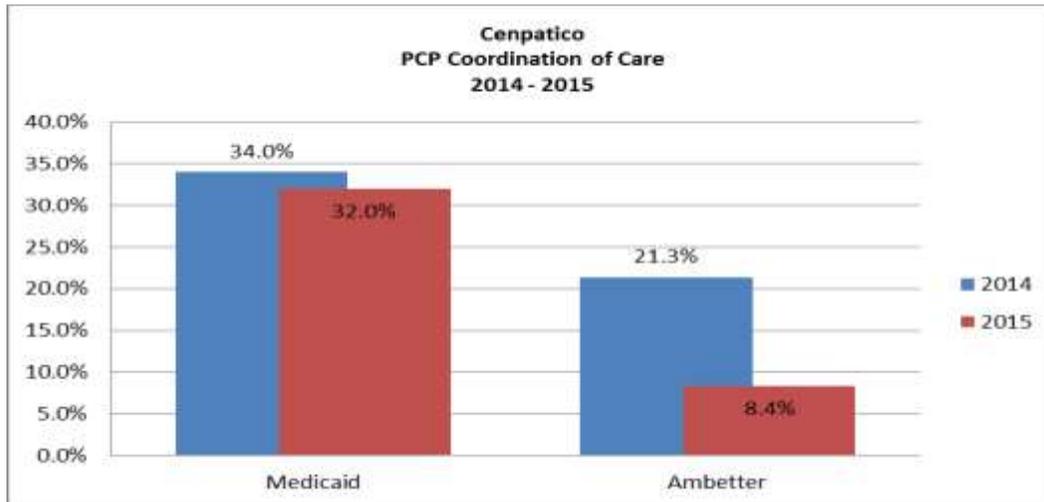
Reporting frequency: Peach State Health Plan monitors progress on the coordination measure monthly and provides longitudinal analysis of rates annually.

2. Goal

Increase the rate of member discharge summaries faxed to the member's primary behavioral health provider/practitioner to 65%.

3. Quantitative Analysis

The graphs and tables below illustrate the rate discharge summaries are faxed to the member's primary behavioral health provider/practitioner upon discharge from an acute inpatient hospitalization.



Peach State Health Plan faxed 32% (8543/26700) of eligible discharge assessments to members' PCPs in 2015. Performance this reporting period is below the goal of 65% for 2014 (34%) and 2015 (32%) with no statistically significantly decrease in 2015.

Review of 2015 data indicates that sixty-eight percent (68%) of the assessments were not faxed because they either contained substance abuse documentation (16%), protected health information (PHI) documentation (3%), the PCP's fax was unknown (27%) or the discharge assessment was not received from the inpatient facility (21%).

Peach State Health Plan Ambetter faxed 8.4% (40/478) of eligible discharge assessments in 2015. Ambetter rates decreased from 21.3% in 2014 to 16% in 2015, statistically significantly lower the reported in 2014 ($p < .0011$). Total discharge assessments increased in the Ambetter market from 2014 (75) to 2015 (478).

The purpose of this activity is to attempt to gather as much member identifying information as possible and to assist members in identifying and reporting their PCP information to Peach State Health Plan for care coordination purposes. Peach State Health Plan reported these findings to its health plan partners to attempt to engage the health plans in collaborative activities targeting PCPs in order to improve PCP's knowledge of Peach State Health Plan behavioral health resources and to encourage PCPs to engage in motivational interviewing activities with behavioral health members to reduce the number of members who will not release information due to co-occurring substance abuse disorder issues.

4. Analysis and Interventions

Root Cause/ Barrier	Proposed Intervention	Selected	Date
Inconsistent tracking of reasons why discharge summaries were not sent to the PCP.	Provide monthly audits of all markets to ensure consistent tracking of reasons why discharge summaries were not sent to the PCP.	Yes	<p>July 2015- Ongoing</p> <p>The Peach State Health Plan Quality Review Team commenced monthly audits of the PCP communication documentation to ensure consistent and reliable application of the discharge assessment/care coordination protocol.</p>
PCP fax number unknown.	Retrain Peach State Health Plan clinicians that the importance of investigating PCP's information helps to coordinate care for our members.	Yes	<p>Q3'2015</p> <p>Peach State Health Plan clinical staff responsible for obtaining and faxing discharge assessments were retrained on the expectation to investigate, if unknown, the name and contact information for the member's PCP; where to find the PCP's contact information in TruCare and appropriate TruCare designations based on the outcome of contact with the PCP.</p> <p>July 2015- ongoing 2015</p> <p>Peach State Health Plan Quality Review team commences monthly audits that focuses on comprehensive collection of member demographics to ensure members' PCP information has been documented</p>

Root Cause/ Barrier	Proposed Intervention	Selected	Date
Clinicians not documenting medical history and member demographics.	Peach State Health Plan will work with its health plan partners during clinical rounds to ensure all available member demographic information is updated in the clinical documentation system to assist in timely coordination with members' PCPs.	Yes	Ongoing 2015

5. Conclusion

Peach State Health Plan presented analysis, barriers and actions pertaining to this activity with its health plan partners during the health plans' quality improvement committees in 2015. Peach State Health Plan continues to work with discharging facilities and outpatient practitioners to facilitate the exchange of information across the continuum of care utilized by individual members. The proposed interventions to provide refresher training to review the process for documenting the reasons why a discharge summary is not faxed will provide additional information regarding barriers to meeting the established goal. Expansion of clinical assessments to include comprehensive collection of member demographic and medical history data will improve the rate by which care coordination activities are conducted to support member transition to outpatient treatment. Utilizing Peach State Health Plan QI auditors for assessment of compliance with core CM functions and documentation provided objective feedback to clinical supervisors and staff to ensure consistent application of standardized data collection processes. These interventions are focused on improving the overall rate of member health information shared between inpatient and outpatient providers to improve the coordination and continuity of care for members receiving behavioral health services in the Peach State Health Plan network.

Appropriate Diagnosis, Treatment and Referral

1. Introduction

Peach State Health Plan measures adherence to the clinical practice guideline (CPG), the Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder, (American Academy of Child and Adolescent Psychiatry), to assess its network practitioners' compliance with treating and making referrals for treatment of Attention Deficit Disorder (ADD). Peach State Health Plan

follows the HEDIS specification for Follow up Care for Children Prescribed ADHD Medication (ADD) in collecting measurement data for this CPG. The HEDIS specifications for ADD allow practitioners from both physical health and behavioral health to provide services that contribute toward compliance to this measure.

Two indicators of the HEDIS ADD measure are used to determine adherence to the ADHD CPG:

Indicator 1: Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase (ADD Init)

Indicator 2: Follow-Up Care for Children Prescribed ADHD Medication – Continuation and Maintenance Phase (ADD Continuation)

2. Methodology

Population: Members ages 6 years to 12

Inclusion Criteria: Continuous enrollment for 120 days (4 months) prior to the Index Prescription Start Date (IPSD) through 30 days after the IPSD and must have a negative medication history prior to the IPSD. The IPSD is the dispensing date of the earliest ADHD prescription in the Intake Period with a Negative Medication History.

Exclusion Criteria: Members with an acute inpatient claim/encounter with a principal diagnosis or DRG for mental health or substance abuse during the 30 days after the IPSD.

Indicator 1:

Denominator description: The total eligible population who meet the inclusion criteria above

Numerator description: One face-to-face outpatient, intensive outpatient or partial hospitalization follow-up visit with a practitioner with prescribing authority, within 30 days of the IPSD.

Indicator 2:

Denominator description: All eligible population from Indicator 1 and filled a sufficient number of prescriptions to provide continuous treatment for at least 210 of the 300 days following the IPSD.

Numerator Description: Compliant for Indicator 1—Initiation Phase, and At least two follow-up visits from 31–300 days (9 months) after the IPSD with any practitioner.

Data Source: Claims

Measurement Period: HEDIS 2016 Reporting

Frequency: Annually

3. Goal

Meet or exceed the Medicaid 75th HEDIS percentile: Initiation

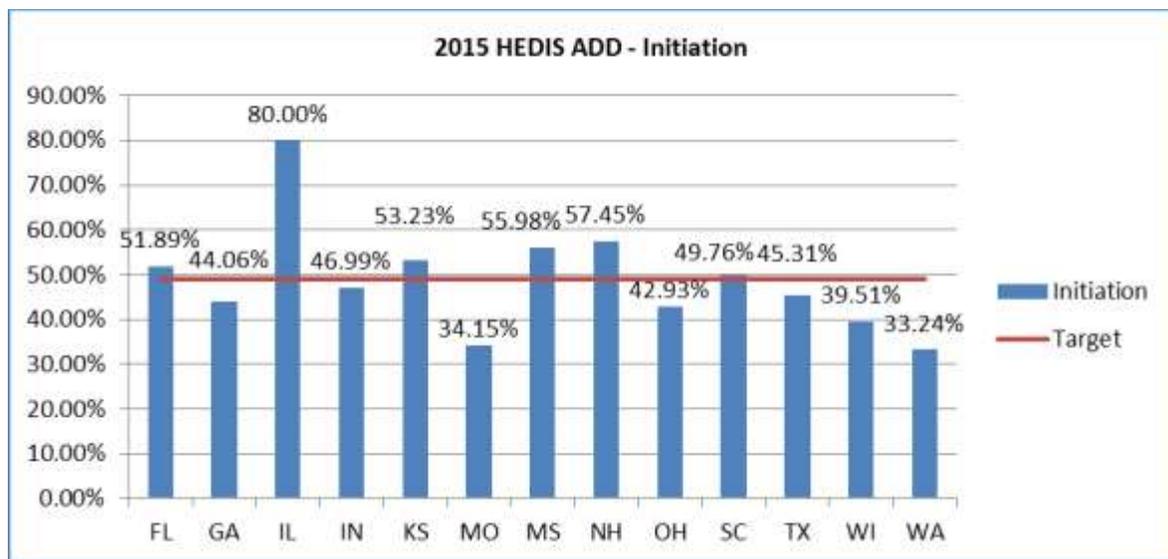
Phase: 49.07%

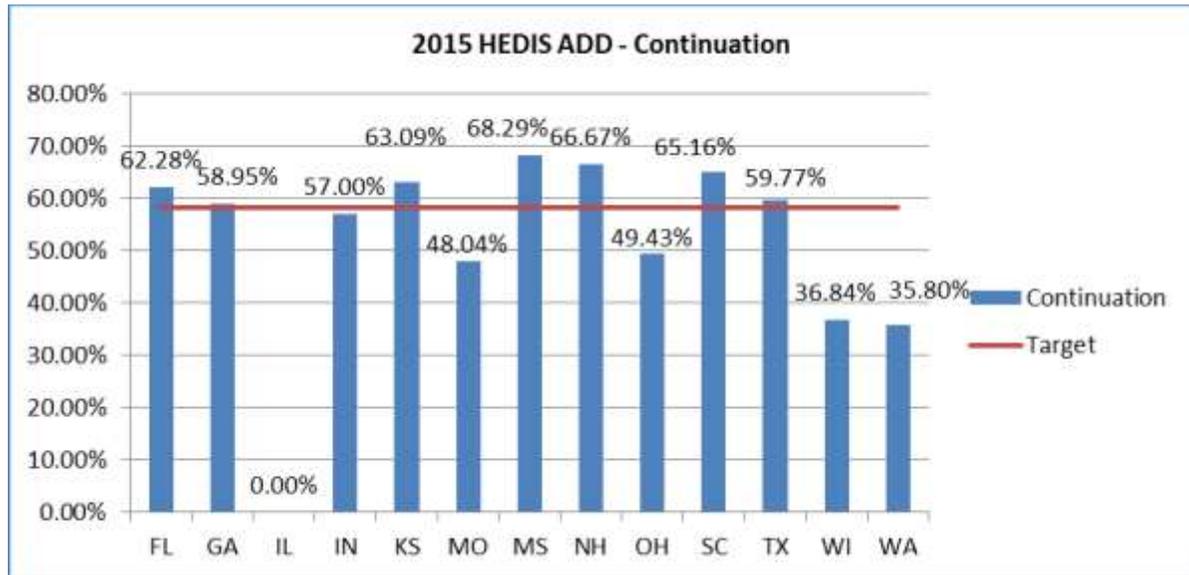
Continuation Phase: 58.36%

4. Quantitative Analysis

The ADD measure decreased slightly in both metrics in 2015. The Peach State Health Plan aggregate Acute Phase Rate declined from 47.32% in 2014 to 46.25% in 2015 demonstrating a statistically significant decrease ($p < .0305$). The Continuation Phase also declined slightly from 59.52% in 2014 to 58.31% in 2015. However, these outcomes should be interpreted with caution, as they may be attributed to incomplete measurement data upon collection, (Dec. 2015) due to claims lag time.

Peach State Health Plan HEDIS Rates: Attention Deficit Disorder						
Goal: NCQA 75 th Percentile:						
Initiation Phase – 49.07% Continuation and Maintenance Phase-58.36%						
ADD Indicator	2014			2015		
	Num	Denom	Rate	Num	Denom	Rate
Effective Initiation Phase Treatment	10004	21140	47.32%	10987	23755	46.25%
Effective Continuation Phase Treatment	2364	3972	59.52%	2519	4320	58.31%





The IL ADD Initiation rate was at 80.00% in 2015, but only had five members in the denominator. The Continuation and maintenance phase requires medication compliance for at least 210 days and in addition to the initiation phase visit, at least two follow-up visits with a practitioner within 270 days after the initiation phase ends. At the time of data collection for this report, all five members had not completed the run out for the Continuation Phase. The performance rate of 0.00% illustrated above should be interpreted with caution, as the number of members to successfully complete the Continuation Phase has yet to be determined.

5. Barriers & Interventions

Root Cause/Barrier	Proposed Intervention	Selected	Date
Practitioners not adhering to the ADD/ADHD CPG	Provide Tool Kits to Primary Care Practitioners to ensure they have accurate and useful information to enable them to adhere to the Depression and ADHD CPG's	Yes	04/01/15
Members are not aware of appointments and the need to attend them for ADD/ADHD medications	Use a Proactive Outreach Management system to make automated calls to members to engage them in case management	Yes	03/1/15
Members and parents/guardians are not adhering to medication treatment plans.	Conduct targeted scheduled clinical outreach calls to assess for medication compliance and treatment needs for members being treated for ADD/ADHD treatment	Yes	01/01/15

Appropriate Use of Psychopharmacological Medications

1. Introduction

Peach State Health Plan measures adherence to the clinical practice guideline (CPG), Practice Guideline for the Treatment of Patients with Major Depressive Disorder, third edition, (American Psychiatric Association), to assess its network practitioners' compliance with the guidelines for treating and making referrals for treatment of Major Depressive Disorder. Peach State Health Plan follows the HEDIS specification for Antidepressant Medication Management (AMM) in collecting measurement data for this CPG. The HEDIS specifications for AMM allow practitioners from both physical health and behavioral health to provide services that contribute toward compliance to this measure

The two measurements chosen to determine adherence to the depression guidelines are:

Indicator 1: Antidepressant Medication Management—Effective Acute Phase (AMM Acute)

Indicator 2: Antidepressant Medication Management—Effective Continuation Phase (AMM Continuation)

2. Methodology

Population: Members 18 years of age and older

Inclusion Criteria: Must be diagnosed with a new episode of major depression and treated with antidepressant medication.

Continuous enrollment for 120 days (4 months), prior to the Index Episode Start Date (IESD) through 245 days after the IESD. The IESD is defined as the earliest encounter during the Intake Period with any diagnosis of major depression that meets the following criteria:

- A 120-day (4-month) Negative Diagnosis History
- A 90-day (3-month) Negative Medication History

Exclusion Criteria: Members not meeting the inclusion criteria for continuous enrollment and IESD criteria above.

Two rates are reported:

- Effective Acute Phase Treatment: The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).

- Effective Continuation Phase Treatment: The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).

Denominator description: The eligible population meeting inclusion criteria Numerator description:

- Effective Acute Phase Treatment: At least 84 days (12 weeks) of continuous treatment with antidepressant medication during the 114-day period following the IPSD
- Effective Continuation Phase Treatment: At least 180 days (6 months) of continuous treatment with antidepressant medication during the 231-day period following the IPSD

Measurement Period: HEDIS 2016

Reporting Frequency: Peach State Health Plan monitors adherence to Clinical Practice Guidelines and provides analysis of rates annually.

2. Goal

Meet or exceed the Medicaid 75th HEDIS percentile: Acute

Phase: 56.15%

Continuation Phase: 40.48%

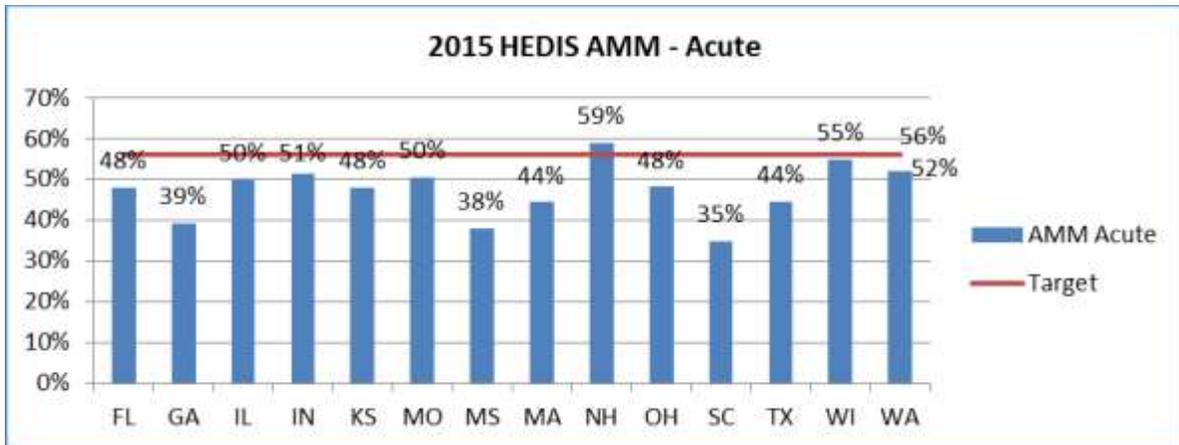
3. Quantitative Analysis

Antidepressant Medication Management (AMM)

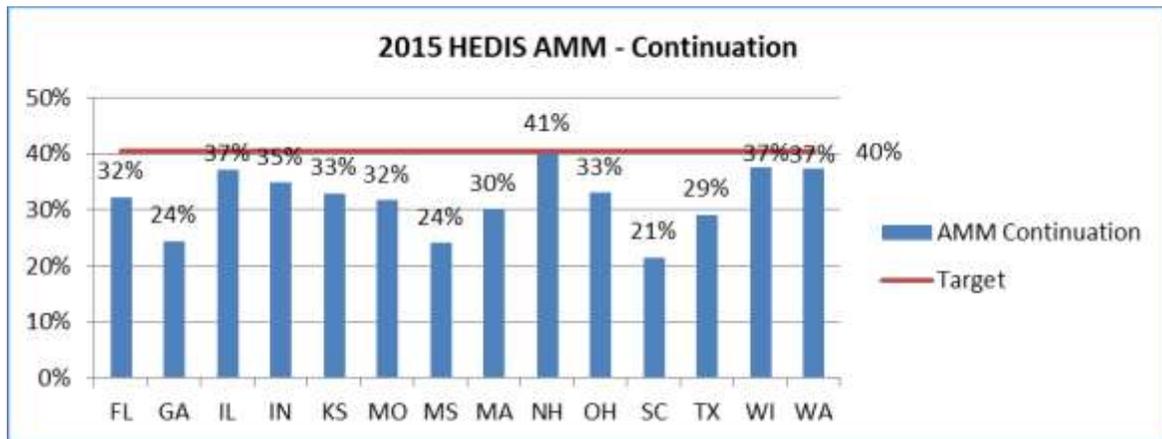
Peach State Health Plan performance on the Antidepressant Medication Management (AMM) Acute Phase indicator was below the HEDIS 75th percentile (56.15%), but increased slightly from 44.8% in 2014 to 46.7% in 2015. The increased performance rate is statistically significant ($p < .0002$).

Peach State Health Plan HEDIS Rates: Antidepressant Medication						
Goal: NCQA 75 th Percentile:						
Acute Phase – 56.15% Continuation Phase- 40.48%						
AMM Indicator	2014			2015		
	Num	Denom	Rate	Num	Denom	Rate
Effective Acute Phase Treatment	7707	17210	44.8%	13214	28302	46.7%
Effective Continuation Phase Treatment	5053	17210	29.4%	8933	28302	31.6%

Review of market specific performance this reporting period indicates one positive market outlier, New Hampshire (58.9%), is slightly above the performance target of 56.1%.



Performance on the Continuation Phase indicator increased slightly from 29.4% in 2014 to 31.6% in 2015, but did not reach the 75th percentile goal (40.48%). The increased aggregate performance rate was however statistically significant ($p < .0000$). Again, the NH market performed above the 75th percentile at 41%.



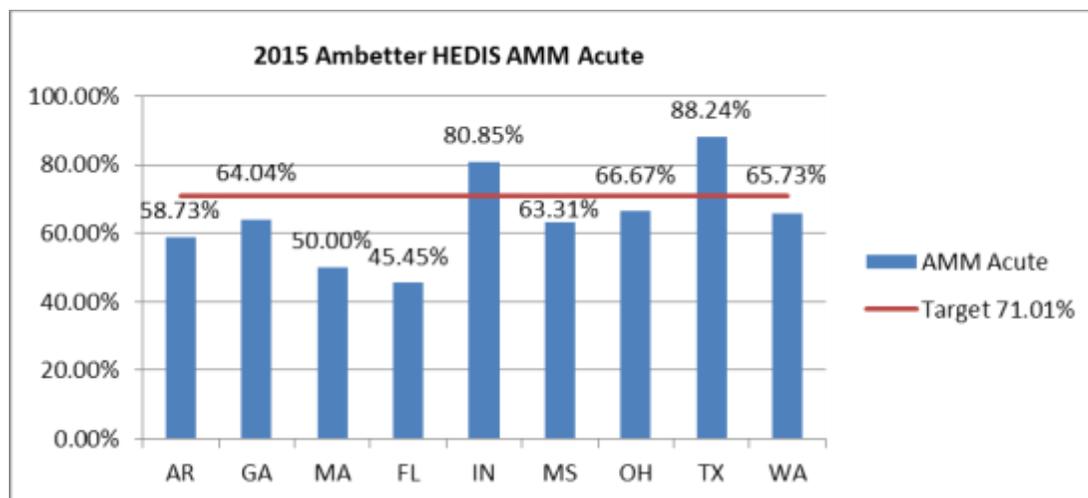
5. Barriers & Interventions

Root Cause/Barrier	Proposed Intervention	Selected	Date
Practitioners not adhering to the Depression (AMM) CPG	Provide Tool Kits to Primary Care Practitioners to ensure they have accurate and useful information to enable them to adhere to the Depression CPG's	Yes	04/01/15
Members and parents/guardians are not adhering to medication treatment plans.	Conduct targeted scheduled clinical outreach calls to assess medication compliance and treatment needs for members being treated for Depression.	Yes	01/01/15

Ambetter

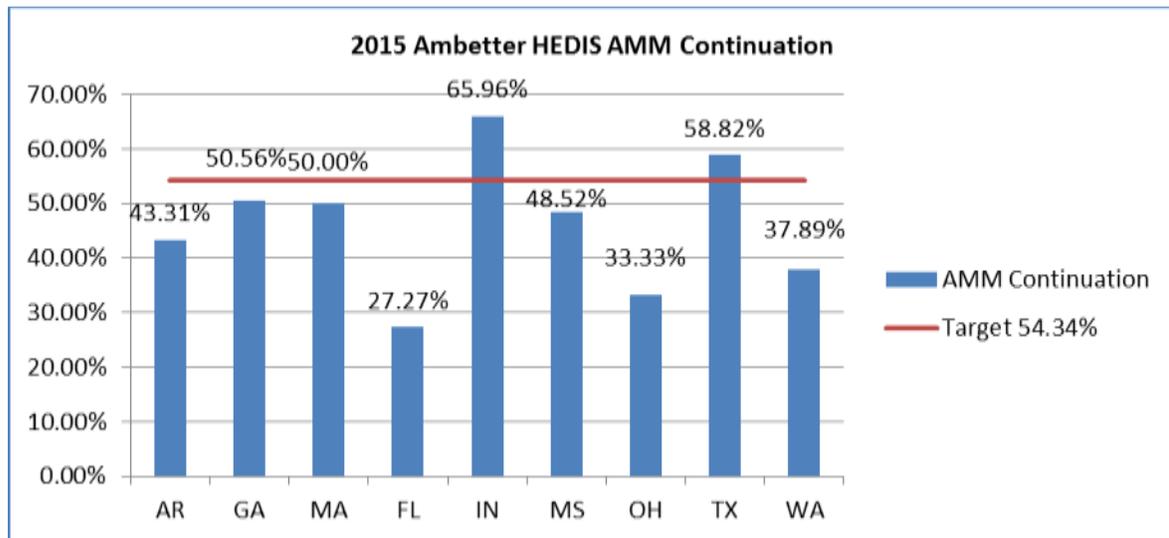
The Ambetter AMM Acute rate declined from 65.57% in 2014 to 59.51% in 2015, which was not a statistically significant. The 2015 Ambetter AMM Acute measurement also fell below the 75th percentile goal of 71.01%.

Peach State Health Plan Ambetter HEDIS Rates: Antidepressant Medication						
Goal: NCQA 75 th Percentile:						
Acute Phase – 71.01% Continuation Phase- 54.34%						
AMM Indicator	2014			2015		
	Num	Denom	Rate	Num	Denom	Rate
Effective Acute Phase Treatment	160	244	65.57%	1295	2176	59.51%
Effective Continuation Phase Treatment	137	244	56.15%	1014	2176	46.60%



The Continuation Phase decreased from 56.15% in 2014 to 46.60% in 2015 demonstrating a statistically significant decrease ($p < .0072$). The 2015 Ambetter AMM Continuation measurement fell below the 75th percentile goal of 53.34%.

The Arkansas market contributed the majority of Ambetter members to the AMM measure, making up 1663 of the 2176 eligible members in 2015. Peach State Health Plan identified the need to increase staff levels in 2015 to accommodate the fast growing Ambetter product. In the fourth quarter of 2015, three additional staff members have been hired to support the Arkansas market.



Barriers & Interventions

Root Cause/Barrier	Proposed Intervention	Selected	Date
Practitioners not adhering to the Depression (AMM) CPG	Provide Tool Kits to Primary Care Practitioners to ensure they have accurate and useful information to enable them to adhere to the Depression CPG's	Yes	04/01/15
Members and parents/guardians are not adhering to medication treatment plans.	Conduct targeted scheduled clinical outreach calls to assess medication compliance and treatment needs for members being treated for Depression.	Yes	01/01/15

6. Conclusion

Peach State Health Plan developed PCP Toolkits comprised of a frequently asked questions (FAQ) sheet and published the CPGs to its website and in its provider newsletters to support practitioners in compliance with these standards. Peach State Health Plan disbursed its practice guidelines to its health plan partners for posting on the health plans' websites to

encourage PCP participation in the industry standard for management of depression.

Peach State Health Plan has expanded its disease management program to allow for continuous assessment and screening for depression, including use of the PHQ-9 and Edinburgh depression screener. Ongoing assessment of member behavioral health needs will allow Peach State Health Plan's clinical care management team to develop member specific strategies for engagement in services and adherence to the members' treatment plan while encouraging self-management of symptoms.

Peach State Health Plan implemented a data exchange process with its customers to use real time, available pharmacy data to identify members with new prescriptions for ADHD and Depression medications to target clinical outreach and engagement. This activity will support Peach State Health Plan's clinical focus on member centered treatment and allow early intervention and education for members to improve compliance with medication management protocol. Peach State Health Plan will continue to work with its customers on collaborative interventions to educate practitioners and support adherence to the CPGs.

All clinical staff is trained on the requirements for the selected measures and supporting clinical practice guidelines. Peach State Health Plan clinical staff work closely with their health plan counterparts in the integrated markets (NH, MA, IN, WI, IL, OH and FL) to assist with members who fall into this measures. In the non-integrated markets (TX, AR, CA, GA, ILCC, KA, MO, MI, SC and WA) referrals are sent from the health plan staff to the Peach State Health Plan staff to follow up with members who fall into these performance measures.

Screening and Management of Coexisting Disorders and Preventive Behavioral Program

1. Introduction

Peach State Health Plan, in partnership with the health plans and states for which it is a behavioral health vendor, implements a preventive behavioral health program targeting perinatal depression screening. This partnership allows for the opportunity to manage coexisting conditions where a member may be experiencing depression along with their pregnancy within an established preventive health program. The purpose of this program is to educate pregnant and postpartum members on the following:

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

2. Methodology

Population: Health plan identified pregnant and newly delivered members. Inclusion Criteria:

- Current eligibility for Medical and Behavioral Health benefits
- Moderate Risk – Depression survey score is equal to or greater than 13, less than 20 (13-19)
- High Risk – Depression survey score is equal to or greater than 20 (20 – 30)

Exclusion Criteria: Members who are not currently enrolled in a health plan

Denominator description: The total number of pregnant and postpartum women who score moderate or high on the Edinburg Depression Screening tool.

Numerator description: The total number of pregnant or post-partum women scoring moderate or high on the Edinburg Depression Screening tool with successful outreach by Peach State Health Plan's clinical team.

Data Source: Scored member surveys and contact documentation in Centene's clinical documentations system, TruCare, Claims Data

Measurement Period: Annually, January 1, 2015 – December 31, 2015

3. Goal

Increase the number of members accessing behavioral health services by 10%.

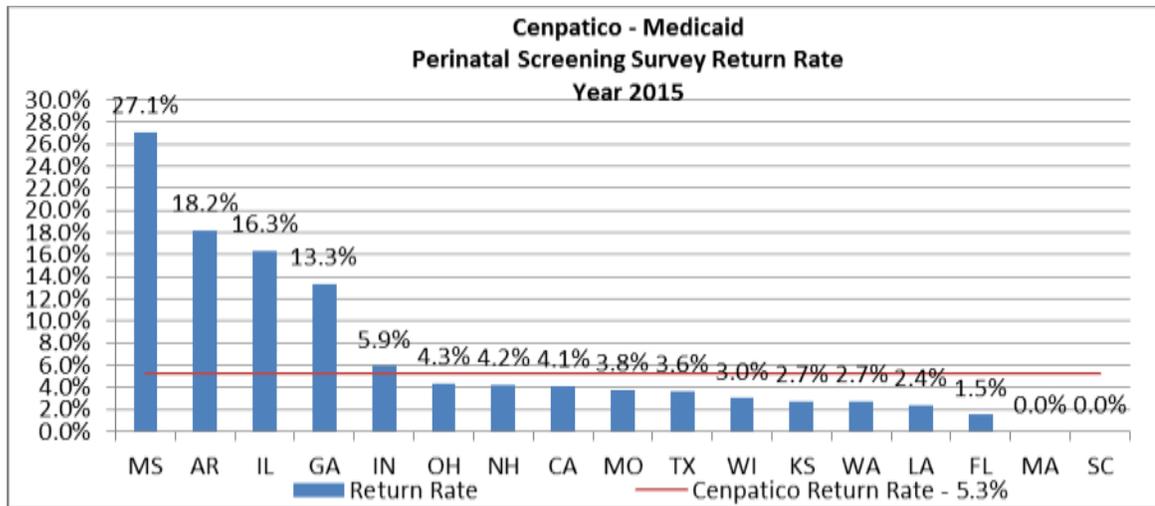
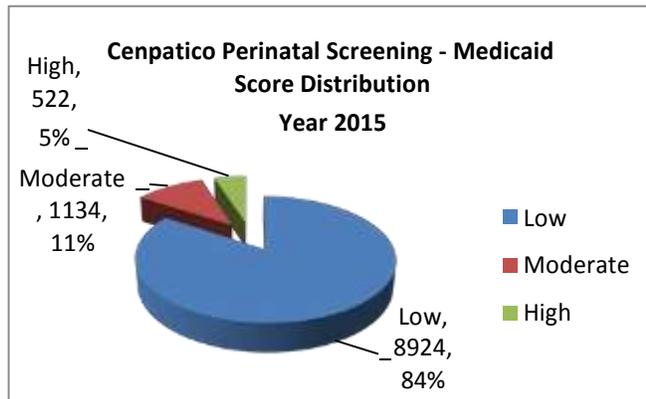
4. Quantitative Analysis

Results for the timeframe are noted below.

Medicaid Response Rate

Peach State Health Plan Medicaid members returned 5.3% (10580) of mailed surveys (201473) in 2015. Of the total number of returned surveys in 2015, 84.3% (8924) scored low, an increase of 15% as compared to this distribution category in 2014 (79.2%), demonstrating a statistically significant increase ($p > .0000$). Of the 10580 responses received in 2015, 16% (1656) were scored moderate or high, as compared to 21% (984) identified in 2014.

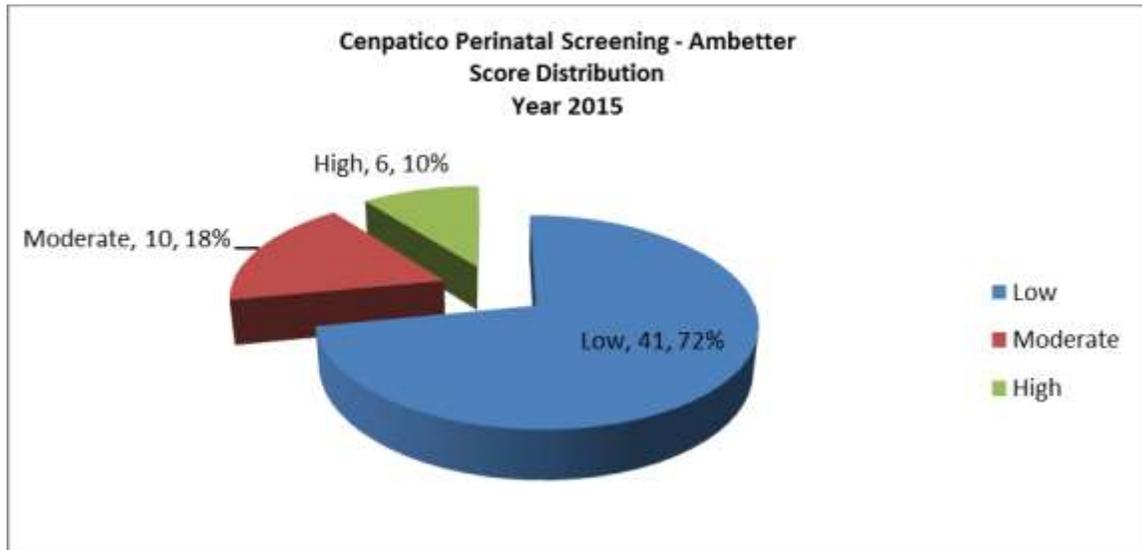
2015	# Sent	# Rec'd	Response Rate	Low	Rate Low	Moderate	Moderate Rate	High	High
Pregnant	90046	4376	4.9%	3210	73.4%	795	18.2%	371	8.5%
Delivered	111427	6204	5.6%	5714	92.1%	339	5.5%	151	2.4%
Total	201473	10580	5.3%	8924	84.3%	1134	10.7%	522	4.9%



Ambetter Response Rate

Peach State Health Plan Ambetter members returned 57 of the mailed surveys in 2015. Of the 57 returned surveys, 71.9% (41) scored low, while 28% (16) were scored moderate and high. Identifying total Ambetter surveys sent is an area for improvement and is not currently captured.

2015 HIM	# Received	Low	Rate Low	Moderate	Rate Moderate	High	Rate High
Pregnant	24	13	54.2%	6	25.0%	5	20.8%
Delivered	33	28	84.8%	4	12.1%	1	3.0%
Total	57	41	71.9%	10	17.5%	6	10.5%



Behavioral Health Services Outreach and Penetration

2015 Medicaid

Clinical outreach for the Medicaid population demonstrated a successful increase of 43% in 2015, with 57% (1110) of the moderate and high risk members reached by clinicians this reporting period as compared to 48% in 2014 (473). This performance increase is statistically significant ($p > .0018$). Of the 1110 successful contacts, 18% (344) accepted Peach State Health Plan's clinical outreach for behavioral health services.

Successfull y	Total Mod/High	# Successful	% With Successful	#/% Outreach with BH Claim
Pregnant	1320	797	60%	312/24%
Delivered	644	313	49%	32/5%
Total	1964	1110	57%	344/18%

2015 Ambetter

63% (10/16) Ambetter members identified as at moderate or high risk for depression engaged in outreach attempts with a behavioral health clinician in 2015. Of the 10 successful contacts, 60% (6) accepted Peach State Health Plan's clinical outreach for behavioral health services. Of the (6) members who accepted Peach State Health Plan's clinical outreach and engagement services, 100% accessed behavioral health services within 45 days of completion of their depression screen.

Successfull y	Total Mod/High	# Successful	% With Successful	% Outreach with BH
Pregnant	11	9	82%	5/56%
Delivered	5	1	20%	1/100%
Total	16	10	63%	6/60%

Peach State Health Plan exceeded its performance goal to increase the successful outreach and engagement rate by 10%. Peach State Health Plan's clinical teams will evaluate performance and continue with the goal to increase performance by at least 10% until the goal of 100% successful contact is reached. Peach State Health Plan will continue to work with its health plan partners on increased member and practitioner awareness of the depression screening program.

5. Conclusion

Peach State Health Plan has targeted expanded and ongoing screening for depression through its case management and disease management programs to support the early identification and management of depression for its members. Establishing and monitoring turnaround times for processing and identifying moderate and high risk members as well as the standardized approach to engagement attempts by clinical staff within five days of receipt of priority members improved the rate of outreach and engagement in 2015.

Peach State Health Plan successfully engaged higher rates of moderate and high risk members into behavioral health services, surpassing its 10% performance increase goal this reporting period, a direct result of the focused monitoring of screening processing and outreach attempts initiated in 2013. Peach State Health Plan is actively working with its health plan partners to drive up the response rates and outreach rates for screened members. Peach State Health Plan provided analysis of performance on this activity in health plan quality improvement committees throughout 2015 and continues to prioritize this activity as a quality improvement activity in 2016.

V. Member Access

Peach State Health Plan prioritized the following areas in the 2011 QI work plan to measure member access to behavioral health services:

- Geo Access Reports
- Complaint Trends
- Appointment Availability Monitoring
- Telephone Access
 - Service Level
 - Abandonment Rate
 - Average Speed of Answer

Each Member Access performance area is detailed below.

Member and Provider Cultural Demographics

Peach State Health Plan utilizes data from member satisfaction surveys, US Census and provider demographics to analyze the cultural and linguistic needs of its members. Analysis of provider demographics in conjunction with member cultural and linguistic needs assists

Peach State Health Plan in the development of its Network Management strategy and goals. Peach State Health Plan analyzes member and provider demographics at least annually to determine whether the current provider/practitioner network meets the needs of its membership. The following tables and graphs provide data on member and provider demographics.

US Census Data (race and ethnicities) by Peach State Health Plan Market:

State	Population	Non-Latino White	Latino	Black	AIAN*	Asian	NHPI*	Mixed Race
California	37,253,956	57.6	16.9	6.2	1.0	13.0	0.4	4.9
Florida	18,801,310	57.9	22.5	16.0	0.4	2.4	0.1	2.5
Georgia	9,687,653	55.9	8.8	30.5	0.3	3.2	0.1	2.1
Illinois	12,830,632	63.7	15.8	14.5	0.3	4.6	0	2.3
Indiana	6,483,802	81.5	6.0	9.1	0.3	1.6	0	2.0
Kansas	2,853,118	78.2	10.5	5.9	1.0	2.4	0.1	3.0
Massachusetts	6,547,629	76.1	9.6	6.6	0.3	5.3	0.0	2.6
Mississippi	2,984,926	58.0	2.7	37.0	0.5	0.9	0	1.1
Missouri	6,021,988	81.0	3.5	11.6	0.5	1.6	0.1	2.1
New Hampshire	1,320,718	92.3	2.8	1.1	0.2	2.2	0	1.6
Ohio	11,536,504	81.1	3.1	12.2	0.2	1.7	0	2.1
South Carolina	4,625,364	64.1	5.1	27.9	0.4	1.3	0.1	1.7
Texas	25,145,561	45.3	37.6	11.8	0.7	3.8	0.1	2.7
Washington	6,724,540	72.5	11.2	3.6	1.5	7.2	0.6	4.7
Wisconsin	5,686,986	83.3	5.9	6.3	1.0	2.3	0	1.8

All Data from 2010 [U.S. Census Bureau](#):

* AIAN is American Indian or Alaskan Native; NHPI is Native Hawaiian or Pacific Islander

US Census Data: Languages Spoken at Home by Peach State Health Plan Market:

Market	English	Spanish	French	Italian	Portuguese	German	Russian	Slavic	European	Chinese	Korean	Vietnamese	Tagalog	Other Asian	Other
CA	58%	28%	0%	0%	0%	0%	0%	0%	0%	3%	1%	1%	2%	0%	7%
FL	74%	19%	2%	0%	1%	1%	0%	0%	1%	0%	0%	0%	0%	0%	1%
GA	88%	7%	1%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	1%
IL	78%	13%	0%	0%	0%	1%	0%	0%	4%	1%	0%	0%	1%	1%	1%
IN	93%	4%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%
KS	90%	7%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	1%	0%
MA	80%	7%	2%	1%	3%	0%	1%	0%	2%	1%	0%	1%	0%	1%	1%
MO	94%	3%	0%	0%	0%	1%	0%	0%	1%	0%	0%	0%	0%	0%	0%
MS	95%	3%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
NH	89%	3%	3%	.2%	.2%	.5%	.1%	0%	.3%	.3%	.1%	.1%	0%	1%	.1%
OH	94%	2%	0%	0%	0%	1%	0%	0%	1%	0%	0%	0%	0%	0%	1%
SC	94%	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
TX	66%	29%	0%	0%	0%	0%	0%	0%	1%	1%	0%	1%	0%	1%	1%
WA	83%	7%	0%	0%	0%	1%	1%	0%	1%	1%	1%	1%	1%	1%	1%
WI	92%	4%	0%	0%	0%	1%	0%	0%	1%	0%	0%	0%	0%	1%	0%

All Data from 2010 [U.S. Census Bureau](#):

Peach State Health Plan reviews member complaints, appeals and survey data as part of its ongoing evaluation of member preferences for practitioners that meet their cultural and linguistic needs. No trends in complaint data have been identified that indicate members' cultural and linguistic needs are not being met. Additionally, both adult members and families of child members served by the Peach State Health Plan provider/practitioner network reported increased rates of satisfaction with provider/practitioner cultural sensitivity and inclusion of members' cultural and linguistic needs in service planning, continuing a positive trend over two survey periods. Peach State Health Plan ensures access to translation services, either by telephone or face to face, upon request by members and families.

Peach State Health Plan examines available data about network practitioners' ability to meet members' cultural and linguistic needs. The information collected in this document includes demographic data and languages spoken by providers and practitioners. This data is stored in Peach State Health Plan's Credentialing system, Vistar. There are some limitations to this data as the information is self-reported and, at times, is not updated in a timely manner by the provider/practitioner community. Additionally, CMHCs and other large facility providers submit rosters and for these rostered providers, this information is not consistently captured across all markets. Peach State Health Plan is unable to assess a penalty for providers/practitioners who do not update the Provider Specialty Profile (PSP) timely or completely. However, Peach State Health Plan provides ongoing technical assistance and training to promote the receipt of the most current provider/practitioner demographics.

The following table presents the languages spoken by Peach State Health Plan providers and practitioners as extracted from Vistar.

Market	Total # of Providers	English	Spanish	French	Italian	Portuguese	German	Russian	European Other	Chinese	Korean	Vietnamese	Tagalog	Other Asian	Other
CA	81	94%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%
FL	3,563	78%	17%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	3%
GA	1,543	88%	7%	1%	0%	0%	0%	0%	1%	0%	0%	0%	0%	3%	0%
IL	490	68%	22%	0%	0%	0%	0%	1%	5%	1%	0%	0%	0%	3%	0%
IN	1,386	92%	4%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	3%	0%
KS	1,428	91%	6%	1%	0%	0%	0%	0%	1%	0%	0%	0%	0%	1%	0%
MA	1,047	77%	11%	3%	1%	0%	1%	1%	2%	0%	0%	1%	0%	2%	1%
MO	1,546	96%	2%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	1%	0%
MS	589	96%	2%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	1%	0%
NH	762	90%	4%	3%	0%	0%	1%	1%	1%	0%	0%	0%	0%	0%	0%
OH	2,062	88%	6%	0%	0%	0%	0%	1%	2%	0%	0%	0%	0%	3%	0%
SC	547	88%	10%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	1%	0%
TX	4,297	77%	21%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	1%	0%
WA	364	83%	12%	1%	0%	0%	0%	2%	1%	0%	0%	1%	0%	0%	0%
WI	2,402	88%	6%	1%	0%	0%	0%	1%	1%	0%	0%	0%	0%	3%	0%

Conclusions:

Upon review of available member and provider/practitioner demographic data, Peach State Health Plan identified the following cultural and linguistic requirements of its membership that must be met by the Peach State Health Plan provider/practitioner network:

- Spanish is the most prevalent non-English language spoken by members across all Peach State Health Plan markets, with the highest prevalence in Texas and Florida.
- Peach State Health Plan's Provider/Practitioner network shows similar language trends as identified in the member language analysis, with the majority of providers/practitioners across Peach State Health Plan networks speaking English and Spanish.
- No real trend/prevalence for other languages is noted in the member demographics. While some Peach State Health Plan members identified themselves as Asian/Pacific Islander, little to no requests for language assistance in these languages is indicated, demonstrating low member need in this area.
- There were no significant population changes from 2014 to 2015

Provider Geographic Location Analysis

Introduction

Peach State Health Plan ensures adequate numbers and distribution of behavioral health practitioners and providers in each market that it serves. Peach State Health Plan's Network Department uses regular analysis of GEO Access Reports, US Census data, member demographics and provider demographics to assess compliance with specific market and National Committee for Quality Assurance (NCQA) availability standards for urban and rural members. Peach State Health Plan is committed to meeting all market availability standards and effectively utilizing population density data to support Network Management activities.

Methodology

Peach State Health Plan practitioner and provider availability monitoring is completed for all behavioral health practitioner/ provider types. Peach State Health Plan defines behavioral health practitioners and providers as:

- Psychiatrists/Prescribers (MD, DO, APNP/ARNP)
- Psychologists (PhD, PsyD, EdD)
- Master's Level Clinicians (Mid-level practitioners; LPC, LCSW, LMFT, etc.)
- Inpatient Psychiatric Facilities and Acute Care Hospitals
- Community Mental Health Centers (CMHC)¹

Peach State Health Plan's internal standards for provider and practitioner geographic location are listed below.

For all provider/practitioner types, where it does not indicate differently in the table due to state requirements, the standards are:

¹ Not all provider types are included in all Peach State Health Plan markets. Allowable behavioral health provider types are dictated by the individual state managing the Medicaid services for a market.

- Rural: 1 in 60 miles
- Urban/Suburban: 1 in 30 miles

Data Source: Peach State Health Plan GEO Access

Reports Reporting Frequency: Quarterly

Goal: 95% for all practitioner/provider types in both rural and urban locations. Quantitative

Analysis

Medicaid

Market	Standard	Rural	Urban	Goal Met (Yes/No)	Action
California	Urban: 1 in 30 Rural: 1 in 60	Psychiatrists/Prescribers: 99.6% Psychologist: 99.7% Master's Level: 99.6% Inpatient: Not a covered benefit CMHC: 58.7%	Psychiatrists/Prescribers: 99.2% Psychologist: 99.1% Master's Level: 99.6% Inpatient: Not a covered benefit CMHC: 98.5%	Yes, Inpatient is not part of the benefits we manage. We are only required to have MOUs with the CMHCs.	None needed
Florida	Urban: 1 in 30 Rural: 1 in 60	Psychiatrists/Prescribers: 99.9% Psychologist: 99.8% Master's Level: 100% Inpatient: 98.3% CMHC: 100%	Psychiatrists/Prescribers: 99.9% Psychologist: 99.4% Master's Level: 99.9% Inpatient: 99.4 CMHC: 99.9%	Yes for all provider types	None needed
Georgia	Urban: 1 in 30 Rural: 1 in 60	Psychiatrists/Prescribers: 99.6% Psychologist: 99.7% Master's Level: 99.6% Inpatient: Not a covered benefit CMHC: 58.7%	Psychiatrists/Prescribers: 99.5% Psychologist: 99.9% Master's Level: 100% Inpatient: 95.3% CMHC: 97.9%	Yes for all provider types	None needed

Market	Standard	Rural	Urban	Goal Met (Yes/No)	Action
Illinois	Urban: 1 in 30 Rural: 1 in 60	Psychiatrists/Prescribers: 99.9% Psychologist: 79.5% Master's Level: 99.9% Inpatient: 99.8% CMHC: 99.9%	Psychiatrists/Prescribers: 99.9% Psychologist: 95.4% Master's Level: 99.9% Inpatient: 99.9% CMHC: 99.9%	Yes, for all provider types except psychologist in rural areas.	The only behavioral health Inpatient facility Unity Health system recently terminated the contract. We are recruiting provides outside the service area.
Indiana	Urban: 1 in 30 Rural: 1 in 60	Psychiatrists/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 100% CMHC: 100%	Psychiatrists/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 99.5% CMHC: 100%	Yes, for all provider types.	None needed
Kansas	Urban: 1 in 30 Rural: 1 in 60	Psychiatrists/Prescribers: 99.6% Psychologist: 99.7% Master's Level: 99.6% Inpatient: Not a covered benefit CMHC: 58.7%	Psychiatrists/Prescribers: 99.2% Psychologist: 99.1% Master's Level: 99.6% Inpatient: Not a covered benefit CMHC: 98.5%	Yes for all provider types except for inpatient hospitals in rural areas	Peach State Health Plan is contracted with all psychiatric units in Rural KS. There is a capacity shortage in rural parts of KS.
Massachusetts	Urban: 1 in 30 Rural: 1 in 60	Psychiatrists/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 100% CMHC: 99.6%	Psychiatrists/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 100% CMHC: 98.7%	Yes, for all provider types.	None needed
Mississippi	Urban: 1 in 30 Rural: 1 in 60	Psychiatrists/Prescribers: 100% Psychologist: 99.6% Master's Level: 100% Inpatient: 98.2% CMHC: 100%	Psychiatrists/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 99.9% CMHC: 100%	Yes, for all provider types.	None needed

Market	Standard	Rural	Urban	Goal Met (Yes/No)	Action
Missouri	Urban: 1 in 30 Rural: 1 in 60	Psychiatrists/Prescribers: 99.9% Psychologist: 99.7% Master's Level: 100% Inpatient: 95.7% CMHC: 99.9%	Psychiatrists/Prescribers: 100% Psychologist: 99.9% Master's Level: 100% Inpatient: 99.9% CMHC: 99.8%	Yes, for all provider types.	None needed
New Hampshire	Urban: 1 in 30 Rural: 1 in 60	Psychiatrists/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 100% CMHC: 100%	Psychiatrists/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 91.4% CMHC: 100%	Yes, for all provider types.	None needed
Ohio	Urban: 1 in 30 Rural: 1 in 60	<i>Psychiatrists/Prescribers: 99.4% Psychologist: 100% Master's Level: 100% Inpatient: 99.7% CMHC: 96.7%</i>	<i>Psychiatrists/Prescribers: 100% Psychologist: 99.9% Master's Level: 100% Inpatient: 98.8% CMHC: 97.7%</i>	Yes, for all provider types.	None needed
South Carolina	Urban: 1 in 30 Rural: 1 in 60	Psychiatrists/Prescribers: 100% Psychologist: 99.9% Master's Level: 100% Inpatient: 99.9% CMHC: 100%	Psychiatrists/Prescribers: 100% Psychologist: 99.4% Master's Level: 100% Inpatient: 99.8% CMHC: 100%	Yes, for all provider types.	None needed
Texas	Urban: 1 in 30 Rural: 1 in 60	Psychiatrists/Prescribers: 97.7% Psychologist: 95.2% Master's Level: 99.5% Inpatient: 83.4% CMHC: 83%	Psychiatrists/Prescribers: 100% Psychologist: 99.9% Master's Level: 100% Inpatient: 95.5% CMHC: 83.9%	Yes, for all other provider types with the exception of CMHCs in both Rural and Urban areas and inpatient facilities in Rural Areas	All CMHCs statewide have been contracted

Market	Standard	Rural	Urban	Goal Met (Yes/No)	Action
Washington	Urban: 1 in 30 Rural: 1 in 60	Psychiatrists/Prescribers: 98.3% Psychologist: 98.3%% Master's Level: 99.4% Inpatient: 38.5% CMHC: 35.4%	Psychiatrists/Prescribers: 99.7%% Psychologist: 99.9% Master's Level: 99.9% Inpatient: 50.6% CMHC: 60.6%%	Yes, except for inpatient facilities and CMHCs in rural and urban areas.	<p>This is a combined health plan and Peach State Health Plan network. The Health Plan (Coordinated Care) holds the contracts with the Acute Care Hospitals to provide behavioral health services. This data is not included in this report. Peach State Health Plan only contracts with the free standing psychiatric facilities.</p> <p>With regard to deficiency with psychologist in rural area, the hospital employed behavioral health practitioners are not included in the data as Peach State Health Plan does not directly contract with those providers. However, members have access to those services under the Health Plan agreement.</p>

Market	Standard	Rural	Urban	Goal Met (Yes/No)	Action
Wisconsin	Urban: 1 in 30 Rural: 1 in 60	Psychiatrists/Prescribers: 99.7% Psychologist: 100% Master's Level: 100% Inpatient: 86.6% CMHC: 71.5%	Psychiatrists/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 100% CMHC: 30.9%	Yes, for all provider types except for inpatient hospitals in rural areas, and CMHCs in both rural and urban areas.	Peach State Health Plan does not meet the standard in one WI rural county. There is only one hospital, which refuses to contract with Peach State Health Plan, but will see our members on a Single Case Basis for emergency admissions. The Health Plan provides transportation if a member needs to be transferred to an in-network hospital. We have contracted with all CMHCs in the service areas.

Health Insurance Marketplace (Ambetter)

Market	Standard	Rural	Urban	Goal Met (Yes/No)	Action
Florida	Urban: 1 in 45 Rural: 1 in 60	Psychiatrists/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 100% CMHC: 100%	Psychiatrists/Prescribers: 100% Psychologist: 99.9% Master's Level: 100% Inpatient: 100% CMHC: 100%	Yes for all provider types	None needed
Georgia	Urban: 1 in 45 Rural: 1 in 60	Psychiatrists/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 100% CMHC: 96.9%	Psychiatrists/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 100% CMHC: 98.1%	Yes for all provider types	None needed

Market	Standard	Rural	Urban	Goal Met (Yes/No)	Action
Illinois	Urban: 1 in 45 Rural: 1 in 60	Psychiatrists/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 100% CMHC: N/A	Psychiatrists/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 100% CMHC: 100%	Yes for all provider types	None needed
Indiana	Urban: 1 in 45 Rural: 1 in 60	Psychiatrists/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 96.3% CMHC: 100%	Psychiatrists/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 98.2% CMHC: 100%	Yes, for all provider types.	None needed
Massachusetts	Urban: 1 in 45 Rural: 1 in 60	Psychiatrists/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 100% CMHC: 100%	Psychiatrists/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 100% CMHC: 100%	Yes, for all provider types.	None needed
Mississippi	Urban: 1 in 45 Rural: 1 in 60	Psychiatrists/Prescribers: 100% Psychologist: 88.5% Master's Level: 99.9% Inpatient: 83.5% CMHC: 94.7%	Psychiatrists/Prescribers: 100% Psychologist: 97.6% Master's Level: 98.3% Inpatient: 97.5% CMHC: 69.3%	Yes for all provider types except Psychologist and Inpatient facilities in Rural areas and CMHCs in Urban areas.	We have contracted with every available psychologist and CMHC; however, we are undergoing a data load audit with our PDM team to ensure all providers are loaded.

Market	Standard	Rural	Urban	Goal Met (Yes/No)	Action
New Hampshire	Urban: 1 in 30 Rural: 1 in 60	Psychiatrists/Prescribers: 80.1% Psychologist: 100% Master's Level: 100% Inpatient: 83.1% CMHC: 98.6%	Psychiatrists/Prescribers: 69.6% Psychologist: 100% Master's Level: 100% Inpatient: 74.0% CMHC: 96.3%	Yes for all provider types except Psychiatrist and Inpatient facilities in both urban and rural areas.	The deficiency was addressed. The Contract amendments and deemers have been loaded by our PDM team.
Ohio	Urban: 1 in 45 Rural: 1 in 60	Psychiatrists/Prescribers: 99.4% Psychologist: 77.4% Master's Level: 78.0% Inpatient: 99.3% CMHC: 42.2%	Psychiatrists/Prescribers: 99.7% Psychologist: 98.7% Master's Level: 97.4% Inpatient: 87.2% CMHC: 63.0%	Yes, except for Psychologist, master level and CMHCs in Rural areas and Inpatient facilities and CMHCs in Urban areas.	A request for an audit to ensure all amendments and deemers have been loaded by our PDM Staff has been requested by the local team.
Texas	Urban: 1 in 45 Rural: 1 in 60	Psychiatrists/Prescribers: 99.9% Psychologist: 99.9% Master's Level: 100% Inpatient: 99.6%	Psychiatrists/Prescribers: 100% Psychologist: 100% Master's Level: 100% Inpatient: 98.7%	Yes, for all provider types	All CMHCs statewide have been contracted

Market	Standard	Rural	Urban	Goal Met (Yes/No)	Action
Washington	Urban: 1 in 45 Rural: 1 in 60	Psychiatrists/Prescribers: 99.7% Psychologist: 100% Master's Level: 100% Inpatient: 74.4% CMHC: 73.1%	Psychiatrists/Prescribers: 99.6% Psychologist: 100% Master's Level: 100% Inpatient: 73.1% CMHC: 71.5%	Yes, except for inpatient facilities and CMHCs.	<p>This is a combined health plan and Peach State Health Plan network. The Health Plan (Coordinated Care) holds the contracts with the Acute Care Hospitals to provide behavioral health services. This data is not included in this report. Peach State Health Plan only contracts with the free standing psychiatric facilities.</p> <p>With regard to deficiency with psychologist in rural area, the hospital employed behavioral health practitioners are not included in the data as Peach State Health Plan does not directly contract with those providers. However, members have access to those services under the Health Plan agreement.</p>
Wisconsin	Urban: 1 in 45 Rural: 1 in 60	Psychiatrists/Prescribers: 100% Psychologists: 100% Master's Level: 100% Inpatient: 96.5% CMHC: 98.3%	Psychiatrists/Prescribers: 100% Psychologists: 100% Master's Level: 100% Inpatient: 99.9% CMHC: 100%	Yes, for all provider types	None Needed

Member to Provider Ratios

Methodology:

Peach State Health Plan practitioner and provider ratio monitoring is completed for all behavioral health practitioner types. Peach State Health Plan defines behavioral health practitioners and providers as:

- Psychiatrists/Prescribers (MD, DO, APNP/ARNP)
- Psychologists (PhD, PsyD, EdD)
- Master's Level Clinicians (Midlevel providers; LPC, LCSW, LMFT, etc.)
- Inpatient Psychiatric Facilities and Acute Care Hospitals
- Community Mental Health Centers

Peach State Health Plan's internal standards for provider and practitioner to member ratios are listed below.

Member to Practitioner Ratio Standards

Practitioner Type	Standard	Measurement Method	Measurement Frequency
Psychiatrists/Prescribers	2 practitioners per 1000 members	GEO Access	Annually
Psychologists	2 practitioners per 1000 members	GEO Access	Annually
Masters Level Clinicians	5 practitioners per 1000 members	GEO Access	Annually
In-patient Psychiatric Facilities	1 provider per 1000 members	GEO Access	Annually
CMHCs	1 provider per 1000 members	GEO Access	Annually

Quantitative Analysis

The table below shows the member to provider/practitioner ratios, by Peach State Health Plan market. In several markets, Nurse practitioners and Physicians Assistants are counted in the psychiatrist numbers as prescribers. Additionally, Federally Qualified Health Centers (FQHCs) are counted into CMHC numbers as they serve members in the same/similar capacity in some Peach State Health Plan markets.

Medicaid

Market	Results	Goal Met (Yes/No)	Action
California	<p>Psychiatrists: 0 practitioners per 1000 members</p> <p>Psychologists: 0 practitioner per 1000</p> <p>Master's Level: 1 practitioners per 1000</p> <p>Inpatient: 0 provider per 1000 members</p> <p>CMHC: 0 provider per 1000 members</p>	No, the goal was not met in any category	In this market, our membership is in a very rural service area and has very limited available Medicaid providers. If a member needs services that are not in the network we offer a single case agreement or work with PAR providers to provide an emergency visit.
Florida	<p>Psychiatrists: 4 practitioners per 1000 members</p> <p>Psychologists: 0 practitioner per 1000</p> <p>Master's Level: 8 practitioners per 1000</p> <p>Inpatient: 0 provider per 1000 members</p> <p>CMHC: 0 provider per 1000 members</p>	Yes, except for psychologists, inpatient and CMHC.	We have contracted with all CMHC, psychologists, CMHC and inpatient facilities who are willing or able accept Medicaid members.
Georgia	<p>Psychiatrists: 0 practitioner per 1000 members</p> <p>Psychologists: 1 practitioner per 1000 members</p> <p>Master's Level: 1 provider per 1000 members.</p> <p>Inpatient: 0 provider per 1000 members</p> <p>CMHC: 0 provider per 1000 members</p>	No, the goal was not met for any categories	We have contracted with all CMHC; psychiatrist and inpatient facilities who are willing or able accept Medicaid members.

Market	Results	Goal Met (Yes/No)	Actions
Illinois	Psychiatrists: 3 practitioners per 1000 members Psychologists: 0 practitioners per 1000 members Master Level: 21 practitioners per 1000 members Inpatient: 0 provider per 1000 members CMHC: 1 providers per 1000 members I counted	Yes, for all provider types except Psychologists and inpatient	We have contracted with all psychologists and inpatient facilities who are willing or able accept Medicaid members.
Indiana	Psychiatrists: 5 practitioners per 1000 members Psychologists: 3 practitioners per 1000 members Master's Level: 17 practitioners per 1000 members Inpatient: 0 provider per 1000 members CMHC: 0 provider per 1000 members	Yes, for all provider types, except inpatient and CMHC	We have contracted with all CMHC and inpatient facilities who are willing or able accept Medicaid members.
Kansas	Psychiatrists: 7 practitioners per 1000 members Psychologists: 7 practitioners per 1000 members. Master Level: 34 practitioners per 1000 members Inpatient: 0 provider per 1000 members CMHC: 0 provider per 1000 members	Yes, for all provider types except inpatient and CMHCs	We have contracted with all CMHC and inpatient facilities who are willing or able accept Medicaid members.

Market	Results	Goal Met (Yes/No)	Action
Massachusetts	Psychiatrists: 24 practitioners per 1000 members Psychologists: 9 practitioners per 1000 members Master Level: 108 practitioners per 1000 members. Inpatient: 1 providers per 1000 members CMHC: 1 provider per 1000 members	Yes, for all provider types	None needed
Mississippi	Psychiatrists: 2 practitioners per 1000 members Psychologists: 0 practitioner provider per 1000 members. Masters Level: 7 practitioners per 1000 members Inpatient: 0 providers per 1000 members. N/A CMHC: 0 providers per 1000 members	Yes, for Psychiatrists and Masters Level	We have contracted with all Medicaid eligible psychologists inpatient facility and CMHCs in our service area for Medicaid members
Missouri	Psychiatrists: 9 practitioners per 1000 members Psychologists: 4 practitioners per 1000 members Master Level: 19 practitioners per 1000 members. Inpatient: 0 provider per 1000 members CMHC: 1 provider for every 1000 members.	Yes, for all provider types except inpatient	We have contracted with all inpatient facilities in the service area willing to accept Medicaid members.

Market	Results	Goal Met (Yes/No)	Action
New Hampshire	Psychiatrists: 7 practitioners per 1000 members Psychologists: 3 practitioners per 1000 members Master Level: 20 practitioners per 1000 members. Inpatient: 0 provider per 1000 members CMHC: 0 providers for every 1000 members.	Yes, for all provider types, except inpatient and CMHCs	We have contracted with all inpatient facilities and CMHCs in the service area willing to accept Medicaid members.
Ohio	Psychiatrists: 3 practitioners per 1000 members Psychologists: 1 practitioners per 1000 members Master Level: 4 practitioners per 1000 members Inpatient: 0 providers per 1000 members CMHC: 0	Yes for Psychiatrists and Masters level	We have contracted with all inpatient facilities and CMHCs in the service area willing to accept Medicaid members.
South Carolina	Psychiatrists: 2 practitioners per 1000 members Psychologists: 0 practitioner per 1000 members Master Level: 6 practitioners per 1000 members. Inpatient: 0 provider per 1000 members CMHC: 0	Yes, for Psychiatrist and Masters Level	We have contracted with every available psychologist that is approved by the state for the products that we serve in the South Carolina Market. It should be noted that Community Mental Health Centers (CMHC) services were carved out of the managed care behavioral health benefits for the reporting period.

Market	Results	Goal Met (Yes/No)	Action
Texas	Psychiatrists: 2 practitioners per 1000 members Psychologists: 0 practitioners per 1000 members. Masters Level: 6 practitioners per 1000 members Inpatient: 0 providers per 1000 members. CMHC: 0 provider per 1000 members	Yes, for Psychiatrists and Masters Level	We have contracted with all inpatient facilities, CMHCs and psychologists in the service area willing to accept Medicaid members
Washington	Psychiatrists: 0 practitioners per 1000 members Psychologists: 0 practitioners per 1000 members. Master Level: 1 practitioner per 1000 members. Inpatient: 0 provider per 1000 members CMHC: 0 provider per 1000 members	No, the goal was not met for any categories	This is a combined behavioral health network with our health plan partner (Coordinated Care). The behavioral health providers contracted with our health plan partner are not included in this report.
Wisconsin	Psychiatrists: 5 practitioners per 1000 members Psychologists: 5 practitioners per 1000 members Master Level: 26 practitioners per 1000 members. Inpatient: 0 providers per 1000 members. CMHC: 0	Yes, for all provider types, except Inpatient and CMHCs	We have contracted with all Inpatient facilities and CMHC's willing to accept Medicaid members.

Health Insurance Marketplace (Ambetter)

Market	Results	Goal Met (Yes/No)	Actions
Florida	Psychiatrists: 3 practitioners per 1000 members Psychologists: 1 practitioner per 1000 Master's Level: 7 practitioners per 1000 Inpatient: 9 provider per 1000 members CMHC: 1 provider per 1000 members	Yes, except for psychologists.	We have contracted with all psychologists who are willing to accept our Exchange members. We have begun a recruiting effort to address these gaps.
Georgia	Psychiatrists: 2 practitioner per 1000 members Psychologists: 3 practitioner per 1000 members Master's Level: 4 providers per 1000 members. Inpatient: 0 provider per 1000 members CMHC: 0 provider per 1000 members	Yes, except for Masters level, Inpatient and CMHCs	The individual practitioners who are employed by the CMHCs are not included in the GEO data (even though this is the data collected for other reporting needs) as we are required in the State of GA to only contract with those practitioners who appear on the state files. If we were to include those individual practitioners who are employed by the CMHC's in our data, then we are confident we would meet this requirement. In the future, these employed individuals will be included in annual GEOs. GA has a limited number of inpatient facilities, primarily for children. Peach State Health Plan contracts with inpatient facilities in neighboring states to provide access to this level of care for GA members.

Market	Results	Goal Met (Yes/No)	Action
Illinois	Psychiatrists: 6 practitioners per 1000 members Psychologists: 0 practitioners per 1000 members Master Level: 3 practitioners per 1000 members Inpatient: 0 provider per 1000 members CMHC: 2 providers per 1000 members I counted	Yes, for Psychiatrists and CMHCs	We have contracted with all CMHC who are willing to accept our Exchange members. We have begun a recruiting effort to address the Psychiatrist gap.
Indiana	Psychiatrists: 53 practitioners per 1000 members Psychologists: 20 practitioners per 1000 members Master's Level: 168 practitioners per 1000 members Inpatient: 1 provider per 1000 members CMHC: 5 provider per 1000 members	Yes, for all provider types.	None needed
Massachusetts	Psychiatrists: 187 practitioners per 1000 members Psychologists: 82 practitioners per 1000 members Master Level: 220 practitioners per 1000 members. Inpatient: 24 providers per 1000 members CMHC:35 provider per 1000 members	Yes, for all provider types.	None needed

Market	Results	Goal Met (Yes/No)	Action
Mississippi	Psychiatrists: 4 practitioners per 1000 members Psychologists: 1 practitioner provider per 1000 members. Masters Level: 17 practitioners per 1000 members Inpatient: 0 providers per 1000 members. N/A CMHC: 1 providers per 1000 members	Yes, for all provider types except psychology and inpatient	We have contracted with all psychologists and inpatient facilities willing to accept our Exchange members.
New Hampshire	Psychiatrists: 30 practitioners per 1000 members Psychologists: 194 practitioners per 1000 members Master Level: 851 practitioners per 1000 members. Inpatient: 5 provider per 1000 members CMHC: 28 providers for every 1000 members.	Yes, for all provider types	None needed
Ohio	Psychiatrists: 18 practitioners per 1000 members Psychologists: 4 practitioners per 1000 members Master Level: 21 practitioners per 1000 members Inpatient: 1 providers per 1000 members CMHC: 0 Providers per 1000 members	Yes for all provider types except CMHCs	We have contracted with all CMHCs who are willing to accept our Exchange members.

Market	Results	Goal Met (Yes/No)	Action
Texas	Psychiatrists: 8 practitioners per 1000 members Psychologists: 9 practitioners per 1000 members. Masters Level: 59 practitioners per 1000 members Inpatient: 1 provider per 1000 members. CMHC: 1 provider per 1000 members	Yes, for all provider types	None needed
Washington	Psychiatrists: 0 practitioners per 1000 members Psychologists: 0 practitioners per 1000 members. Master Level: 2 practitioners per 1000 members. Inpatient: 0 provider per 1000 members CMHC: 0 provider per 1000 members	No, the goal was not met for any of the categories	This network is a combined health plan and Peach State Health Plan network. The Health Plan (Coordinated Care) holds the contracts with the Acute Care Hospitals to provide behavioral health services. That data is not included in this report. Peach State Health Plan only contracts with the free standing psychiatric facilities. With regard to the deficiency with psychologist in the rural area, the hospital employed behavioral health practitioners are not included in the data as Peach State Health Plan does not directly contract with those providers. However, members have access to those services under the Health Plan agreement.

Market	Results	Goal Met (Yes/No)	Action
Wisconsin	Psychiatrists: 188 practitioners per 1000 members Psychologists: 79 practitioners per 1000 members Master Level: 512 practitioners per 1000 members. Inpatient: 3 providers per 1000 members. CMHC: 11 Providers per 1000 members	Yes, for all provider types.	None needed.

Qualitative Analysis

Peach State Health Plan meets or surpasses network availability Geo Access Standards in all Markets, with the exception of the following provider types in the following Peach State Health Plan

Medicaid:

- Illinois – IP
- Kansas – IP
- Texas – CMHC
- New Hampshire – IP and psychiatrist
- Washington – all areas
- Wisconsin – CMHC and IP

Exchange:

- Mississippi – IP and CMC
- New Hampshire – IP and psychiatrists
- Ohio – IP, CMHC, Psychologists, Masters
- Texas – CMHC
- Washington – IP and CMHC

Although targets were not met in Illinois (IL), Kansas (KS), New Hampshire (NH), Texas (TX), Washington (WA) and Wisconsin (WI), for Medicaid; and New Hampshire (NH),

Ohio (OH) and Washington (WA) for Ambetter (Exchange) the local network teams have been collaborating with our Provider Data Management staff (PDM) to ensure provider information is loaded on the various data platforms (OH market) and have completed amendments and ensured data loads (NH market) to close the identified Medicaid gaps. Consequently, in markets such as KS, IL, and TX there are no additional providers in the market to close the identified gaps.

In most of the markets Peach State Health Plan serves, Peach State Health Plan contracts with all available resources in those areas. Peach State Health Plan also enters into Single Case Agreements (SCA) with all practitioner/provider types to serve our members in all markets when necessary. On a monthly basis a report is provided to the Network teams, nationally, to pursue contracting opportunities with these non-par providers.

With regard to meeting our established standards for member to provider ratio for our Medicaid population, we were deficient in several markets for our Medicaid population in the area of inpatient, CMHC, psychologists and/or psychiatrist (FL, IL, IN, KS, MS, MO, NH, SC and WI). However, we have contracted with all available providers in these categories who are willing to accept Medicaid members. In California, our Medicaid population is located in rural/frontier counties where services are limited. In this market, we are partnering with our health plan to provide a pilot for telehealth services. This is a market whereby the behavioral health network is shared with our health plan. Also, in Washington we have a shared network with the health plan relative to behavioral health. The health plan's behavioral health providers are not included in these reports.

For our Exchange product, we are deficient in several markets. Those markets include MS, NH, TX, and WA. A project is under way to address this deficiency which includes an audit of the data loads for these markets to ensure all providers are loaded. In addition, we will be completing a deemer load for deficient markets by the end of the second quarter of 2016.

Barrier Analysis/Interventions

Root Cause/Barrier	Intervention	Selected?	Dates
Florida	We have contracted with every available psychologist that is approved by the state for the products that we serve in the Florida market.	Yes	On-going
Georgia	The practitioners who are employed by the CMHCs are not included in the GEO data reporting for the Exchange product.	Yes	Q3 2016

Root Cause/Barrier	Intervention	Selected?	Dates
Illinois	The local team is working to identify additional psychologist (Medicaid) to contract with in deficient areas	Yes	Q3 2016
Mississippi	We have contracted with all psychologists and inpatient providers who are willing to participate in the exchange product in our service area.	No	Continue to monitor
New Hampshire	We have completed an audit of the data load for the Exchange product during Q1 and we revisit the GEO during Q2	Yes	Q2
Ohio	For the Exchange product, the local team is identifying and recruiting providers willing to accept the Exchange product to address the deficient areas	Yes	Q3
Texas	We have contracted with all CMHC and Inpatient facilities willing to accept Medicaid in the service areas	No	Continue to monitor
Washington	This is a combined network and does not include inpatient for Medicaid; For Exchange it is a combined network and we are actively undergoing contracting project to address the gaps.	Yes	Q3 2016

Root Cause/Barrier	Intervention	Selected?	Dates
Member to Provider Ratios	<p>We have identified some common themes with regard to member to provider ratios particularly in our Medicaid service areas with Inpatient facilities. We have contracted/extended offers to all available Medicaid approved providers in each service areas. Part these deficiencies are contributed to the IMD restrictions for Medicaid members in most of markets. It should be noted that a small percentage of our population receives services within an inpatient facility. We continue to monitor our access to inpatient services to be sure that members receive the care they needed in a timely manner from a qualified provider.</p> <p>With other provider types such as CMHC, in many markets there are limited amounts of CMHCs that exist within the market. Therefore, we would rarely meet the strict member to provider ratio standard that we have in place today. On a side note, CMHCs in most market provide very specialized services for those members whose diagnosis with higher acuity levels. Our non-CMHC providers serve as a wraparound network to the CMHC for those members who acuity is mild/moderate.</p>	No	

Summary

Peach State Health Plan strives to ensure all members receive care from qualified, in-network providers, and evaluates network adequacy on an on-going basis to ensure timely access. Peach State Health Plan will continue to support, prioritize, and engage in ongoing network development and management activities in each of its markets, including the utilization of member and provider demographics to drive the network management strategy. Network management activities, including GEO Access reporting, are designated as a primary data feed into the Peach State Health Plan Quality Improvement Committee (QIC). Network management reports are provided to the QIC on a regular basis; reported to Peach State Health Plan customers in regular quarterly reporting, or upon request; and used to support process and quality improvement activities. Peach State Health Plan GEO Access Reports in 2015 were standardized across all networks, as much as possible given the differences in state contracts, to ensure consistency in analysis and application of targeted network management interventions.

1. Introduction

Peach State Health Plan is dedicated to ensuring timely access to behavioral health services. Peach State Health Plan actively monitors and evaluates member access to behavioral health practitioners and providers against established appointment standards and initiates improvement activities as needed. Peach State Health Plan supports the assessment of access to behavioral health practitioners and providers with analysis of member complaints. This report also provides an evaluation of Peach State Health Plan's compliance with telephone access standards within this report. All access activities are measured on a monthly and quarterly basis, with formal assessment conducted annually. Peach State Health Plan reports market specific performance against access standards to each of its health plan and state customers in comprehensive quarterly reports. Data reviewed here is provided in the aggregate for Peach State Health Plan.

2. Appointment Access Methodology

Definitions:

Urgent: Within 24 hours Routine:

Within 7 days Emergency:

Within 6 hours

Population: The universe of credentialed practitioners and providers in each market served by Peach State Health Plan as of December 31st of the previous measurement year.

Sampling: No sampling used in 2015. All contracted, credentialed and participating providers and practitioners were included in the review.

Inclusion criteria: All currently credentialed providers and practitioners

Exclusion criteria: NA

Denominator description: total number of surveyed practitioners and providers

Numerator description: total number of practitioners and providers in the denominator that meet appointment standards.

Data source: Current credentialing data is pulled from Peach State Health Plan's provider management system, Vistar. Numerator data is collected by standardized survey. Peach State Health Plan's appointment availability surveys request confirmation that the practitioner and/or provider can accommodate both new and existing members' appointment needs based on current practitioner/provider availability for routine and urgent appointment. The surveys request information on the practitioner/provider's process for accommodating non-life threatening emergency appointments with the options of seeing the member within six (6) hours of request or directing the member to the nearest emergency department, as is supported by Peach State Health Plan's practitioner/provider contracts and the Peach State Health Plan provider manual.

Measurement period: Annually, January 1st – December 31st.

Reporting frequency: Quarterly and Annually.

Validation: Source data is validated through front end system edits and cross checks with claims system edits. Peach State Health Plan uses analysis of complaint data to validate survey findings.

Performance Goal: 90%

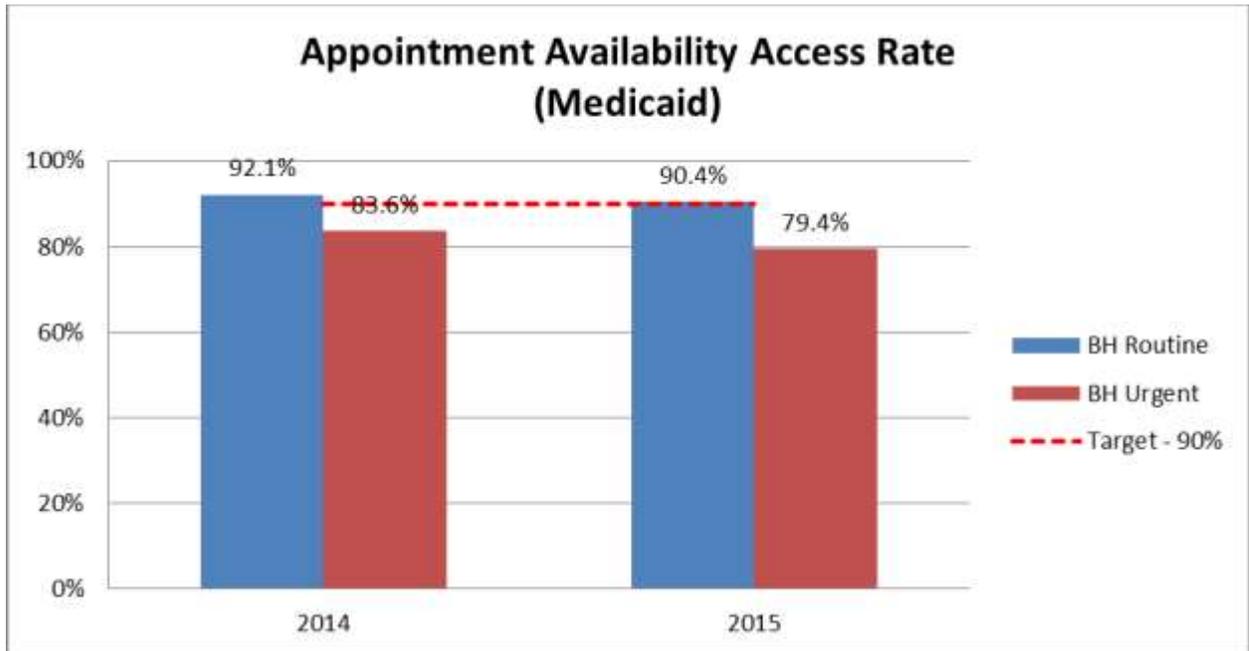
3. Quantitative Analysis

Many of Peach State Health Plan's markets allow for more time to respond to urgent and routine appointment requests (48 hours for urgent and 14 days for routine). Peach State Health Plan utilizes the standards reported above to ensure its network practitioners and facilities set the gold standard for access to behavioral health services.

4. Quantitative Analysis

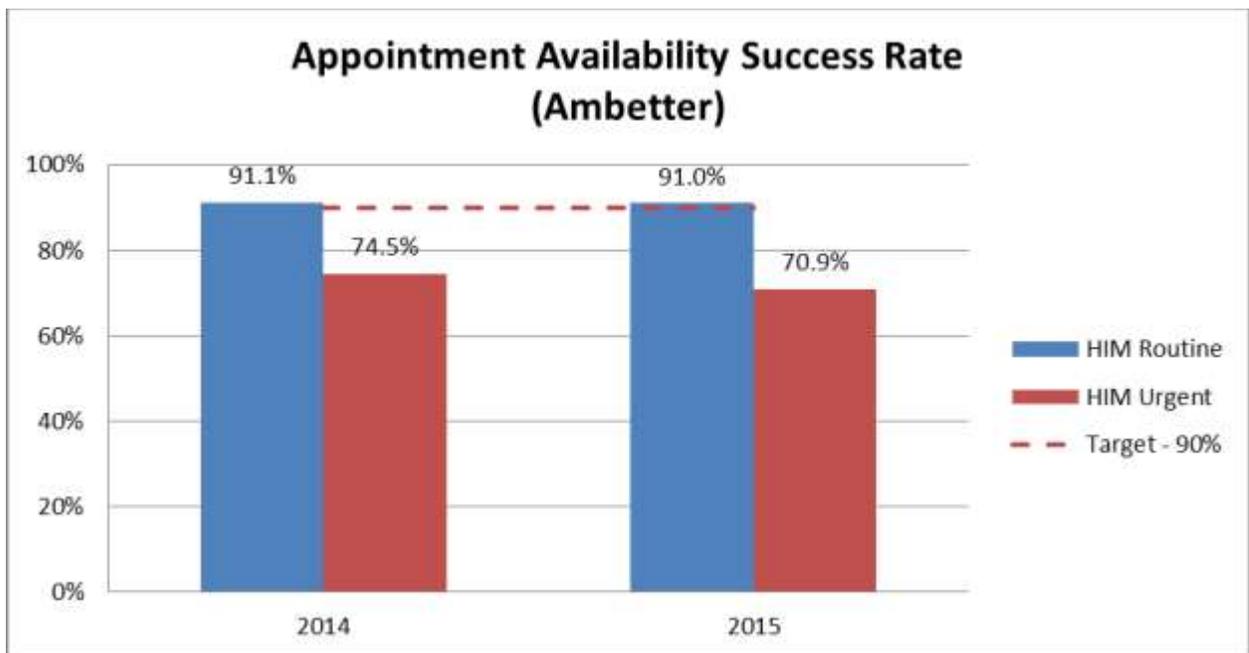
Appointment Access Rate

Review of documentation indicates providers did not meet the Peach State Health Plan goal of 90% compliance with the Urgent Appointment Availability standard. As demonstrated in the review, performance is at a rate of 79.4% (3193/4019) compliance in 2015 and 83.6% (5612/6709) in 2014. Performance on the Routine Appointment Availability metric met the Peach State Health Plan goal at 90.4% in 2015 as compared to 92.1% in 2014.



Ambetter

Peach State Health Plan's Ambetter Urgent Appointment Availability access rate decreased significantly ($p < .0079$) from 74.5% in 2014 (1811/2430) to 70.9% in 2015 (1686/2377). The Routine success rate maintained the same rate of 91% for 2014 and 2015.



Peach State Health Plan providers demonstrated a statistically significant decrease ($p < .0000$) in performance on the urgent appointment standard from 2014 to 2015. Urgent

appointment availability remained below the 90% target and declined slightly from the 2014 rate of 83.6% to 79.4% in 2015. Routine appointment availability remained above the performance target of 90% at a rate of 90.4% for the 2015 reporting period. Provider compliance with the urgent availability standard is lower than that for the routine standard due to difference in timeframe of appointment availability, urgent appointments (48 hours) compared to routine appointments (10 calendar days).

Medicaid	2014	2015	Significant Change (Yes/No)
BH Urgent	83.6%	79.4%	Yes p<.0000
BH Routine	92.1%	90.4%	Yes p<003

Peach State Health Plan providers demonstrated a statistically significant decrease (p<.007) in performance on the urgent appointment standard from 2014 to 2015. Urgent appointment availability remained below the 90% target and declined slightly from the 2014 rate of 74.5% to 70.9% in 2015, which demonstrates a statistically significant decrease compared to the 2014 rate. Performance on the routine indicator stayed above the performance target of 90% at a rate of 91.0% for the 2015 reporting period. Provider compliance with the urgent appointment availability standard is lower than that for the routine indicator due to provider's management of new patient rosters for new appointments due to membership increases in markets.

Ambetter	2014	2015	Significant Change (Yes/ No)
HIM Urgent	74.5%	70.9%	Yes P<.007
HIM Routine	91.1%	91.0%	No Change

Complaints

Peach State Health Plan defines a complaint as any expression of dissatisfaction, other than that regarding an action. An action is defined as any reduction, termination or denial of a requested service. Upon receipt of verbal or written complaints, Peach State Health Plan assigns the complaint to an established category for tracking and trending.

Peach State Health Plan utilizes member complaints pertaining to access to care to supplement ongoing assessment of appointment availability standards. Peach State Health Plan is delegated member complaints in the Florida, Kansas, Missouri, Mississippi, Indiana, New Hampshire, Washington, Louisiana and Texas markets. Aggregate Peach State Health Plan member complaints reported from 2014 to 2015 are provided in the table below.

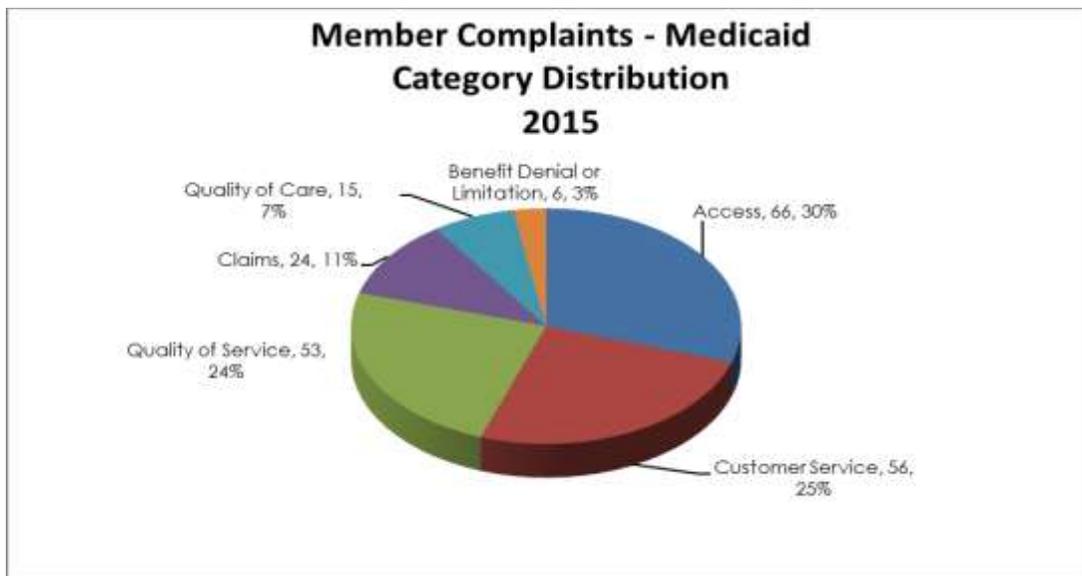
The majority of Peach State Health Plan's Medicaid member complaints are attributed to Access, with a total of 39 complaints (22%) in 2014 and 66 complaints (29%) in 2015. The Customer Service category was the third highest category in 2014 (50), but moved to the second highest complaint category for members in 2015 (56). The Quality of Service category ranks third highest with an increase of 9 complaints from 2014 (44) to 2015 (53).

Medicaid Complaints

Medicaid	2014	2015
Access	39/.014	66/.016
Attitude and Service	0	0
Billing and Financial Issues	0	0
Quality of Care	10/.003	15/.004
Benefit Denial or Limitation	9/.003	6/.001
Customer Service	50/.017	56/.014
Quality of Service	44/.015	53/.013
Quality of Practitioner Office Site	0	0
Claims	26/.009	24/.006
Plan Administration	1/.000	5/.001
UM	2/.001	3/.001
Rate per 1000	181/.063	228/.055

Review of access related complaints indicates a steady increase in complaints in this category with 30% of all 2015 complaints related to access issues. In 2015, Peach State Health Plan maintained delegation for member complaints in nine markets. New delegation and expanded scope of services and service delivery areas in multiple markets also impacted the yearly member complaint volume. The majority of access related complaints for Peach State Health Plan members related to member and family confusion in finding an available therapist or doctor in their surrounding area and requests for information relating to what services were available to Peach State Health Plan members in new state Medicaid programs.

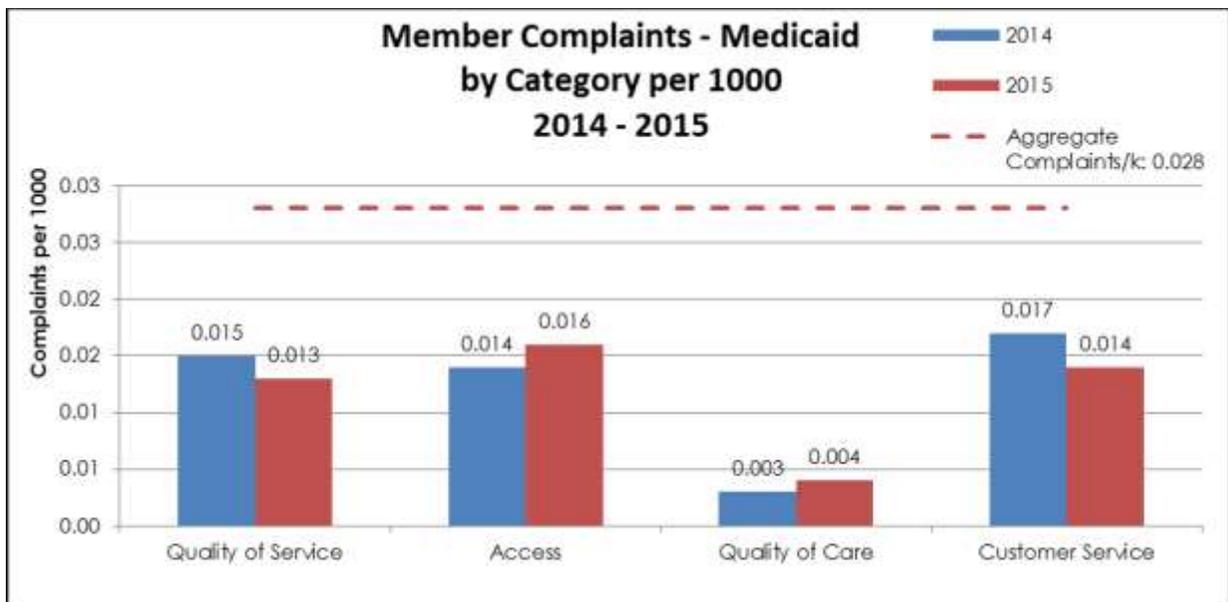
The following graph shows the distribution of Peach State Health Plan member complaints by complaint category in 2015 for Medicaid.

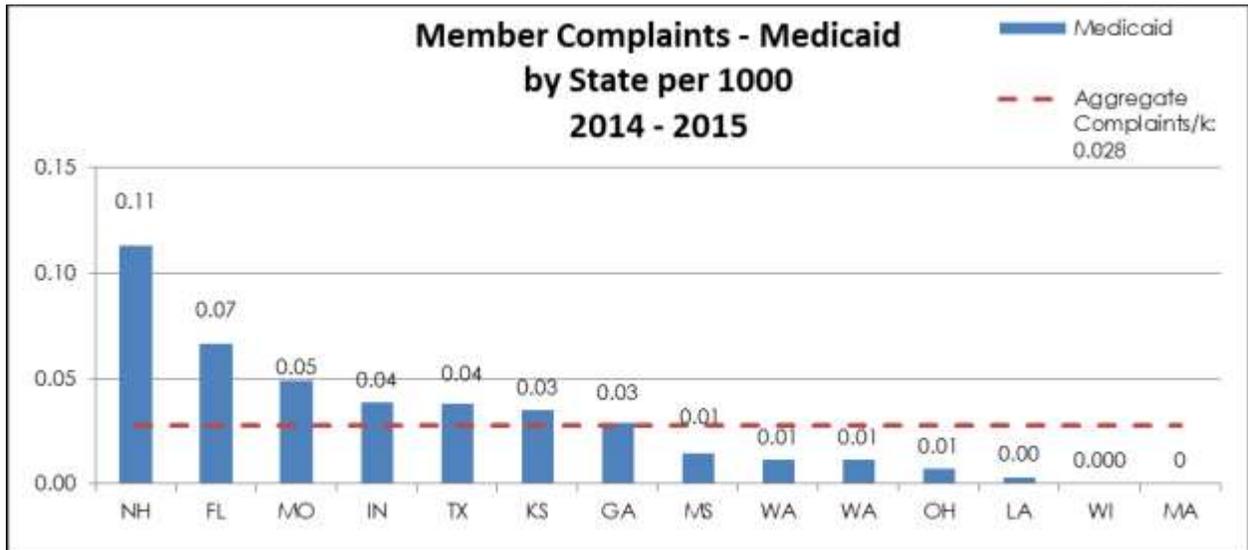


Peach State Health Plan supported its Florida, Indiana, Kansas, Louisiana, Mississippi, Missouri, New Hampshire, Texas and Washington market health plans in the expansion of services for eligible members in new service areas and programs throughout 2015. As members became aware of available services, Peach State Health Plan customer service representatives experienced an increase in inquiries related to finding in-network providers in new service areas and complaints related to customer service with both providers and Peach State Health Plan.

The following are the primary issues reported in 2015 related to the access, customer service, and quality of service:

1. Members were not able to locate an in-network practitioner or provider in the Peach State Health Plan provider directory.
2. Members upset with the way their providers or Peach State Health Plan staff treated them.
3. Members upset by the provider's office staff treatment during appointments.





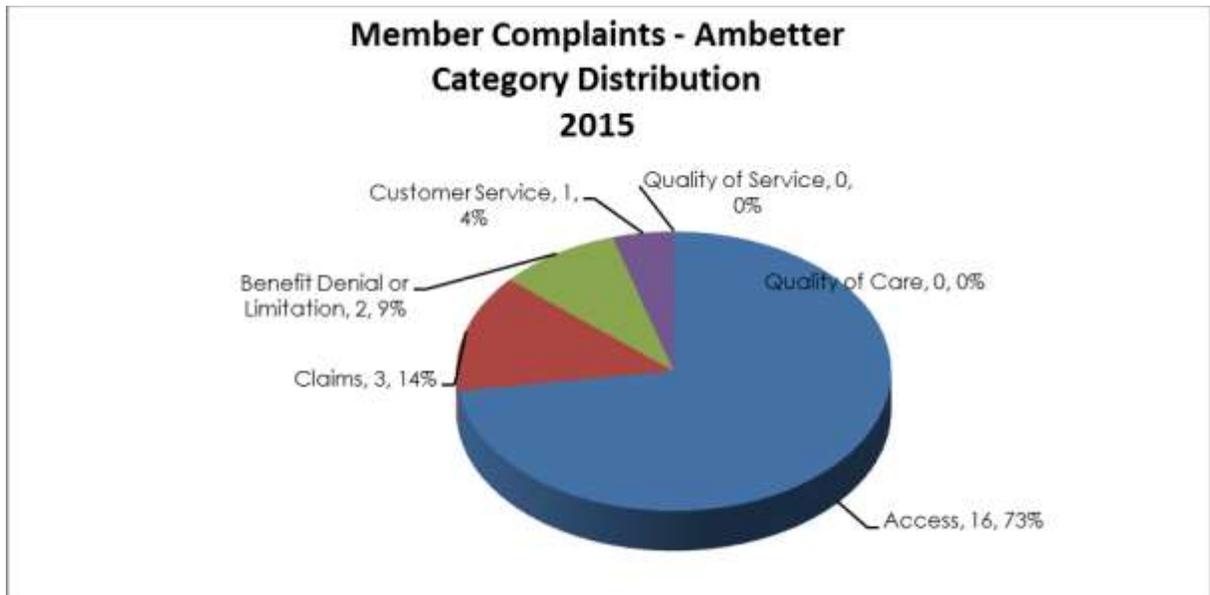
Ambetter Complaints

The majority of Peach State Health Plan’s Ambetter member complaints are attributed to Access with a total of 16 complaints (73%) in 2015 and 8 complaints in 2014. The Claims category is the second highest complaint category for members in 2014 (1) with an increase of 2 complaints in 2015 (3). The Benefit Denial or Limitation category ranks third priority in 2015 (2) with an increase of 1 complaint from 2014 (1).

Ambetter	2014	2015
Access	8/.127	16/.105
Attitude and Service	0	0
Billing and Financial Issues	0	0
Quality of Care	1/.016	0
Benefit Denial or Limitation	1/.016	2/.013
Customer Service	0	1/.007
Quality of Service	0	0
Quality of Practitioner Office Site	0	0
Claims	1/.016	3/.020
Plan Administration	0	1/.007
UM	0	0
Rate per 1000	11/.175	23/.151

Review of access related Ambetter complaints indicates an increase of 1.9% in Ambetter complaints in 2015. Please note that results should be interpreted with caution as the total volume of complaints for this population is low. Access issues accounted for 73% of all complaints. In 2015, Peach State Health Plan maintained delegation for Ambetter member complaints in twelve markets. Increased membership related to service delivery areas expansion as well as expansion into new Ambetter markets

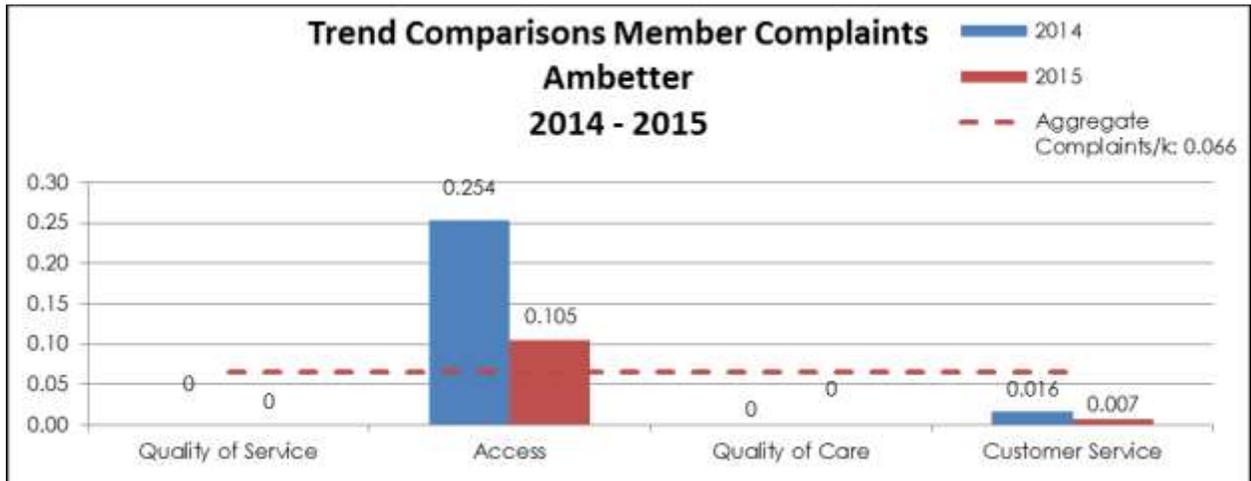
impacted the yearly member complaint volume. The majority of access related complaints for Peach State Health Plan members related to member and family confusion in finding an available therapist or doctor in their surrounding area in new Ambetter markets.



Peach State Health Plan supported its, Arkansas, Florida, Georgia, Illinois, Indiana, Massachusetts, Mississippi, New Hampshire, Ohio, Texas, Washington and Wisconsin market health plans in the expansion of Ambetter services for eligible members in new service areas and programs throughout 2015. As members became aware of available services through Peach State Health Plan Ambetter; Peach State Health Plan's customer service representatives experienced an increase in inquiries related to finding in network Ambetter providers in new service areas as well as an increase in complaints related to customer service from their providers or Peach State Health Plan.

The following are the primary issues reported in 2015 related to the access and customer service:

1. Members were not able to locate an in network practitioner or provider in the Peach State Health Plan provider directory.
2. Members are upset with the way their providers or Peach State Health Plan staff treat them.



Medicaid Barrier Analysis and Interventions

Root Cause/Barrier	Proposed Intervention	Selected	Date
Members not able to find a provider/practitioner in Peach State Health Plan's online directory	Established a work process with Provider Data Management (PDM) to develop a process to ensure accurate and timely updates to the online directory.	Yes	Initiated January 2016
New members not aware of how to find a practitioner/ provider in their area	Customer Service directs members to their Care Coordinators for assistance finding a provider and setting an appointment.	Yes	Ongoing

Ambetter Barrier Analysis and Interventions

Root Cause/Barrier	Proposed Intervention	Selected	Date
Members not able to find an Ambetter provider/practitioner in Peach State Health Plan's online directory	Established a work process with Provider Data Management (PDM) to develop a process to ensure accurate and timely updates to the online directory.	Yes	Initiated January 2016
New members not aware of how to find an Ambetter practitioner/ provider in their area	Customer Service directs members to their Care Coordinators for assistance finding a provider and setting	Yes	Ongoing

4. Conclusion

Peach State Health Plan's network practitioners and providers met the performance target on routine appointment standards but fell below the urgent appointment standards of 90% across Peach State Health Plan markets for both Medicaid and Ambetter. Peach State Health Plan embeds the appointment requirements for providers and practitioners in its provider and practitioner contracts and provider manuals to ensure ease of access to behavioral health services. Peach State Health Plan will continue to monitor complaint trends and input from the member and provider community in its assessment of these standards. Trends in compliance and areas of continued non-compliance with appointment standards are reported to the Peach State Health Plan Credentialing Committee as part of the Quarterly Quality Monitoring report and used to inform the Peach State Health Plan network management strategy. Peach State Health Plan provides market specific performance to each of its health plans quarterly in standardized quality reports and reports annual Peach State Health Plan performance to the Quality Improvement Committee at least annually.

Peach State Health Plan is delegated member complaints for the Ambetter product in Arkansas, Florida, Georgia, Illinois, Indiana, Massachusetts, Mississippi, New Hampshire, Ohio, Texas, Washington and Wisconsin markets. For the Medicaid program, Peach State Health Plan is delegated member complaints in Florida, Indiana, Kansas, Louisiana, Mississippi, Missouri, New Hampshire, Texas and Washington. The Access complaint category consistently remains in the top three complaint categories for Peach State Health Plan members (although data should be interpreted with caution due to the low complaint volume). Peach State Health Plan experienced an increase in member access complaints in 2015 as a result of service expansion into new service delivery areas throughout the year. Peach State Health Plan identified root causes of the complaints that indicated members often did not know how to find a provider in their area. Peach State Health Plan's customer service and clinical care management teams obtained updated, automated data through its CRM application to ensure timely and accurate referral of members to available providers. Peach State Health Plan also initiated a provider directory reconciliation process that occurs weekly to ensure that the most current and accurate provider information is available to members in its provider directory.

5. Assessment of Telephone Standards

Customer service queues are monitored against established performance metrics to ensure ease of access and to maintain high quality operations for Behavioral Health (BH) members. The established performance metrics are:

- Abandonment Rate: < 7%
- Average Speed of Answer: < 30 seconds
- Service Level: > 80%

Definitions:

Abandonment Rate: Total number of callers who hang up divided by the total number of calls received.

Average Speed of Answer: The average number of seconds to answer a call by a live person from the time a caller selects an automated option from the automated attendant.

Measurement period: Annually, January 1st – December 31st.

Reporting frequency: Data is collected monthly and quarterly, with a formal analysis annually.

6. Quantitative Analysis

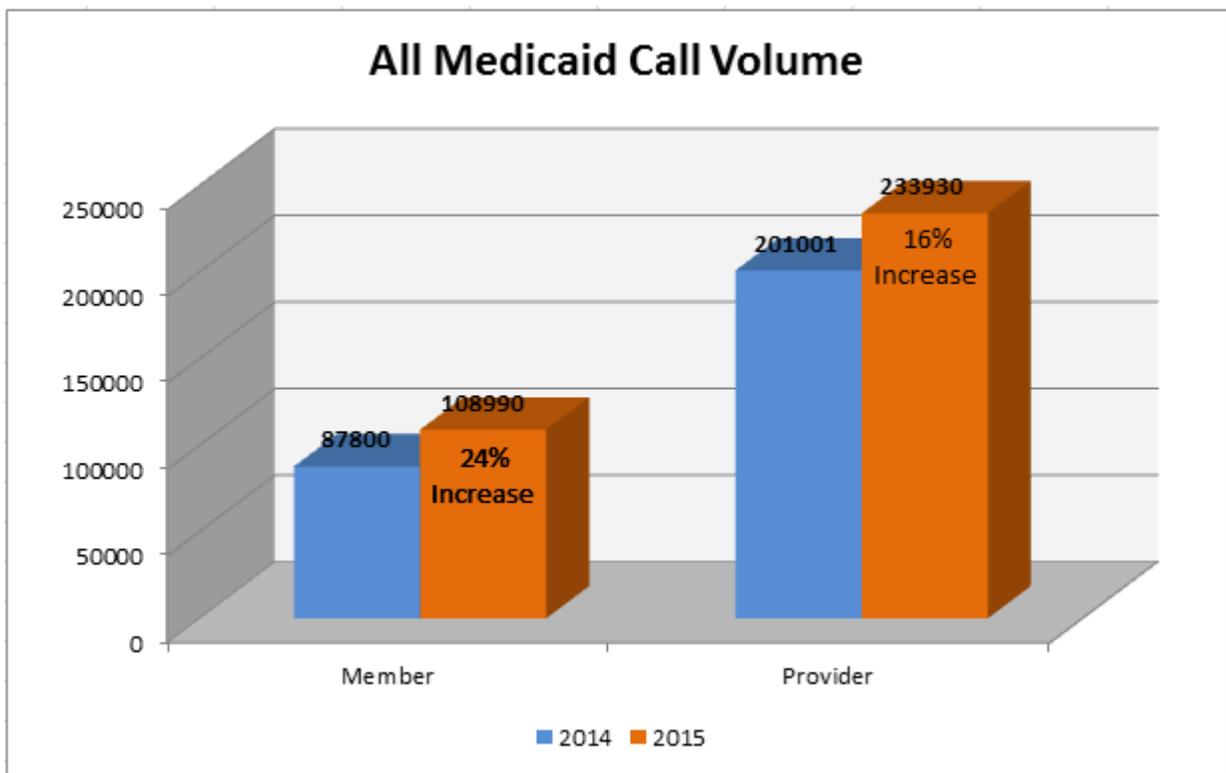
The chart below shows the total number of calls received by Peach State Health Plan from 2014- 2015.

Medicaid Call Volume Comparisons 2014-2015

Peach State Health Plan received a total of 288,801 calls in 2014 as compared to 342,920 calls across its market customer service queues in 2015. The increase in Member call volume in 2015 as compared to 2014 levels was 24%. Call volume in the Provider queue increased by 16% over 2014.

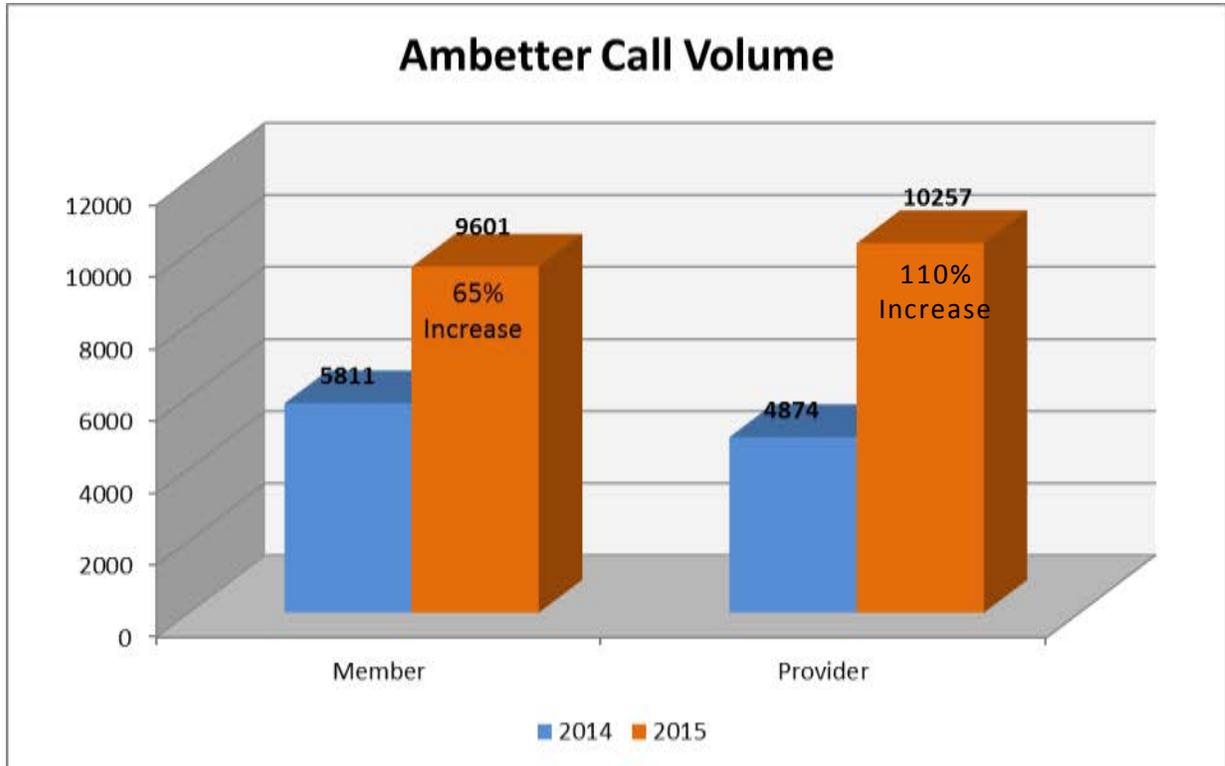
The incremental volume increase of 19% in both Member and Provider queues is related to new markets, and expansion in existing markets.

The chart below shows the total number of Ambetter calls received by Peach State Health Plan from 2014-2015.



Ambetter Call Volume Comparisons 2014-2015

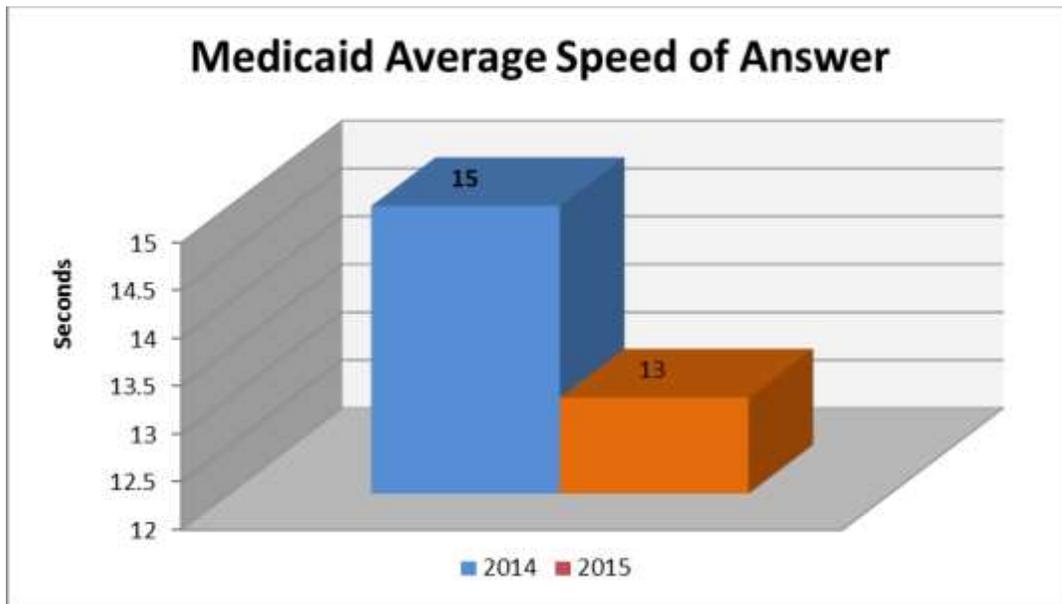
Peach State Health Plan received a total of 10,685 Ambetter calls in 2014 and an increase to 19,858 Ambetter calls across its market customer service queues in 2015. The aggregate call volume increased 65% over a one year period. The incremental volume increase of 86% in both Member and Provider queues is related to new markets, and expansion in existing markets.



Medicaid Average Speed of Answer Comparisons 2014-2015

Peach State Health Plan sets a stringent threshold for performance on average speed of answer to ensure all callers receive response to their calls in a timely fashion. Despite the significant increase in call volume across Peach State Health Plan's queues, Peach State Health Plan exceeded its performance target for average speed of answer of < 30 seconds in both 2014 and 2015. Peach State Health Plan improved performance on this metric by 13% in 2015.

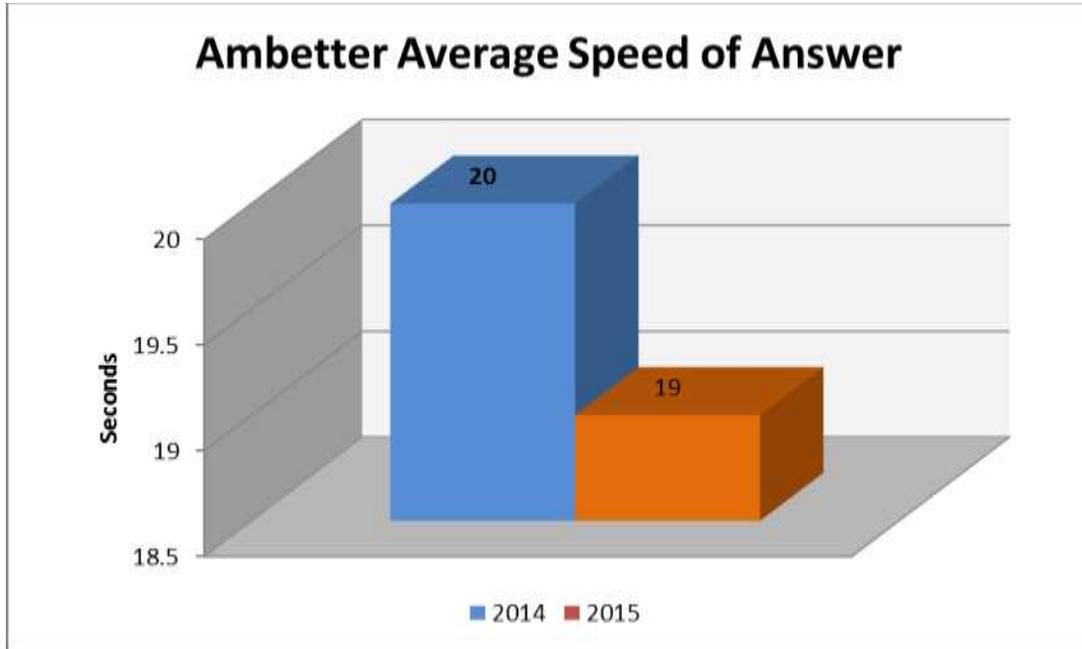
The chart below shows the average speed of answer for Medicaid behavioral health calls received by Peach State Health Plan from 2014-2015.



Ambetter Average Speed of Answer Comparisons 2014-2015

The chart below shows the average speed of answer for Ambetter calls received by Peach State Health Plan from 2014-2015.

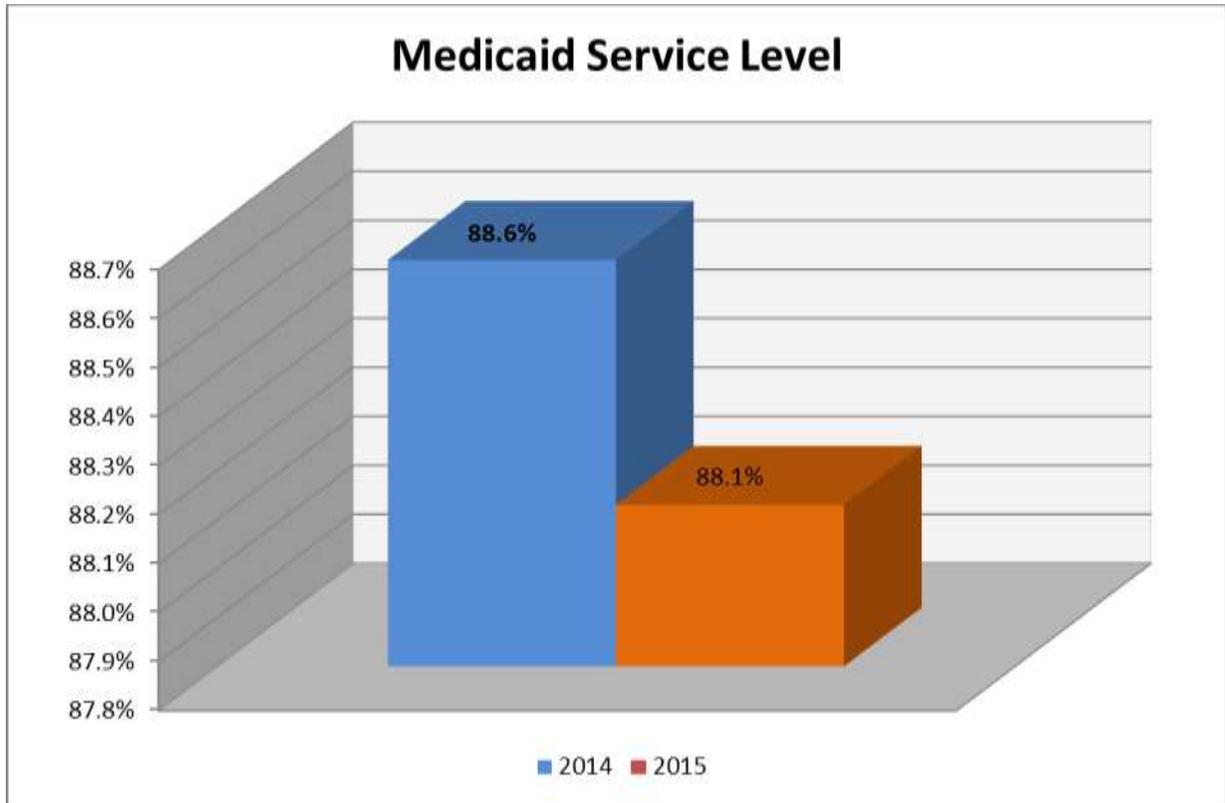
Commensurate with ASA metric performance on its Medicaid queues, Peach State Health Plan exceeded its performance target for Ambetter queues average speed of answer in both 2014 and 2015.



Medicaid Service Level Comparisons 2014-2015

The chart below shows the Medicaid service level for calls received by Peach State Health Plan from 2014-2015.

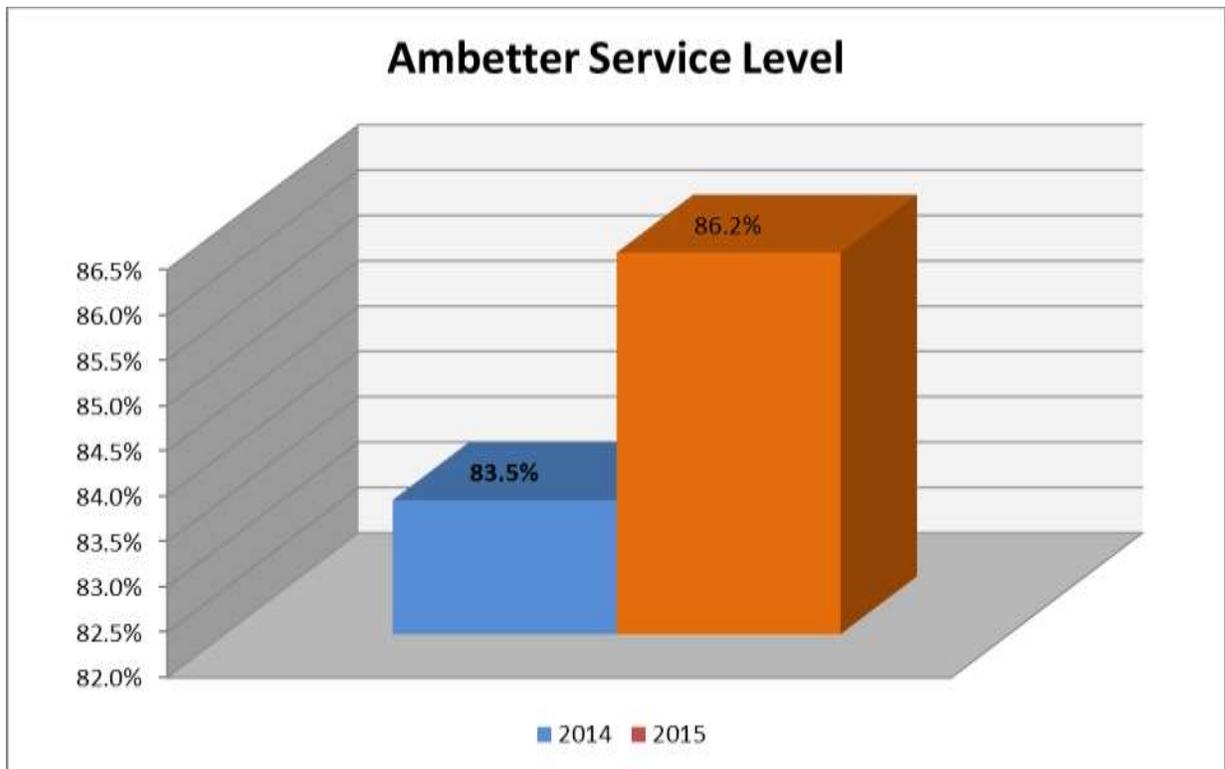
Peach State Health Plan exceeded its performance target for the service level metric in both 2014 and 2015.



Ambetter Service Level Comparisons 2014-2015

The chart below shows the service level for Ambetter calls received by Peach State Health Plan from 2014-2015.

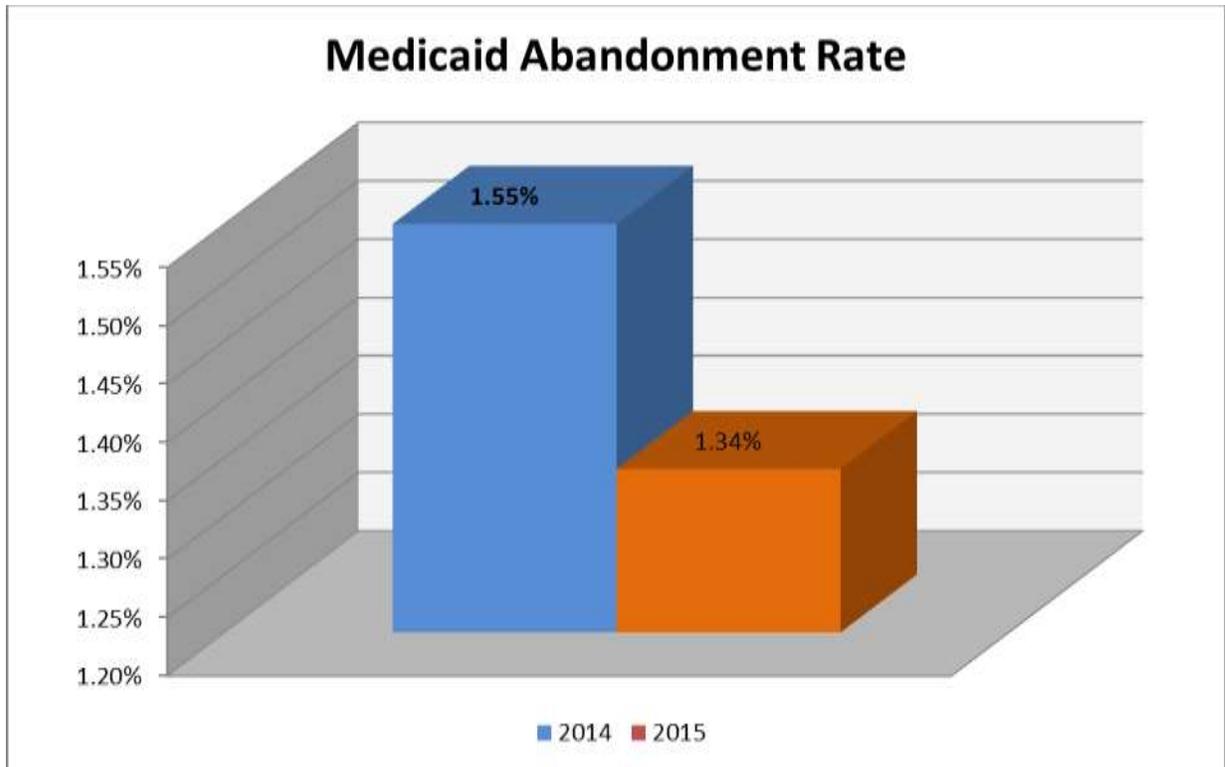
Consistent with Medicaid service level performance, Peach State Health Plan exceeded its performance target for the Ambetter queues in both 2014 and 2015. Peach State Health Plan's performance on this metric decreased from 2014 to 2015 by 3%. This decrease is attributed to the 86% call volume increase in 2015 due to Ambetter market expansion.



Medicaid Abandonment Rate Comparisons 2014-2015

The chart below shows the abandonment rate calls received by Peach State Health Plan from 2014-2015

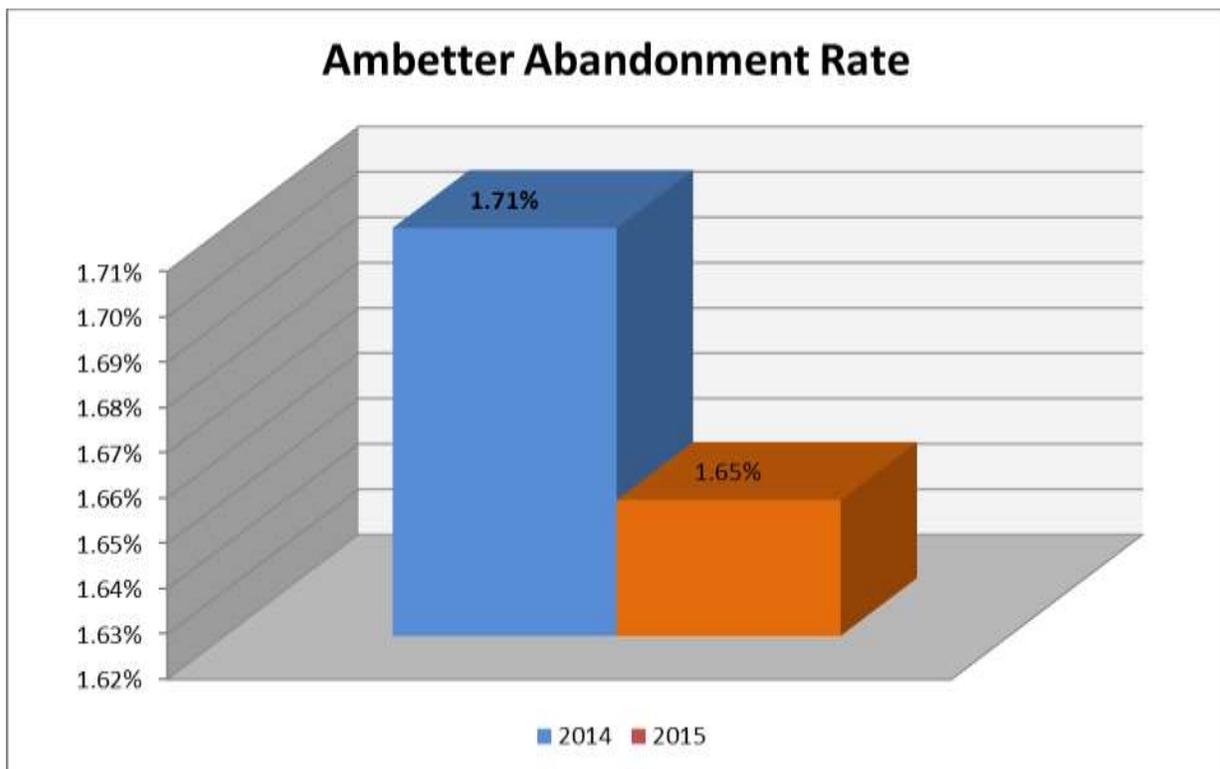
Over 2014 and 2015, Peach State Health Plan exceeded performance targets on the abandonment rate metric, with 2015 performance improved by 14% over 2014 rates.



Ambetter Abandonment Rate Comparisons 2014-2015

The chart below shows the abandonment rate Ambetter calls received by Peach State Health Plan from 2014-2015.

Peach State Health Plan sets a stringent threshold for performance on Ambetter abandonment rate to ensure all members receive the timeliest response available. Peach State Health Plan exceeded its performance target for Ambetter abandonment rate of <7% in both 2014 and 2015. Peach State Health Plan improved its performance on this metric by 4% in 2015.



7. Conclusion

Peach State Health Plan continues to meet or surpass its performance targets related to appointment access and availability for behavioral health members. Additionally, Peach State Health Plan's performance on the average speed of answer, abandonment rate and service level measures continues to demonstrate exemplary performance and indicates that members do not have to hold on calls to reach a live person and rarely abandon their call prior to reaching a customer service agent. Additional opportunities for improvement include utilizing predictive staffing models based on current call volume and handle time. Peach State Health Plan has determined that by maintaining the current cross trained model, staff must be increased.

Patient Safety: Quality of Care (QOC) Concerns and Critical Incidents (CIs)

QOC concerns are typically identified by Peach State Health Plan utilization managers, care coordinators and provider clinical management. QOC concerns include cases where

actual or the potential for member harm or neglect is evident, such as delayed treatment, inappropriate personal interactions, and unsafe patient environment. CIs are identified similarly but may or may not contain a QOC issue. Examples of CIs include suicide, homicide, serious injury, and sexual abuse. The investigation of a case can include a review of medical records, the provider's own internal investigation results, or any other relevant information from various sources. Upon review of the additional information, the Peach State Health Plan Medical Director applies a severity level that categorizes cases by those that are immediately actionable and those that will be tracked for additional incidents.

QOC Level Definitions

Level 1	No confirmed Quality of Care issue
Level 2	Confirmed Quality of Care issue with no evidence of adverse affect
Level 3	Confirmed Quality of Care issue with the potential for adverse effect
Level 4	Confirmed Quality of Care issue with adverse effect

2015 Quality Monitoring Data

Level	QOCs	QOCs with CAPs	Critical Incidents
0	0	No Level 0 require CAPs	1 (this level started Dec'15)
1&2	35 Rate =35/53=66.0 %	No level 1&2 CAPs required. QOC/CI exceeds threshold = 5 facilities	56 Rate=56/101=55.4%
3	15 Rate= 15/53=28.3%	8 CAPs: CAPs monitored by Quality and Peer Review Committee. Closed as appropriate. CAP Rate=8/15=53.3%	30, 7 CAPs Rate= 30/101=29.7% CAP Rate=7/30=23.3%
4	3 Rate =3/53=5.7%	2 CAPs: CAPs monitored by Quality and Peer Review Committee. Closed as appropriate. CAP Rate=2/3=66.7%	14, 5 CAPs Rate=14/101=13.9% CAP Rate 5/14=35.7%
Total	53	10	101

2014 Quality Monitoring Data

Level	QOCs	QOCs with CAPS	Critical Incidents
1&2	<u>108, 5 exceeded threshold</u>	No level 1&2 CAPs required.	18, 0 exceeded threshold
	Rate =108/140=77.1%		
3	<u>23</u>	<u>16 CAPs:</u> CAPs monitored by Quality and Peer Review Committee. Closed as appropriate.	4, 0 CAPs
	Rate= 23/140=16.4%	CAP Rate=16/23= 70%	CAP Rate=0/4=0%
4	<u>9</u>	<u>9 CAPs:</u> CAPs monitored by Quality and Peer Review Committee. Closed as appropriate.	2, 2 CAPs
	Rate =9/140=6.5%	CAP Rate=9/9=100%	CAP Rate =2/2=100%
Total	140	25	24

QOC concerns at Levels 1 and 2 are placed on the Quality Monitoring Report when a provider reaches 5 or more in a month; Levels 3 and 4 are all entered into the report, as are all critical incidents. The Peach State Health Plan CC determines if a provider or practitioner requires a corrective action plan (CAP) and, if so, the process is implemented per Peach State Health Plan's CAP policies and procedures.

Peach State Health Plan's Quality department conducts interim monitoring of all practitioner/provider CAPs and provides technical assistance to providers/practitioners to assist with improved compliance with Peach State Health Plan's safety standards. Ongoing monitoring of provider quality monitors is reported monthly to the Peach State Health Plan Credentialing and Peer Review Committees. After a sharp increase in quality of care concern and potential critical incident reports in 2014, largely due to a wide expansion of markets and product offering implemented that measurement year, 2015 volume appears to continue to follow an increase in the reports of these incidents, with a total of 256 potential cases opened this reporting period. At the time of this reporting, 74 potential concerns are still pending resolution due to ongoing CAP activities required before close out.

Appropriate use of polypharmacy was identified as beginning a negative trend in potential QOC concerns in 2015. As such, Peach State Health Plan expanded its pharmacy medication utilization review (PMUR) program to each market it serves to provide behavioral health quality review and technical assistance to providers and practitioners to ensure appropriate, quality services are provided to members. Peach State Health Plan will continue this activity in 2016.

Member Satisfaction

Analyses of member satisfaction information helps Peach State Health Plan identify aspects of performance that do not meet member expectations and initiate actions to improve performance. Peach State Health Plan monitors multiple aspects of member satisfaction, including:

- Member complaints
- Member appeals
- Member satisfaction surveys

This report describes the monitoring methodology, results and analysis for each satisfaction data source, and actions initiated to improve member satisfaction. Data is provided for calendar year 2015 and compared to previous annual performance rates.

Member Complaints and Appeals

Peach State Health Plan defines a complaint as any expression of dissatisfaction, other than that regarding an action. An action is defined as any reduction, termination or denial of a service. Upon receipt of verbal or written complaints, Peach State Health Plan assigns the complaint to an established category for tracking and trending.

Peach State Health Plan is not delegated Member complaints in all markets. The following markets delegate processing of member behavioral health complaints: Florida, Kansas, Missouri, Mississippi, New Hampshire, Indiana, Washington, and Texas. Membership data for rate per thousand calculations is based on the universe of covered Members in each Peach State Health Plan market.

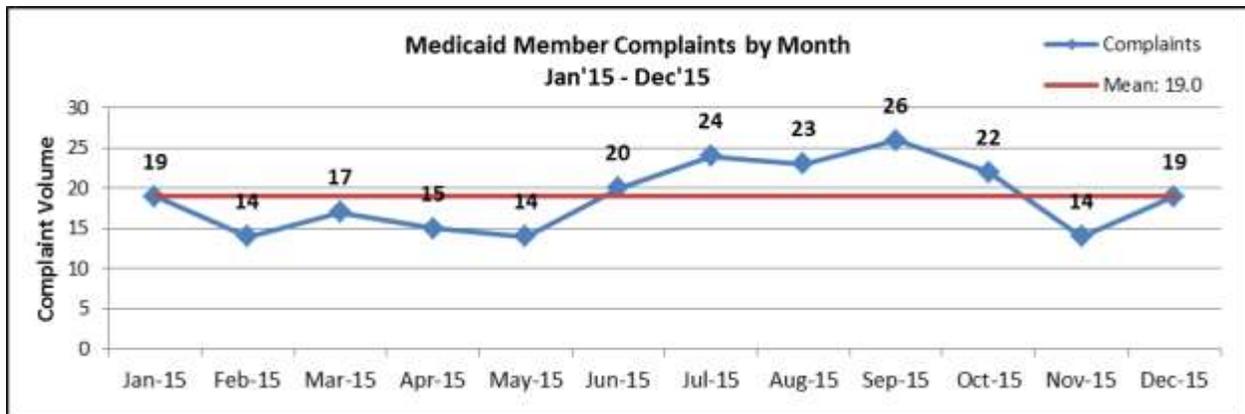
The Peach State Health Plan Quality Improvement (QI) and Credentialing Committees monitor complaint data on a quarterly and annual basis. The Credentialing Committee reviews trends in Member complaint data by Practitioner and Provider type, against Peach State Health Plan's established quality monitoring threshold (< 1 per thousand Members) as part of its ongoing quality monitoring activities. Trends in Member complaints, including complaints against Providers, are reported into the Quality Improvement Committee (QIC) at least annually in evaluation of Member satisfaction and as part of the Peach State Health Plan annual QI Program Evaluation. Complaints are categorized according to state specific regulations and NCQA standards to aid in the identification of issues and trends across the Peach State Health Plan's service area.

This document summarizes the 2015 analysis of member satisfaction. Comparison is provided against 2014 annual rates to assess for trends and shifts in performance.

Peach State Health Plan has set an internal standard that all Medicaid Member complaints are acknowledged within 5 business days and resolved within 30 calendar days. Two markets have more stringent requirements for Medicaid Member complaints. Indiana requires acknowledgement within 3 business days and resolution within 20 calendar days. Washington State requires acknowledgement within 2 business days and resolution within 30 calendar days.

Member Complaints

In 2015, Peach State Health Plan processed 227 complaints which increased from 192 in 2014. This increase is attributed to increasing membership and additional markets delegating member complaints to Peach State Health Plan. Peach State Health Plan saw a clear trend of a “Complaint Season” for Medicaid complaints with complaints in June through October, 2015, above the historical mean.



In 2015, Peach State Health Plan saw a clear trend of two “Complaint Seasons” for Ambetter complaints. The first “Season” is February and March which corresponds with Ambetter enrollment. The second “Season” was June through August corresponding with when school is out during the summer. Peach State Health Plan processed 23 Ambetter member complaints during this, our second year serving Ambetter membership.

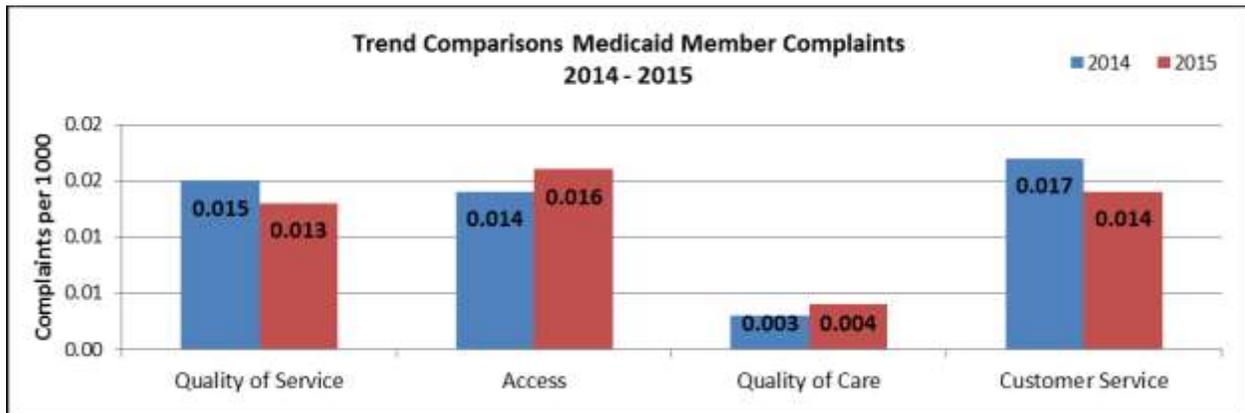


Complaint Categories

In 2015, the Access category of Medicaid complaints was Peach State Health Plan’s most used category, followed by the Customer Service category. In 2014, the Customer Service category took the lead, followed by the Quality of Service category. Over all, Peach State Health Plan had a 20.6% increase in Medicaid complaint volume. However, due to increased membership, this volume increase correlated to a 14.5% decrease in Medicaid complaints per 1000.

The table below shows the distribution of Peach State Health Plan delegated Medicaid Member complaints by complaint category for 2014 and 2015.

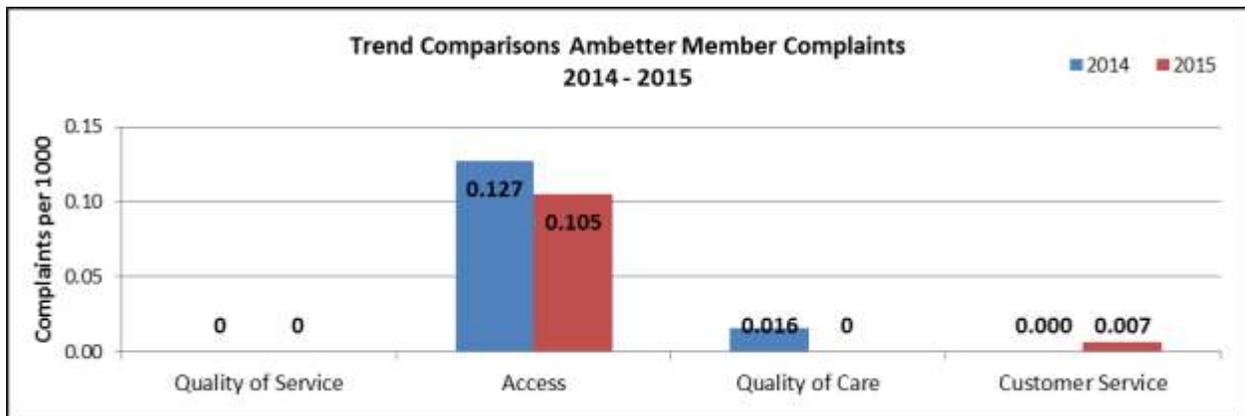
Medicaid Complaint Categories	2014	2015
Access	39/.014	66/.016
Attitude and Service	0	0
Billing and Financial Issues	0	0
Quality of Care	10/.003	15/.004
Benefit Denial or Limitation	9/.003	6/.001
Customer Service	50/.017	56/.014
Quality of Service	44/.015	53/.013
Quality of Practitioner Office Site	0	0
Claims	26/.009	24/.006
Plan Administration	1/.000	5/.001
UM	2/.001	3/.001
Rate per 1000	181/.063	228/.055



In both 2014 and 2015, the Access category for Ambetter complaints was Peach State Health Plan's most used category. Overall, there was a 52.2% increase in Ambetter complaints volume. However, due to increases in membership across Ambetter markets, there was a 15.9% decrease in complaints per 1000.

The table below shows the distribution of Peach State Health Plan delegated Ambetter Member complaints by complaint category for 2014 and 2015.

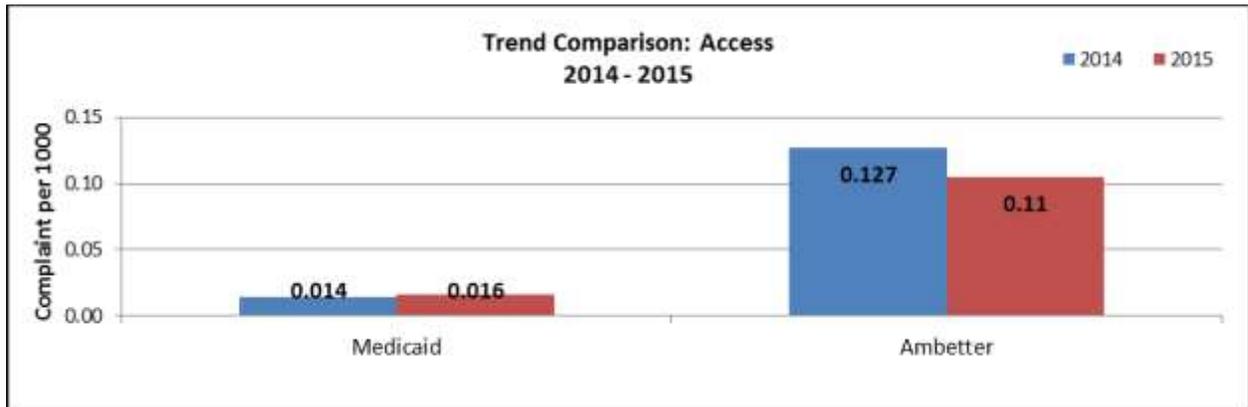
Ambetter Complaint Categories	2014	2015
Access	8/.127	16/.105
Attitude and Service	0	0
Billing and Financial Issues	0	0
Quality of Care	1/.016	0
Benefit Denial or Limitation	1/.016	2/.013
Customer Service	0	1/.007
Quality of Service	0	0
Quality of Practitioner Office Site	0	0
Claims	1/.016	3/.020
Plan Administration	0	1/.007
UM	0	0
Rate per 1000	11/.175	23/.151



Access

This category captures complaints pertaining to Members' perception of their ability to arrange services in a manner that is consistent with the Member's needs.

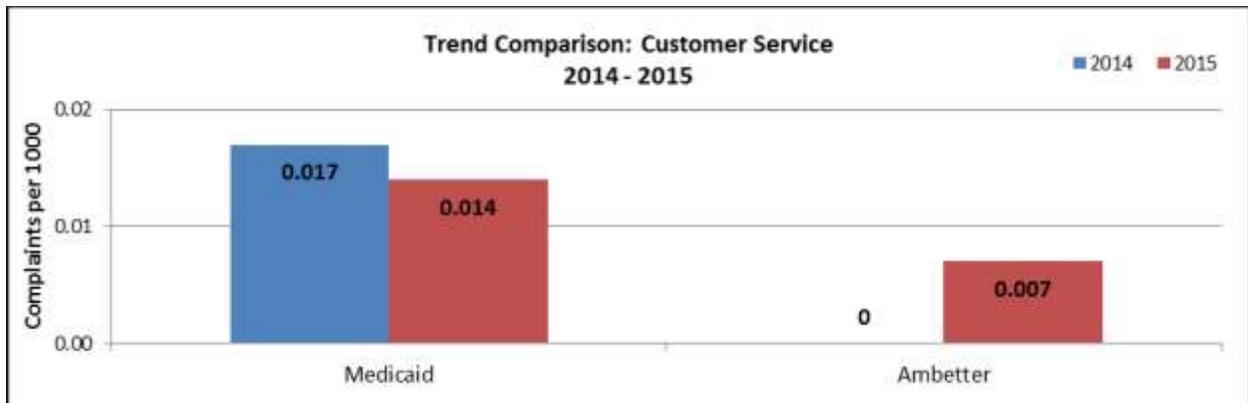
The chart below shows a slight increase in the Medicaid 'Access' rate from 2014 to 2015 of 12.5%. The increase was not statistically significant. For Ambetter, 2015 indicates a decrease in Ambetter 'Access' rate, when compared to 2014. The decrease was not statistically significant. The improved rate is attributed to the Ambetter membership familiarity with their product offerings.



Customer Service

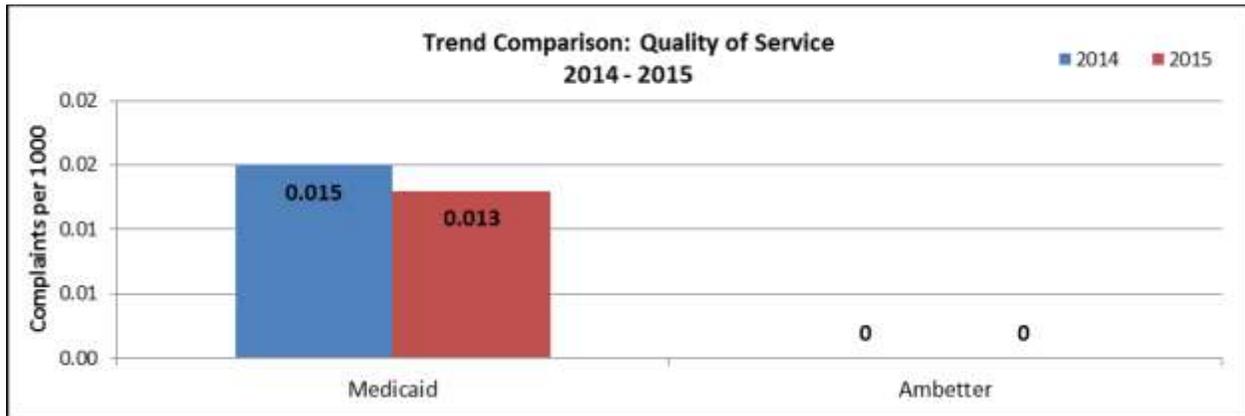
The category captures complaints pertaining to members' perception of the overall communication they receive from a Peach State Health Plan Provider or Practitioner.

The chart below shows a decrease in the Medicaid 'Customer Service' rate from 2014 to 2015 of 21.4%. This decrease was not statistically significant. The improved rate is attributed to increase staffing and ongoing training. For Ambetter members, 2015 indicates an increase in Ambetter 'Customer Service' rate, when compared to 2014. The increase was not statistically significant.



Quality of Service

This category captures Members' perception of the overall service they received by a Peach State Health Plan Provider or Practitioner. The chart below shows a slight decrease in the Medicaid 'Quality of Service' rate from 2014 to 2015 of 13.3%. The decrease was not statistically significant. There was no change in Ambetter 'Quality of Service' rates from 2014 to 2015.



Member Appeals

Peach State Health Plan defines an Appeal as a request for reconsideration of an action. Appeals are received directly from members, or on their behalf by a designee, and do not include any provider/practitioner requested appeals related to denial of claims payment. An action is defined as any reduction, termination or denial of requested services. The Peach State Health Plan Utilization Management (UM) Committee monitors appeals data on at least an annual basis, and more often as indicated by trends in member satisfaction and complaints. This report summarizes the results and analysis of member appeals for 2015, and provides comparison against 2014 annual rates to assess for trends and shifts in performance.

Peach State Health Plan applies a variety of medical necessity criteria to all service authorization requests for new and continued services depending on market and level of care; in which InterQual Behavioral Health Criteria is the most commonly used. Peach State Health Plan relies on clinical information, including treatment plan progress, to determine medical necessity for service authorization requests. Below is Appeals data for Medicaid, and Ambetter. A drill down analysis was conducted of the 2014 & 2015 member appeals data to evaluate appeal category and the level of care.

Medicaid Member Appeals

Reviewing Medicaid member appeals received based on benefit of services, administrative, and medical necessity, a total of, 2,388(1,205 standard + 1,183 expedited) appeals were received in 2014, and 3,109(1,585 standard +1,524 expedited) in 2015. Of these appeals, 85% (2,028/2,388) were upheld in 2014 and 81% (2,513/3,109) were upheld in 2015, based on reconsideration review. Comparative data also shows that 14.6% (348/2,388) of appeals were overturned after reconsideration in 2014 as well as 15% (460/3,109) in 2015. Of the appeals related to lack of medical necessity, information shows that expedited appeals accounted for 50% (1,183/2,388) of overall appeal volume during 2014; compared to 49% (1,524/3,109) for 2015. Expedited appeals are typically initiated while the member is inpatient by the treating practitioner, necessitating an expedited review. The partial overturn rate for Medicaid appeals was 0.58% (14/2,388) in 2014 and 2.4% (74/3,109) in 2015 which demonstrates a statistically significant increase ($p > .0000$). A partial overturn is defined as an appeal in which the

disposition is to partially approve the original request for service, based on reconsideration, while part of the request remains denied.

The highest volume appeal category pertained to service request denials related to lack of demonstrated medical necessity. In 2014, MNC appeals accounted for 95% of all Peach State Health Plan member appeals, compared to 97% for 2015. It should be noted that the total appeals in the not medically necessary category increased from 2014 to 2015 by 33% for Medicaid services.

The second highest volume appeal category within the Medicaid product was appeals of administrative denials (NCQA category: Access). Data shows a 29.5% percent decrease from 2014 to 2015 for Medicaid for appeals based on service requests denied for Administrative reasons. The most common administrative denial reason of a service authorization request is failure to obtain prior authorization. The number of appeals received based on administrative denials was significantly lower than those related to Quality of Care/MNC in each year. There were 10 appeals in the Benefit category (NCQA category Billing and Financial) in 2014 & 2015 for Medicaid services.

**Note: Medicaid population increased from 34,637,915 (2014) to 49,580,553 (2015)*

Appeal Category	2014		2015	
	#	Per 1000	#	Per 1000
Billing & Financial (Peach State Health Plan Category: Benefit)	10	.003	10	.002
Access (Peach State Health Plan Category: Quality of Care (Peach State Health Plan Category: Not medically necessary)	115	.040	81	.019
Quality of Care (Peach State Health Plan Category: Not medically necessary)	2,263	.783	3,018	.730
Total	2,388	.826	3,109	.751

A drill down analysis was conducted of the 2014 and 2015 appeals to evaluate the level of care appealed. For Medicaid, the inpatient level of care recorded the highest volume in both 2014 and 2015 at 74% (1,772) and 78% (2,425), demonstrating a statistically significant increase ($p < .0043$). Other levels of care saw consistent data or a decreased rate relative to overall appeals volume.

Peach State Health Plan saw a continuous increase in its membership from 2014 to 2015 as due to multiple current market expansions into new service areas and the onset of services in new, unmanaged markets. The majority of Peach State Health Plan appeals were attributed to the Texas market since the Texas market has the highest covered lives of any Peach State Health Plan customer.

The Peach State Health Plan clinical leadership team reviews these trends in denial and appeals data and compares these trends to ongoing clinical management activities, including the evaluation of consistent application of Peach State Health Plan's medical necessity criteria, to ensure consistent application of necessity criteria and to ensure access to medically necessary, covered services for all members.

Medicaid Level of Care	2014 Appeals	2014 Rate	2015 Appeals	2015 Rate
Inpatient	1,772	74%	2,425	78%
CBS (Community Services)	172	7.2%	250	8%
PHP, RTC or IOP	304	1.4%	348	11%
Psychological Testing	101	8%	59	1.8%
Injectable	14	4.2%	13	0.42%
Outpatient	24	1%	12	0.38%
ECT	0	0%	2	0.06%
OBS	1	0.04%	0	0%

Ambetter (HIM) Member Appeals

Reviewing member appeals received based on benefit of services, administrative, and medical necessity, a total of, 81 (63 standard + 18 expedited) appeals were reported in 2014, and 45 (29 standard + 16 expedited) in 2015. Of these appeals, 88% (72/81) were upheld in 2014, compared to 56% (25/45) in 2015 based on reconsideration review, demonstrating a statistically significant decrease ($p < .0005$) in 2015. Comparative data also shows that 6.1% (5/81) were overturned after reconsideration in 2014, compared to 31.1% (14/45) for 2015 demonstrating a statistically significant increase ($p > .0003$). Of the appeals related to lack of medical necessity, information shows that expedited appeals accounted for 22.2% (18/81) of overall appeal volume during 2014; compared to 36% (16/45) for 2015. Expedited appeals are typically initiated while the member is inpatient by the treating practitioner, necessitating an expedited review. The partial overturned total for Ambetter member appeals was 4.9% (4/81) in 2014 and 2.2% (1/45) in 2015. A partial overturn is defined as an appeal in which the disposition is to partially approve the original request for service, based on reconsideration, while part of the request remains denied. Also, it is noted that the 2014 per 1000 rate is high due to low Ambetter population, and high percentage of appeals.

The highest volume appeal category pertained to service request denials related to lack of medical necessity. Not Medically Necessary accounted for 83% (67/81) of appeals in 2014 and 93% (42/45) in 2015 for all Ambetter member appeals. It should be noted that the total appeals in the not medically necessary category decreased from 2014 to 2015 by 37% for Ambetter services. The second highest volume appeal category for Ambetter for 2015 was appeals of administrative denials (NCQA category: Access) accounting for 16% of total Ambetter appeals in 2014, and 6.6% for 2015.

Data shows a 44% percent decrease from 2014 to 2015 for Ambetter appeals based on service requests denied for Administrative reasons. The most common administrative denial reason of a service authorization request is failure to obtain prior authorization.

The number of appeals received based on administrative denials was significantly lower than those related to Quality of Care/MNC in each year. There were 0 appeals in the Benefit category (NCQA category Billing and Financial) for 2015, a decrease from 2014 (100% decrease, 1 to 0). Peach State Health Plan saw a drastic decrease of Ambetter appeals, 81 (2014) to 45 (2015) due to many markets obtaining education and understanding the

business processing of Ambetter appeals from the previous year as well as the general establishment of Ambetter as a program for Peach State Health Plan.

Appeal Category	2014		2015	
	#	Per 1000	#	Per 1000
Billing & Financial (Peach State Health Plan Category: Benefit)	1	.016	0	0
Access (Peach State Health Plan Category:	13	.206	3	.019
Quality of Care (Peach State Health Plan Category: Not medically necessary)	67	1.063	42	.275
Total	81	1.285	45	.294

**Note: Ambetter population increased from 755,960 (2014) to 1,829,600 (2015)*

A drill down analysis was conducted of the 2014 and 2015 Ambetter (HIM) appeals to evaluate the level of care appealed. Despite the decrease in appeals volume, the level of care breakdown remained relatively consistent, with the inpatient level of care continuing to be the largest appeal level of care category. Inpatient level of care recorded the highest volume for both 2014 (91%) and 2015 (80%). Psychological testing was the second largest appeal category in 2015, although only three (3) appeals were received for this service level.

Ambetter Level of Care	2014 Appeals	2014 Rate	2015 Appeals	2015 Rate
Inpatient	74	91%	36	80%
CBS (Community Services)	0	0%	0	0%
PHP, RTC or IOP	5	6.1%	6	13%
Psychological Testing	2	2.4%	3	6.6%
Injectable	0	0%	0	0%
Outpatient	0	0%	0	0%
ECT	0	0%	0	0%

Member Experience Surveys

The Peach State Health Plan Member Experience Survey is conducted by The Myers Group (TMG), an external survey vendor. TMG was selected by Peach State Health Plan to conduct its Behavioral Health Member Satisfaction Surveys for 2009 through 2013, using the Experience of Care and Health Outcomes Survey (ECHO™). In 2014 Peach State Health Plan introduced new survey tools for adult and child members. The two distinct surveys were administered based on the Substance Abuse and Mental Health Services Administration's (SAMSHA) Mental Health Statistics Improvement Program (MHSIP) consumer survey for adults; and The Youth Services Survey for Families (YSS-F). The surveys solicit independent feedback from Peach State Health Plan enrollees, both adult members and families of youth. The surveys measure consumers' perceptions of behavioral health services in relation to the following domains:

- General Satisfaction

- Access to Services
- Service Quality/Appropriateness
- Participation in Treatment Planning
- Outcomes
- Cultural Sensitivity
- Social Connectedness
- Improved Functioning

The survey was developed with the unique needs of the population of behavioral healthcare consumers in mind. Peach State Health Plan measures Member satisfaction annually to identify those processes that the Member feels are of concern, and to target areas of opportunity to improve satisfaction. The internal goal for satisfaction rates is 80%.

The survey utilized a two-wave mailing process followed by telephone outreach conducted in August through November of 2015. Surveys were distributed in both English and Spanish. The survey utilized for the member experience was composed of 7 domain areas. Each domain is designed to elicit responses pertaining to the member's satisfaction that contains between two to nine questions per domain. The survey consisted of 36 questions in the Adult survey, and 25 questions for the Child survey. Prior to distribution, the survey and cover letter were approved by the states in which our health plan partners are located.

Using a 2-wave mail with phone survey methodology, TMG collected 844 responses from the sample of members who participated in Peach State Health Plan's Behavioral Health services in the last 6 months.

Test for Statistical Significance

Statistical significance is determined using the difference of proportions test which compares the yearly rates for each measure and the sample size. A Chi-square test and Independent Z-Test for Percentages (un-pooled proportions) were also used to test for statistically significant differences between response rate and summary rate scores.

Score Calculation

Survey results are presented in the form of Summary Rate Scores (SRS) for most of the survey. SRS are derived from the sum of the rates of the two most favorable response options for a question. For example, if the response options to a question about customer service were Very good, Good, Average, Poor, and Very poor, then the response rates for the most favorable options, Very good and Good, would be added. The SRS is calculated as a proportion of this sum of favorable responses to the total number of responses:

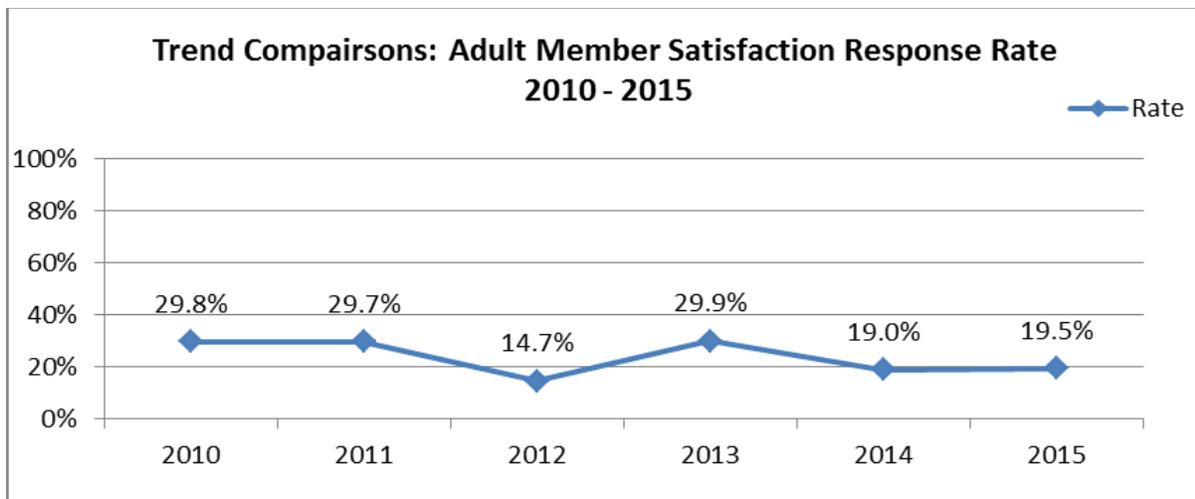
Very good + Good
 Very good + Good + Average + Poor + Very poor

MHSIP ADULT

Adult Survey Analysis

Response Rate

The run chart below displays adult member survey response rates from 2010-2015. The response rate increased from 29.9% in 2013 to 19.5% for 2015. This was a statistically significant change ($p < .0000$). The data indicates the response rate slightly increased from 2014 (19.0%) to 2015 (19.5%) showing 2.6% percentage increase.



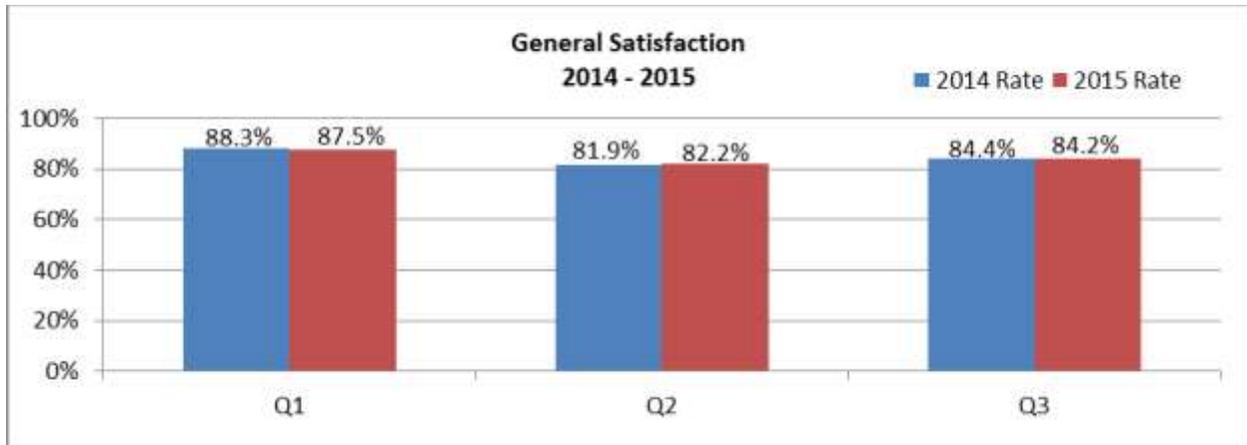
For 2015, the sample size was 27% higher (4150) compared to (3267) 2014. This led to the increased total in responses for 2015 of 809 by 30% compared to 621 responses in 2014, which is illustrated in the chart below.

	2014		2015	
	Sample/Response	2014 Rate	Sample/Response	2015 Rate
Adult	3267/621	19.0%	4150/809	19.5%

General Satisfaction

The survey asked respondents whether they liked the services they received with Peach State Health Plan, whether they would still get services from Peach State Health Plan if they had other choices, and whether they would recommend Peach State Health Plan to a friend or family member. Review of Adult Member satisfaction composite scores indicates that overall, all composites continue to show positive satisfaction. Peach State Health Plan saw a slight decrease in two out of the three composite areas as described below. Statistical significance is calculated at 95% confidence level for data changes from 2014 through 2015. Question

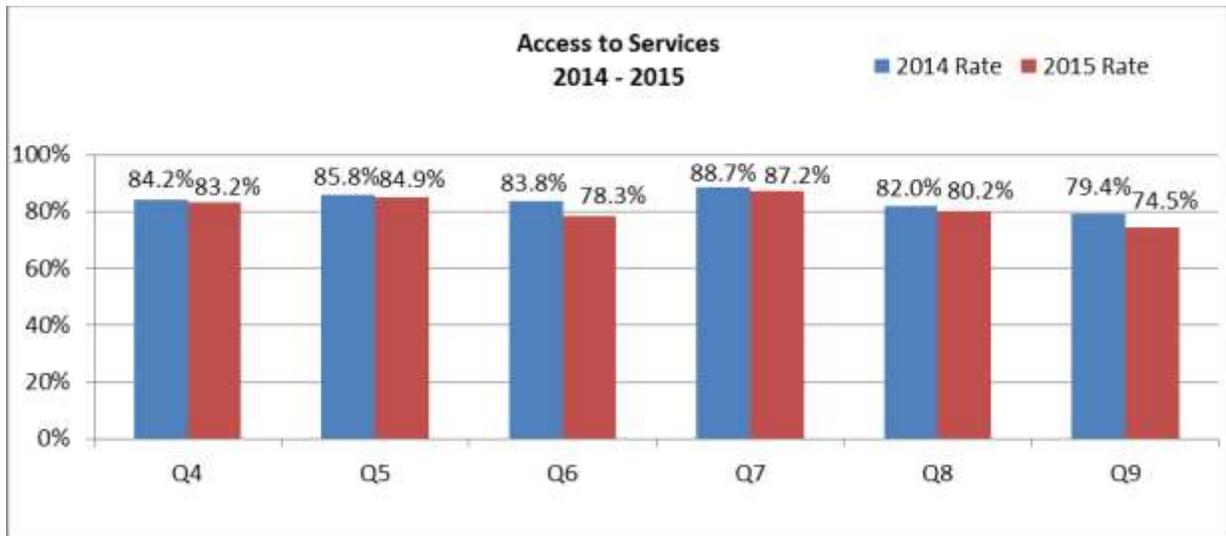
2 increased from 2014 (81.9%) to (82.2%) in 2015. However, no statistically significant change was identified for this indicator.



Access to Services

Respondents were asked six questions listed in the chart below regarding Access to Services. For 2015, the two leading indicators for this composite are Q5 (Staff were willing to see me as often as I felt was necessary) (84.9%) and Q7 (Service were available at times that were good for me) (87.2%). The summary score rate Q6 (Staff returned my call in 24 hours) decreased from 2014 (83.8%) to 2015 (78.3%) with a 6.6% change. The decrease was statistically significant (p<.0188). The decrease in member satisfaction related to Access correlates to the increase in member complaints related to access reported in 2015. The largest sub-group of complaints associated with Access to Services was dissatisfaction around not being able to find a provider on the provider directory website.

The bar chart below shows all the six line items under the 'Access to Services'

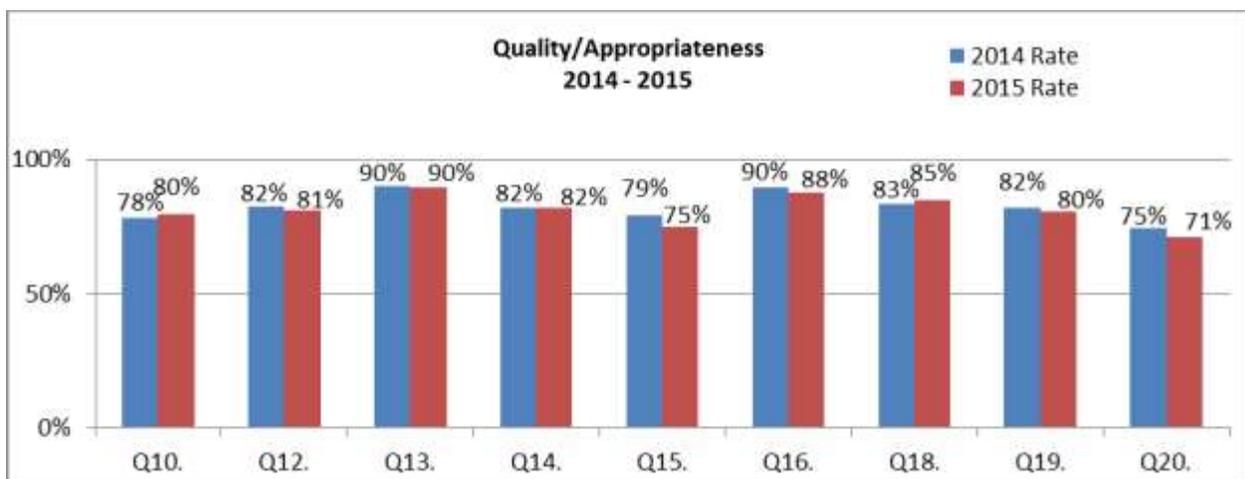


Quality/Appropriateness

Of the nine line items listed below, the top score that drove this domain was Q13 (I was given information about my rights) at (89.9%) for 2014 and (89.7%) in 2015. No statistically significant change was identified with this indicator. Seven of the composites listed decreased in satisfaction, with results yielded in both 2014 and 2015 below a 75% satisfaction rate (74.6% and 71.1%, respectively). Analysis of this data indicates areas for improvement related to providing members information related to treatment options, side effects of medication treatment plans, and identification of natural community resources to support recovery.

Domain/ Line Items	2014 Rate	2015 Rate
Quality/Appropriateness		
Q10. Staff here believes that I can grow, change and recover.	78.00%	79.60%
Q12. I felt free to complain.	82.30%	81.00%
Q13. I was given information about my rights.	89.90%	89.70%
Q14. Staff encouraged me to take responsibility for how I live my life.	82.20%	81.90%
Q15. Staff told me what side effects to watch out for.	79.40%	74.80%
Q16. Staff respected my wishes about who is and who is not to be given information about my treatment.	89.50%	87.70%
Q18. Staff was sensitive to my cultural background (race, religion, language, etc.).	83.40%	85.00%
Q19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	81.80%	80.40%
Q20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	74.60%	71.10%

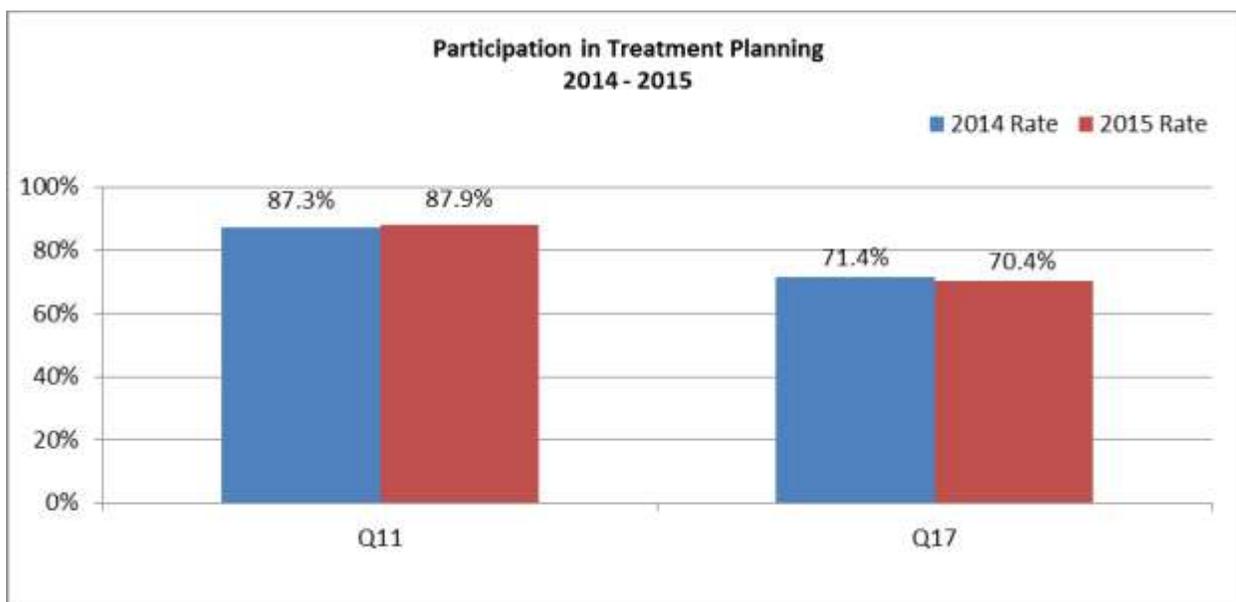
The chart below compares the nine line items under 'Quality/Appropriateness' from 2014 to 2015.



Participation in Treatment Planning

The respondents were asked if they felt comfortable asking questions about their treatment and medication and if they (not staff) decided their treatment goals Q11 (I

felt comfortable asking questions about my treatment and medication). 2015 satisfaction rates are slightly higher for this line item in 2015 (87.9%) as compared to a rate of 87.3% in 2014. This attribute has consistently met Peach State Health Plan's internal performance goal of 80%. The summary rate score Q17 (I, not staff, decided my treatment goals) decreased from 71.4% in 2014 to 70.4% in 2015 with a 1.4% change. However, no statistically significant change was identified for this indicator. As Q17 (I, not staff, decided my treatment goals) is seen as a leading indicator related to the quality and effectiveness of clinical treatment planning, Peach State Health Plan identified this area (member engagement in treatment planning) as an area for improvement in 2016.

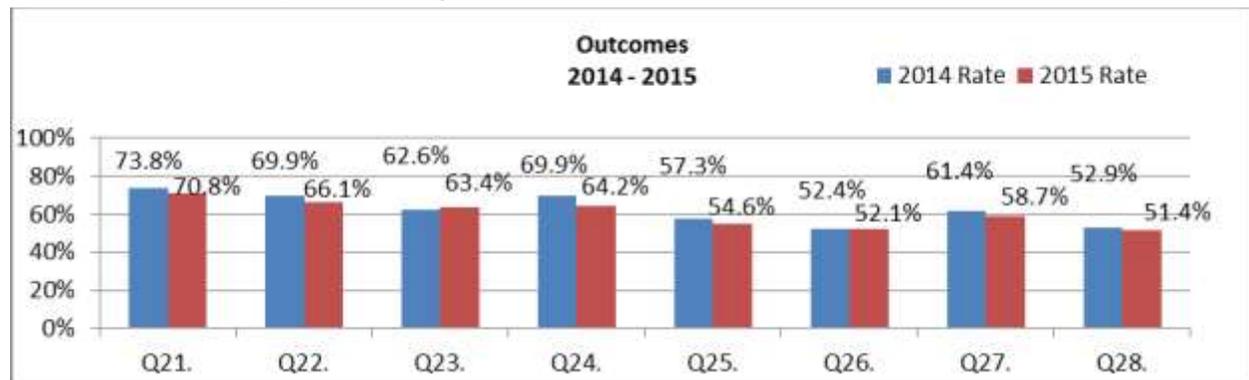


Outcomes

The table below presents the line items under the Outcomes domain. This domain has one line item that yields higher satisfaction rates than the other line items comprising this domain. Q21 (As a direct result of services I received: I deal more effectively with daily problems) indicates that 70% of respondents feel that services assisted them in better management of daily problems. However, the results from 2014-2015 (73.80% and 70.80%, respectively) decreased in satisfaction this survey administration period. Only one line item Q24 (As a direct result of services I received: I am getting along better with my family) demonstrated a statistically significant decline, with little to no change in member perception of treatment outcomes from 2014 to 2015. Review of outcomes responses assessed with lower satisfaction rates related to member involvement in treatment planning indicate that there may be a relationship between member engagement in management of their care and their perception of treatment outcomes.

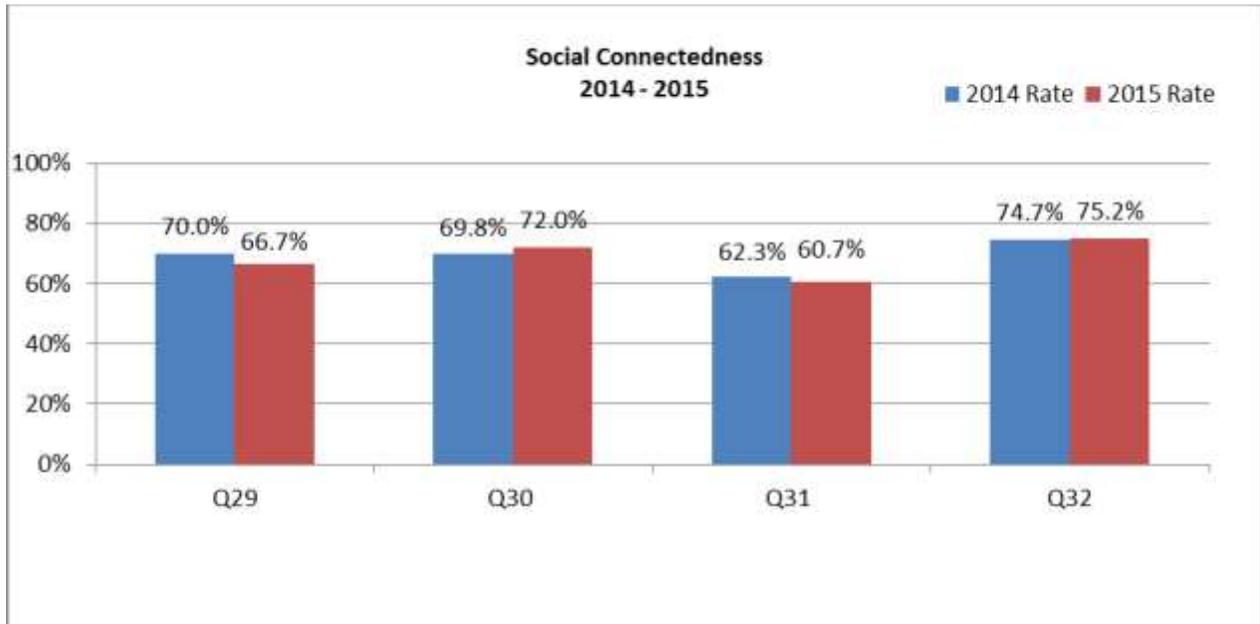
Line Item	2014 Rate	2015 Rate	Statistically significant
Q21. As a direct result of services I received: I deal more effectively with daily problems.	73.80%	70.80%	No statistically significant difference
Q22. As a direct result of services I received: I am better able to control my life.	69.90%	66.10%	No statistically significant difference
Q23. As a direct result of services I received: I am better able to deal with crisis.	62.60%	63.40%	No statistically significant difference
Q24. As a direct result of services I received: I am getting along better with my family.	69.90%	64.20%	Stat. Significantly difference (p<. 0.041)
Q25. As a direct result of services I received: I do better in a social situation.	57.30%	54.60%	No statistically significant difference
Q26. As a direct result of services I received: I do better in school and/or work.	52.40%	52.10%	No statistically significant difference
Q27. As a direct result of services I received: My housing situation has improved.	61.40%	58.70%	No statistically significant difference
Q28. As a direct result of services I received: My symptoms are not bothering me as much.	52.90%	51.40%	No statistically significant difference

The chart below compared the eight 'Outcomes'



Social Connectedness

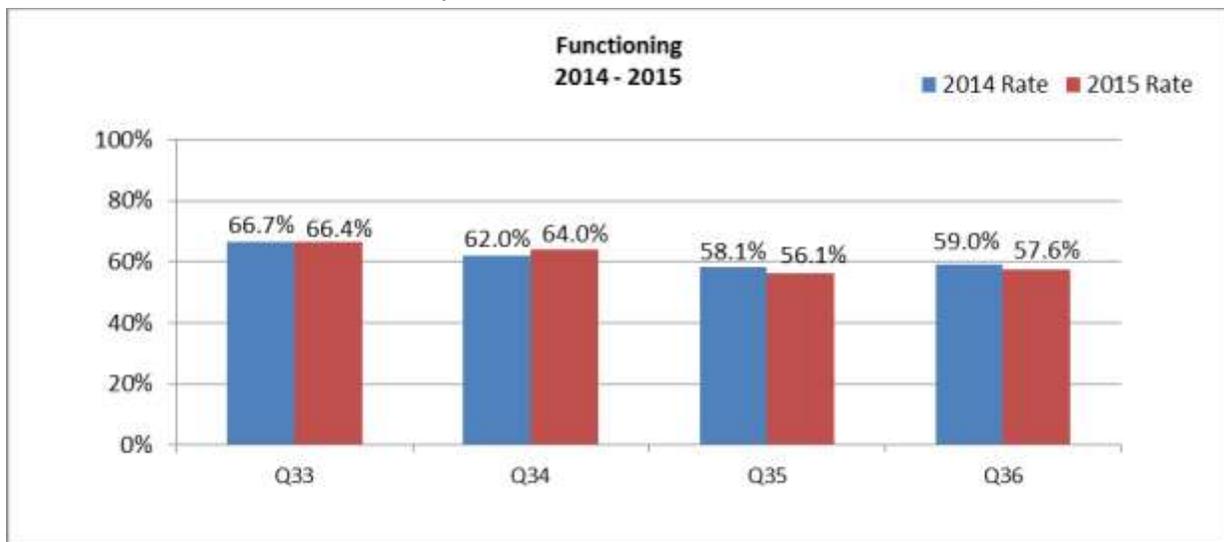
Survey question Q32 (As a direct result of services I received: In a crisis, I would have the support I need from family and friends) drove this section reporting at 74.7% in 2014 and 75.2% in 2015. Q31 (As a direct result of services I received: I feel I belong in my community) reported the lowest response rate at 62.3% in 2014 and 60.7% in 2015 with a 2.6% rate of change. Q30 (As a direct result of services I received: I have people with whom I can do enjoyable things) showed improvement with a rate of 69.8% in 2014 and a rate of 72.0% in 2015 with a rate of change increase of 3.2%. Overall, Peach State Health Plan saw some improvement in satisfaction in Q30 (As a direct result of services I received: I have people with whom I can do enjoyable things) & Q32 (As a direct result of services I received: In a crisis, I would have the support I need from family and friends) from 2014 (69.8% and 74.7%) to 2015 (72.0% and 75.2%). There was not a statistically significant change.



Functioning

Survey question Q34 (As a direct result of services I received, I am better able to take care of my needs) reported a satisfaction increase with 3.2% change from 2014 (62.0%) to 2015 (64.0%). Q35 (As a direct result of service I received: I am better able to handle things when they go wrong) yielded the lowest score (58.1%) in 2014 and (56.1%) in 2015. The summary score showed a rate of change of 3.4%. There was not a statistically significant change identified for this indicator.

The bar chart below shows side by side line items under the domain '*Functioning*'



Adult Special Needs and Cultural Competency

Members' perception of Provider acknowledgement of and respect for cultural differences and special/physical needs is vital to ensuring satisfaction with Peach State Health Plan services. In the domain *Quality/Appropriateness*' (Q18: Staff was sensitive to my cultural background), Members are asked about the providers 'sensitivity/ consideration to cultural competency' needs. The summary score rate increased from 2014 (83.4%) to 2015 (85.0%) with a 1.9% change. The increase was not a statistically significant change.

	Line Item	2014 Rate	2015 Rate
Q18.	Staff was sensitive to my cultural background (race, religion, language, etc.).	83.4%	85.0%

Opportunity Analysis

Due to efforts Peach State Health Plan has made to increase the Adult Member satisfaction survey response rate, as outlined as an area of improvement in 2014 survey results, Peach State Health Plan executed multiple quality control reviews on member contact information. This led to the Peach State Health Plan 2015 sample size that increased by 27% from 2014 (3267) to 2015 (4150), as well as an increase (30%) in responses from 2014 (621) to 2015 (809). However, efforts made to improve the integrity of member contact information only improved the response rate by 2.6% from 2014 (19.0%) to 2015 (19.5%). Continued efforts should be made to improve the response rate.

Satisfaction with the Access to Services and Outcomes has been identified as the primary areas for improvement. Access to Services reports a decrease in all composite questions listed for this section, the lowest being (Q6) that statistically significantly ($P < .0188$) decreased by 6.6%. Satisfaction with outcomes is assumed to directly correlate to member engagement in treatment planning and access to services outlined in their treatment plans. Member understanding of targeted treatment outcomes is a priority for Peach State Health Plan in 2016.

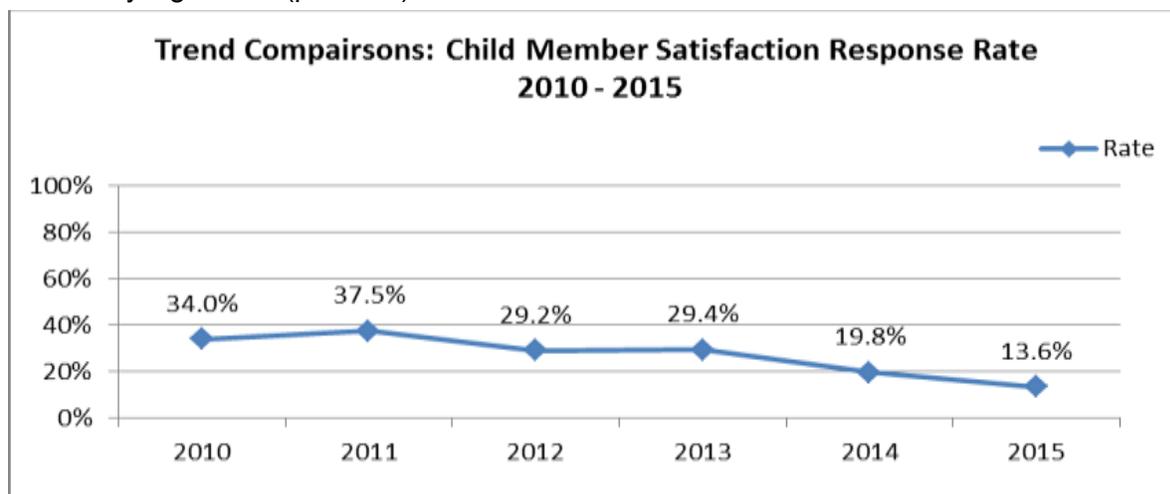
Child Survey Analysis

Peach State Health Plan used the Youth Services Survey for Families (YSS-F) for 2015. The YSS-F survey measures child member satisfaction using seven domains:

- General Satisfaction
- Participation in Treatment Planning
- Access to Services
- Cultural Sensitivity
- Outcomes
- Functioning
- Social Connectedness

Response Rate

The run chart below displays child member survey response rates from 2010-2015. The response rate decreased 23.9% from its high point of 37.50% in 2011 to 13.60% in 2015 showing a 53.7% change which is statistically significant ($p < 0.000$). The data indicates the response rate decreased from 2014 (19.0%) to 2015 (13.6%) showing a 2.8% change which is statistically significant ($p < 0.000$).

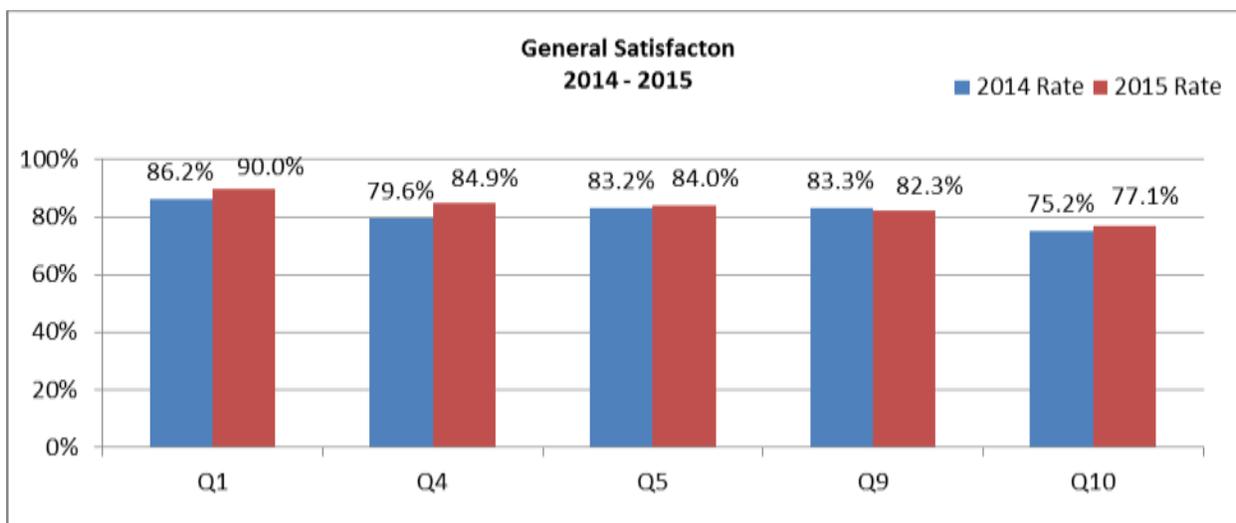


For 2015, the sample size was 16.1% higher (4000) compared to 2014 (3446). This is a statistically significant increase ($p < 0.000$). As shown on the table below, the 2015 responses (544) decreased by 20.5% compared to 2014 responses (684) even with the increased sample size.

Survey	2014		2015	
	2014 Sample/ Responses	2014 Rate	2015 Sample/ Responses	2015 Rate
Child	3446/684	19.80%	4000/544	13.60%

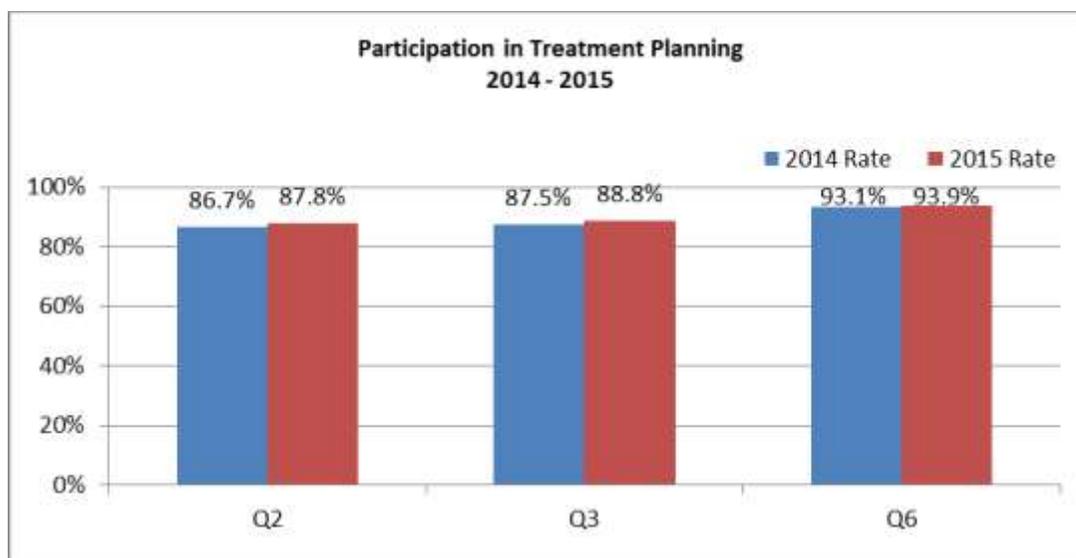
General Satisfaction

Five questions fell under this domain. Four of the five composites identified in this domain increased in performance from 2014 to 2015. The main driver (Q1: Overall, I am satisfied with the services my child received) in 2015 (90.0%), as in 2014 (86.2%), increased by 4.4% this survey administration period, yielding statistically significant improvement ($p < 0.04$). Q10 (My family got as much help as we needed for my child) continues to be the lowest performer in this domain (75.2% in 2014 to 77.1% in 2015) even though Q10 showed an increase from 2014 to 2015 by 2.5%. No statistically significant change identified for this domain. Comparison of responses over the two survey periods indicate that while parents/families of children receiving behavioral health service are generally satisfied with services, there are opportunities for improvement related to parent/family perception of provider/practitioner ongoing support of the child's treatment and ensuring families/parents receive all the help they need to support their child's recovery.



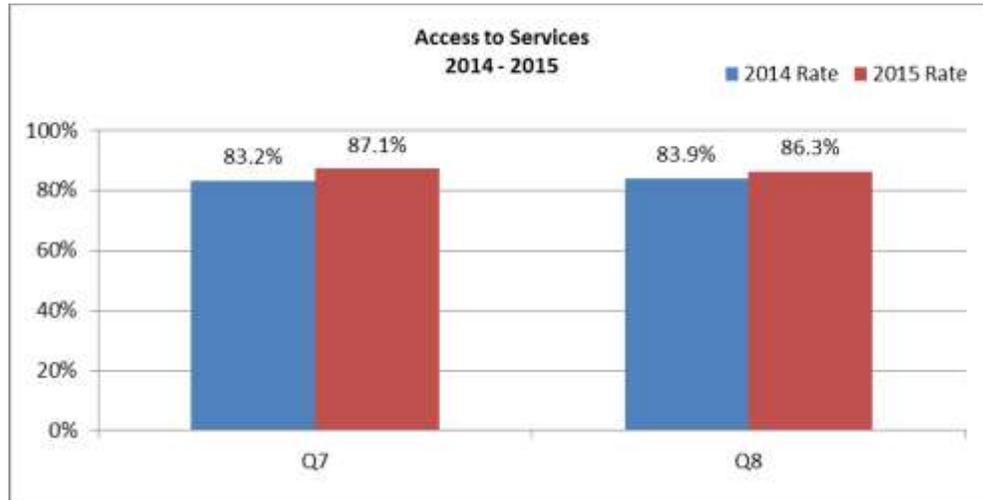
Participation in Treatment Planning

Three questions were included in this domain covering parental participation in their child's treatment planning. All composites reported an increase in satisfaction from 2014 to 2015. Q6 (I participated in my child's treatment) was the highest performer in 2015 (93.9%) as it was in 2014 (93.1%) with an increase of 0.8%. The lowest performer was Q2 (I helped to choose my child's service) which increased by 1.3% from 2014 (86.7%) to (87.8%) in 2015, which was not statistically significant. Member satisfaction for treatment planning (93.9%) as compared to adult treatment planning (70.4%) indicates that family/care givers of child members rank this area of satisfaction higher than adults as children have family support in management of treatment.



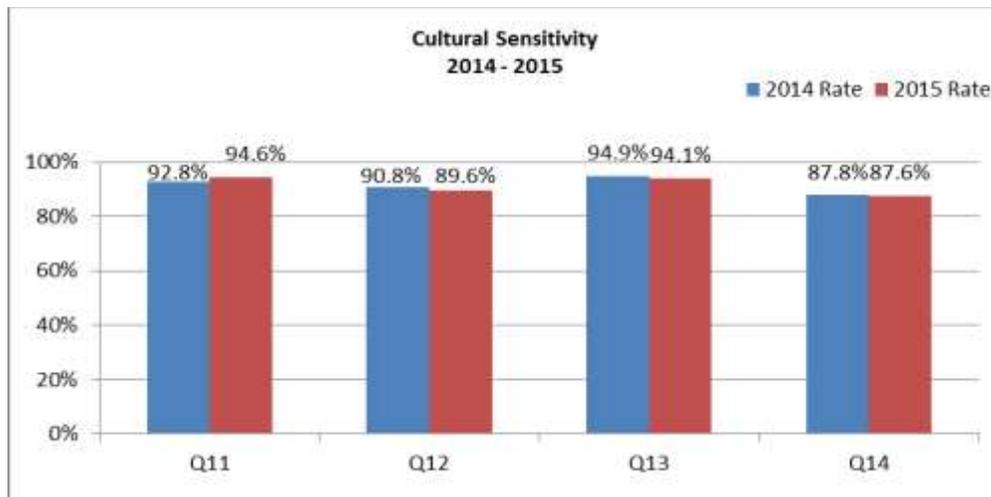
Access to Services

Respondents were asked if location of services was convenient and if services were available at times that were convenient for them. Both line items yielded high satisfaction rates and support an increase in satisfaction from 2014 to 2015. Q7 (The location of service was convenient for us) increased in satisfaction by 4.7% from 2014 (83.2%) to 2015 (87.1%). Q8 saw an increase in satisfaction of 2.9% from 2014 (83.9%) to 2015 (86.3%). However, no statistically significant increase was identified.



Cultural Sensitivity

Four questions fell within this domain reporting overall satisfaction in all composites. In 2015, Q11 (Staff treated me with respect) was the lead performer with an increase of 1.9% from 2014 (92.8%) to 2015 (94.6%). This change was not statistically significant for this indicator. Q13 (Staff spoke with me in a way that I understood) is the second top composite driving high satisfaction from over the 2014 and 2015 survey administration periods.

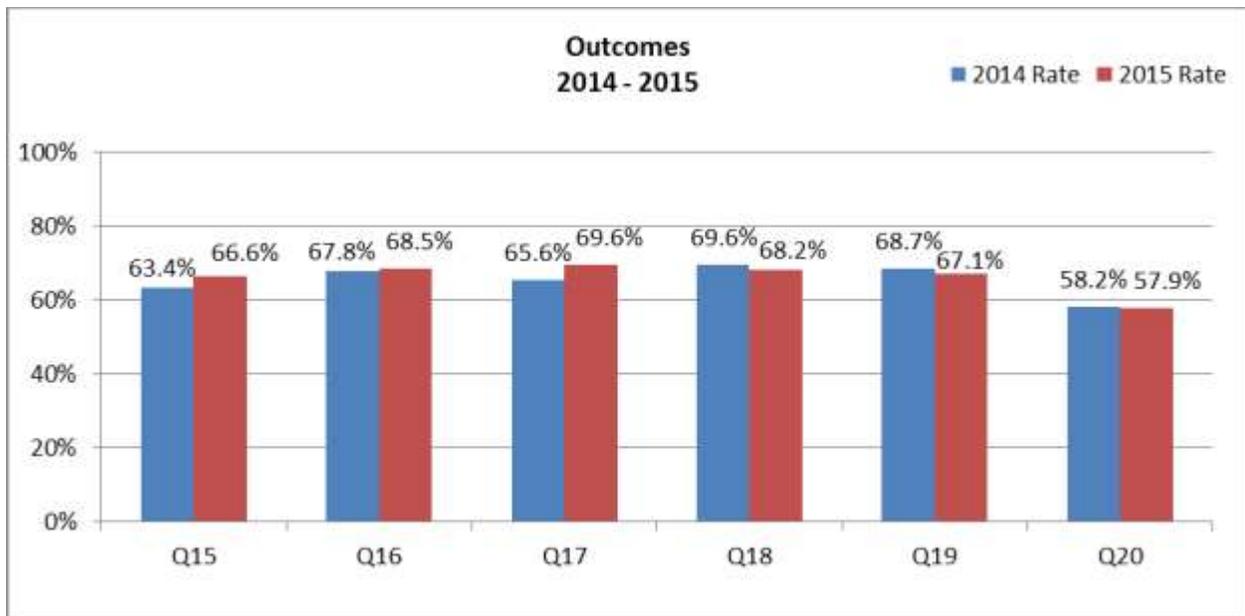


Outcomes

Six questions were included under this domain. Three of these questions improved in 2015 over the 2014 performance. All six questions show a change that was not statistically significant. Q17 (As a result of the services my child and/or family received: My child gets along better with family members) was the highest performer in 2015 (69.6%) but was not the highest performer in 2014 (65.6%). It increased at a rate of 6.1% which was not statistically significant. Q20 (As a result of the services my child and/or family received: My child is better able to cope when things go wrong) was the lowest performer in both 2014 (58.2%) and 2015 (57.9%). Q20 (As a result of the services my child and/or family received: My child is better able to cope when things go wrong) decreased by 0.5% in 2015 which was not statistically significant. Overall, Peach State Health Plan saw no significant improvement in satisfaction with Outcomes from 2014 to 2015.

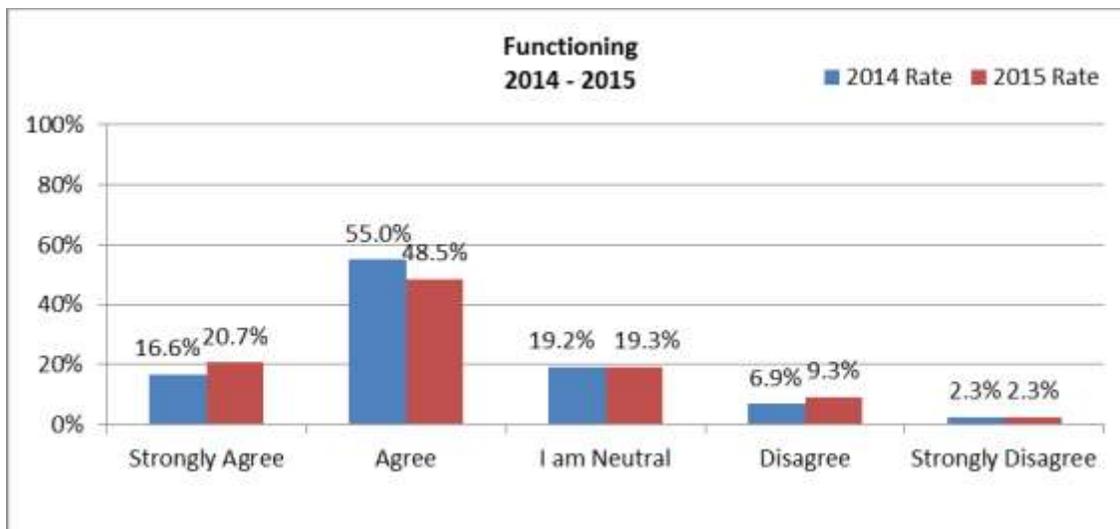
Line Item	2014 Rate	2015 Rate	Test for difference from
Q15. As a result of the services my child and/or family received: My child's symptoms are not bothering him/her as much.	63.40%	66.60%	Not Statistically Significant
Q16. As a result of the services my child and/or family received: My child is better at handling daily life.	67.80%	68.50%	Not Statistically Significant
Q17. As a result of the services my child and/or family received: My child gets along better with family members.	65.60%	69.60%	Not Statistically Significant
Q18. As a result of the services my child and/or family received: My child gets along better with friends and other people.	69.60%	68.20%	Not Statistically Significant
Q19. As a result of the services my child and/or family received: My child is doing better in school and/or work.	68.70%	67.10%	Not Statistically Significant
Q20. As a result of the services my child and/or family received: My child is better able to cope when things go wrong.	58.20%	57.90%	Not Statistically Significant

The chart below compares the six ‘Outcomes’ line items from 2014 to 2015



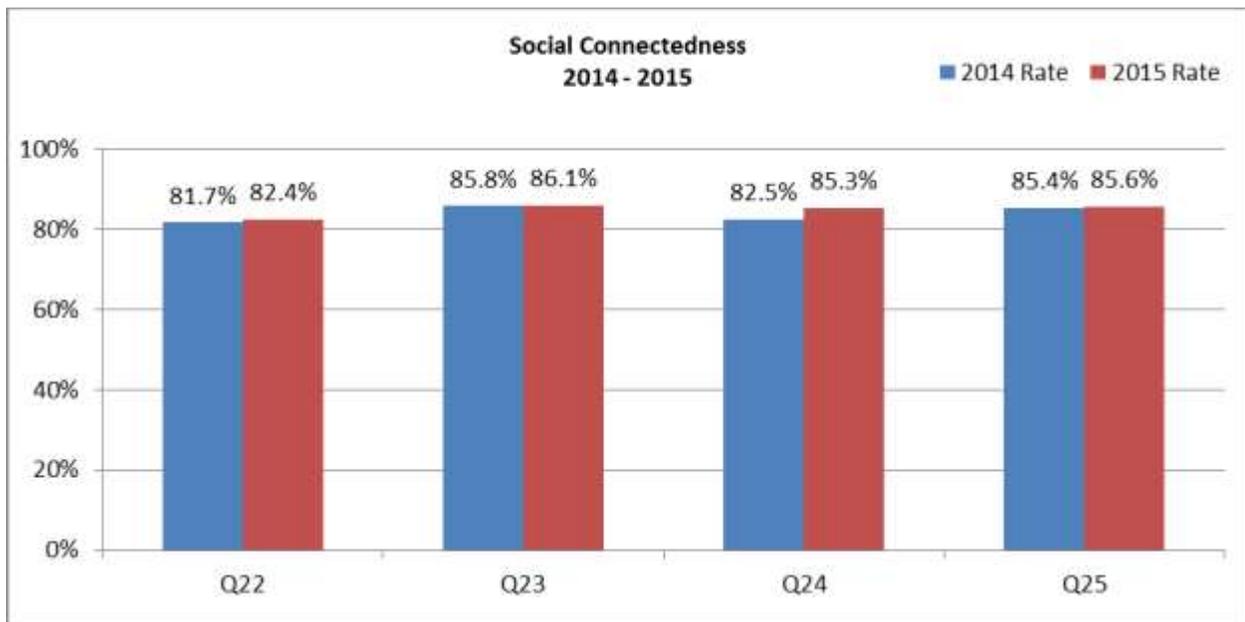
Functioning

Survey question Q21 (As a result of the services my child and/or family received: My child is better able to do things he or she wants to do) the 2015 satisfaction rate (48.5%) was 11.8% lower than the 2014 satisfaction rate (55.0%). There was not a statistically significant change for the “Agree” option.



Social Connectedness

Survey question Q25 (As a result of the services my child and/or family received: I have people with whom I can do enjoyable things) had an increase of 0.2% from 2014 (85.4%) to 2015 (85.6%). There was no statistically significant change for this indicator. Q24 (As a result of the services my child and/or family received, in a crisis, I would have the support I need from my family or friends) had a rate of change from 2014 (82.5%) to 2015 (85.3%) of 3.4%. There was no statistically significant change for this indicator. Q22 (As a result of the service my child and/or family received, I know people who will listen and understanding me when I need to talk) was the lowest indicator in both 2014 (81.7%) and 2015 (82.4%) and increased by 0.9%. There was no statistically significant change for this indicator.



Opportunity Analysis

Due to efforts Peach State Health Plan implemented to increase the Child Member satisfaction survey response rate Peach State Health Plan executed multiple quality control reviews on member contact information. This was outlined as an area of improvement in 2014 survey results. This led to the Peach State Health Plan 2015 Child sample size to increase by a rate of 16.1% from 2014 (3446) to 2015 (4000). This increase was not reflected in responses as they decreased by a rate of 5.4%, from 2014 (684) to 2015 (544). Peach State Health Plan is continuously making improvements to increase the response rate.

Satisfaction with Functioning and Outcomes has been identified as the primary areas for improvement. Functioning reports an overall low performance of

satisfaction with an 11.8% rate decrease in 2015 (48.5%) over 2014 (55.0%). Outcomes being the second area identified for improvement yielded the lowest satisfaction rating of the seven domains. 2014 (58.2%) had a higher rate than 2015 (57.9%) which had a rate decrease by 0.5%. The highest score is Q17 (As a result of the services my child and/or family received: My child gets along better with family members) at 69.2% in 2015 and the lowest score is Q20 (As a result of the services my child and/ or family received: My child is better able to cope when things go wrong) at 57.9% in 2015. Member satisfaction rates were directly affected by family and friends support through their treatment planning.

Adult Member Satisfaction Survey Barrier Analysis Results		
Barrier	Opportunity	Selected for Improvement?
Members are not receiving all available information on community resources, support groups and treatment options.	Provide member facing Peach State Health Plan staff (case management, care coordinators and customer service representatives) with a community resource list in each market to improve member and family use of natural supports.	Yes.
Members do not understand the target outcomes of their treatment plans	Conduct CM file reviews focused on treatment planning to provide feedback and improvement on member involvement in treatment planning and identification of targeted outcomes.	Yes. Began August, 2015

VI. Quality Improvement Activities (QIAs)

The Peach State Health Plan QI Department utilizes data in its key performance areas, along with the routine data feeds into the Peach State Health Plan QIC, in the development and implementation of QIAs. QIAs may focus on clinical or non-clinical areas for improvement. QIAs are structured studies that use a research, improvement science approach to achieve the target outcomes. QIAs may target a specific population, market or service area but must show demonstrable improvement in member care and satisfaction. Current Peach State Health Plan QIAs include:

- Follow up after Hospitalization:** Will increased notification of a member discharge from a psychiatric facility to the community based practitioner increase the number of members seen by an outpatient mental health practitioner within seven days of discharge? Measure – HEDIS FUH.
- Perinatal Depression Screening and Prevention:** Will targeted outreach and engagement of members screened as at moderate or high risk for depression during their prenatal and postnatal periods increase the rate of penetration into behavioral health services? Measures – Edinburgh Depression Screening use; member outreach and engagement.

- **Population Depression Management:** Will targeted outreach and engagement of members with co-morbidities into Peach State Health Plan's Disease Management program improve rates of member adherence to their Depression medication treatment plan? Measure – HEDIS AMM.
- **Appeals Processing:** Will improved production processes and automation improve the appeals resolution cycle time and improve satisfaction? Measures: Appeals Resolution Turnaround Times; Member and Provider Appeals Complaints.
- **Initial Credentialing Processing:** Will improved production processes and targeted workforce management improve initial credentialing cycle time and improve member and provider satisfaction? Measures: Initial Credentialing Cycle Time; Provider Complaints.

The goal of a QIA is to identify programs, policies and processes that support high quality service delivery across Peach State Health Plan's networks. 2015 measurement year performance on the Peach State Health Plan clinical QIA measures are included in the body of this report. Please see Attachment A for the full QIA reports.

Attachment A
Quality Improvement Activities

**Antidepressant Medication Management
Quality Improvement Activity (QIA)**

**Follow-Up After Hospitalization
Quality Improvement Activity (QIA)**

**Initiation and Engagement of Alcohol and
Other Drug Dependence Treatment (IET)
Quality Improvement Activity (QIA)**

**Antidepressant
Medication Management (AMM)
Quality Improvement Activity**

NCQA Quality Improvement Activity Form

Activity Name: Antidepressant Medication Management

Section I: Activity Selection and Methodology

A. Rationale. Use objective information (data) to explain your rationale for why this activity is important to members or practitioners *and* why there is an opportunity for improvement.

Per the National Institute of Mental Health, major depressive disorder impacts 6.7% of the adult population aged 18 and over each year. A second study reported in the *American Journal of Psychiatry* in 1994 titled "*The Prevalence and Distribution of Major Depression in a National Community Sample: The National Comorbidity Survey*" reports the incidence of major depression over the lifetime is 17.1%. According to the guideline, the treatment modalities recommended in the acute phase, in addition to psychiatric management, include, pharmacology, psychotherapy or a combination of medication plus psychotherapy.

The population of adults who received antidepressant medication without a behavioral health therapy visit is greater than 80% (19.8% having a behavioral health therapy visit). "*Depression Health Center*" reports that antidepressant use is increasing and talk therapy is decreasing over time. Antidepressant therapy increased from 5.8% of the surveyed population in 1996 to 10.1% of the surveyed population in 2005. In addition to medication, participation in talk therapy declined during the same timeframe from 31.5% in 1996 to 19.8% in 2005.

"*Predictors of Antidepressant Prescription and Early Use Among Depressed Outpatients*" as reported in a 1999 article in the *American Journal of Psychiatry* linked lack of adequate antidepressant use and/or suboptimal dosing with the patients ethnicity, clinic type and symptom severity. Peach State Health Plan's adult population had a high number of members 80.6% that high rates of followup visits with a mental health practitioner for talk therapy but did not demonstrate the same rate of compliance with adherence to their depression medication management plan.

Peach State Health Plan monitors member adherence to their medication management programs through the analysis of the HEDIS Antidepressant Medication Management measure. In 2013, the Acute Phase indicator returned a rate of 45.85%, 19% below the performance target of 56.05% (HEDIS 75th percentile). Additionally, performance on the Continuation and Maintenance Phase indicator was also below the performance target (40.06%), with a rate of 31.25%. The Continuation and Maintenance Phase indicator performance is 22% below the goal and indicates an area for improvement.

B. Quantifiable Measures. List and define <i>all</i> quantifiable measures used in this activity. Include a goal or benchmark for each measure. If a goal was established, list it. If you list a benchmark, state the source. Add sections for additional quantifiable measures as	
Quantifiable Measure #1:	AMM Acute Phase Indicator: The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).
Numerator:	Total number of newly diagnosed and treated members who remained on their antidepressant medication for at least 84 days (12 weeks).
Denominator:	Total eligible population meeting HEDIS specification denominator inclusion criteria and treated by BH practitioners.
First measurement period dates:	May 1, 2012 – April 30, 2013 (HEDIS 2014)
Baseline Benchmark:	
Source of benchmark:	
Baseline goal:	56.05%
Quantifiable Measure #2:	AMM Continuation and Maintenance Phase Indicator: The percentage of newly diagnosed and treated members, by a behavioral health clinician, who remained on an antidepressant medication for at least 180 days (6 months).
Numerator:	Total number of denominator members who remained on an antidepressant medication for at least 180 days (6 months).
Denominator:	Total eligible population meeting HEDIS specification denominator inclusion criteria and treated by BH practitioners
First measurement period dates:	May 1, 2012-April 30, 2013 (HEDIS 2014)
Benchmark:	
Source of benchmark:	
Baseline goal:	40.06%
C. Baseline Methodology.	
Study methodology conforms to the HEDIS 2014 Technical Specifications Antidepressant Medication Management (AMM). All HEDIS data is collected and analyzed in the Centene Quality Spectrum Insight database.	

C.1 Data Sources.

- Medical/treatment records
- Administrative data:
 - Claims/encounter data
 - Complaints
 - Appeals
 - Telephone service data
 - Appointment/access data
- Hybrid (medical/treatment records and administrative)
- Pharmacy data
- Survey data (attach the survey tool and the complete survey protocol)
- Other (list and describe):

C.2 Data Collection Methodology. Check all that apply and enter the measure number from Section B next to the appropriate methodology.

- If medical/treatment records, check below:
- Medical/treatment record abstraction
- If survey, check all that apply:
- Personal interview
 - Mail
 - Phone with CATI script
 - Phone with IVR
 - Internet
 - Incentive provided
 - Other (list and describe):

- If administrative, check all that apply:
- Programmed pull from claims/encounter files of all eligible members
 - Programmed pull from claims/encounter files of a sample of members
 - Complaint/appeal data by reason codes
 - Pharmacy data
 - Delegated entity data
 - Vendor file
 - Automated response time file from call center
 - Appointment/access data
 - Other (list and describe):

C.3 Sampling. If sampling was used, provide the following information.

Measure	Sample Size	Population	Method for Determining Size <i>(describe)</i>	Sampling Method <i>(describe)</i>
NA				

C.4 Data Collection Cycle.	Data Analysis Cycle.
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<p><input type="checkbox"/> Once a year <input type="checkbox"/> Twice a year <input type="checkbox"/> Once a season <input type="checkbox"/> Once a quarter <input type="checkbox"/> Once a month <input type="checkbox"/> Once a week <input type="checkbox"/> Once a day <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Other (list and describe):</p> <p>_____</p> <p>_____</p>	<p><input checked="" type="checkbox"/> Once a year <input type="checkbox"/> Once a season <input type="checkbox"/> Once a quarter <input type="checkbox"/> Once a month <input type="checkbox"/> Continuous <input type="checkbox"/> Other (list and describe):</p> <p>_____</p> <p>_____</p>
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C.5 Other Pertinent Methodological Features. Complete only if needed.

D. Changes to Baseline Methodology. Describe any changes in methodology from measurement to measurement.

Include, as appropriate:

- Measure and time period covered
- Type of change
- Rationale for change
- Changes in sampling methodology, including changes in sample size, method for determining size and sampling method
- Any introduction of bias that could affect the results

The methodology use for this study has not changed from baseline to subsequent remeasurement periods.

Section II: Data / Results Table

Complete for each quantifiable measure; add additional sections as needed.

#1 Quantifiable Measure: AMM Acute Phase Indicator: The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).

Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison	Comparison Goal	Statistical Test and Significance*
May 1, 2012 – April 30, 2013	Baseline:	6973	15209	45.85%		56.05%	
May 1, 2013 – April 30, 2014	Remeasurement 1:	7707	17210	44.78%		56.05%	Baseline to Remeasurement 1: Proportions Test, Zscore=-1.93, p = 0.0618, Not Statistically significant
May 1, 2014 – April 30, 2015	Remeasurement 2:	13214	28302	46.69%		56.05%	Remeasurement 1 to Remeasurement 2: Proportions Test, Zscore=-3.34, p = 0.0015, Statistically significant

#2 Quantifiable Measure: AMM Continuation and Maintenance Phase Indicator: The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).

Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison	Comparison Goal	Statistical Test and Significance*
May 1, 2012 – April 30, 2013	Baseline:	4753	15209	31.25%		40.06%	
May 1, 2013 – April 30, 2014	Remeasurement 1:	5053	17210	29.36%		40.06%	Baseline to Remeasurement 1: Proportions Test, Zscore=-3.70, p = 0.0004, Statistically significant
May 1, 2014- April 30, 2015	Remeasurement 2:	8933	28302	31.56%		40.06%	Remeasurement 1 to Remeasurement 2: Proportions Test, Zscore=-4.93, p < 0.0001, Statistically significant

* If used, specify the test, p value, and specific measurements (e.g., baseline to remeasurement #1, remeasurement #1 to remeasurement #2, etc., or baseline to final remeasurement) included in the calculations. NCQA does not require statistical testing.

** This data is accurate through December of 2015 and will be updated with year-end data, upon receipt of final QSI run in March 2016.

Section III: Analysis Cycle

Complete this section for EACH analysis cycle presented.

A. Time Period and Measures That Analysis Covers.

Baseline measurement: May 1, 2012-April 30, 2013 (HEDIS 2014)

Measures: AMM Acute Phase and AMM Continuation Phase measures.

B. Analysis and Identification of Opportunities for Improvement.

B.1 Quantitative Analysis

In 2013, the Peach State Health Plan rate on the AMM Effective Acute Phase indicator was 45.85%. Performance on this indicator is below the performance goal of 56% demonstrating performance almost 18% below the target. Review of performance across Peach State Health Plan markets shows almost equal distribution in rates, with the highest rates in the Wisconsin (62%) and Indiana (57%), closely followed by Massachusetts (54%) and Texas (53%). The Texas market was not responsible for the pharmacy benefit, but the state provided pharmacy encounter data which was utilized to produce audited HEDIS results. However, there is no way for Peach State Health Plan to know the extent of pharmacy data completeness and accuracy, which could have contributed to the low rate. In addition, the Texas market has a large number of Medicaid SSI and Aged, Blind and Disabled members with comorbid conditions that may contribute to the lower compliance rate.

Performance on the Continuation and Maintenance Phase indicator was also significantly below the performance goal in 2013. The Peach State Health Plan aggregate rate was 31.25%, 22% below the target of 40.06%. Wisconsin (46%) and Massachusetts (43%) were the only markets above the goal in 2013. Indiana (39%), Texas (39%), and Illinois (36%) were all within 10% of the goal.

B.2 Qualitative Analysis

Peach State Health Plan convened a workgroup of Peach State Health Plan clinicians, including the Director of Clinical Operations and the Peach State Health Plan QI Director; clinical supervisors and quality improvement analysts. The team reviewed the measurement data and identified multiple barriers and opportunities for improvement.

The work group identified the need to target behavioral health physicians across Peach State Health Plan service areas, with a focus on the Texas market, due to the extreme outlier that market presents for the Peach State Health Plan aggregate rate. The purpose of the targeted activity was to share current antidepressant medication management practice guidelines with prescribers in order to improve adherence to industry best practices. As a result, Peach State Health Plan's QI and clinical teams, along with its Quality Improvement Committee (QIC), selected and implemented the American Psychiatric Association's Practice Guideline: *Practice Guideline for the Treatment of Patients with Major Depressive Disorder* as one of its primary clinical practice guidelines (CPGs). The CPG was embedded into every Peach State Health Plan provider and practitioner's contract (incorporated by reference to the Peach State Health Plan

The work group evaluated the universe of members eligible for this study and recognized that many “noncompliant” members initiated their antidepressant medication management services with their medical PCPs and then transitioned to Peach State Health Plan for other behavioral health therapies to support depression management. The work group, in conjunction with Peach State Health Plan’s health plan partners, developed a PCP “toolkit” to promote the HEDIS measure comprised of: the current Peach State Health Plan Depression CPG; contact information for Peach State Health Plan clinicians in their service areas to facilitate timely referral to behavioral health services; and depression screening tools (PHQ-9 and the Edinburgh Depression Screen for pregnant/postpartum women). Peach State Health Plan provided these toolkits to their health plan partners for distribution to health plan PCPs and to post on the health plan provider websites.

Additionally, the work group identified the need for targeted member education regarding identification of depression symptoms and the importance of adherence to their medication management plans. Peach State Health Plan’s clinical team developed a discharge toolkit that they provided to all high volume inpatient facilities across Peach State Health Plan’s markets. The discharge toolkit included materials for members discharging from an inpatient setting and provided information on Peach State Health Plan behavioral health services; information on member self- management of depression symptoms; and information for members on how to work with their treatment teams on medication management and service plans.

The following barriers, opportunities and actions were identified and implemented by Peach State Health Plan in response to baseline measurement results:

Barrier: Prescribing PCPs are not following current industry best practices related to the management of antidepressant medications.

Opportunity: Educate PCPs on industry best practice regarding depression management.

Intervention: Develop PCP toolkits which include depression screens, Peach State Health Plan contact and referral management; and the current Peach State Health Plan Depression CPG.

Intervention: Provide toolkits to health plan partners to distribute to PCPs.

Barrier: Members are not adhering to their medication management treatment plans.

Barrier: Eligible members are not initiating depression treatment with their behavioral health prescribing providers.

Opportunity: Engage members in improved adherence to medication management service plans.

Intervention: Develop member discharge toolkits. Provide members information on depression awareness and symptoms management. Provide members information on services available to them with Peach State Health Plan. Provide members information in the toolkits on engagement with members’ prescribers and treatment teams in service planning.

Intervention: Targeted member outreach and education on medication compliance conducted by Peach State Health Plan for members who have not been compliant with their depression medication prescriptions.

Section III: Analysis Cycle
Complete this section for EACH analysis cycle presented.

A. Time Period and Measures That Analysis Covers.

Remeasurement 1: May 1, 2013 to April 30, 2014 (HEDIS 2015)

Measures: AMM Effective Acute Phase and AMM Continuation and Maintenance Phase measures.

B. Analysis and Identification of Opportunities for Improvement.

B.1 Quantitative Analysis

Performance on the AMM Effective Acute Phase indicator did not improve in 2014 as compared to the baseline measurement. The 2014 rate of 44.78% demonstrates a decrease and is still below the target of 56% by 20%. The Peach State Health Plan 2014 rate includes one more Peach State Health Plan markets as compared to 2013 due to expansion of existing health plan business (Kansas). Review of the distribution of scores across Peach State Health Plan service areas indicates three service areas above the performance goal (56.05%) during this measurement period. The Indiana market performed at a rate of 58%, with Kansas and Wisconsin both finishing at 57%. It should be noted that Peach State Health Plan's largest service area, Texas, a driver for all Peach State Health Plan rates, demonstrated significant decrease in the Remeasure 1 period as compared to baseline. The Texas rate decreased by almost 21% in 2014 (53% in 2013 to 32% in 2014).

Performance on the AMM Continuation and Maintenance Phase indicator also decreased in 2014 as compared to baseline and did demonstrate statistically significant decline. The 2014 Peach State Health Plan aggregate rate is 29.36%, an almost 8% decrease in performance as compared to 2013 and includes one new market due to expansion of existing health plan business (Kansas). However, performance did not meet the goal of 40.06% in the Remeasurement 1 period. Review of the distribution of scores across Peach State Health Plan markets demonstrates improvement in several Peach State Health Plan service areas as compared to baseline, but a decrease in Texas (38% in 2013 to 30% in 2014) which is the largest market for Peach State Health Plan. As seen in the analysis of the AMM Effective Acute Phase indicator performance, the Wisconsin and Indiana service areas rates drove the Peach State Health Plan

B.2 Qualitative Analysis

Peach State Health Plan convened a workgroup of Peach State Health Plan clinicians, including the Director of Clinical Operations and the Peach State Health Plan Vice President of Quality Improvement; clinical supervisors and quality improvement analysts. The team reviewed the measurement data and identified multiple barriers and opportunities for improvement.

Peach State Health Plan continued its practice of measuring the Depression CPG at least annually and provided updated and rebranded Peach State Health Plan PCP toolkits to its health plan partners. Peach State Health Plan clinical staff accompanied health plan network managers on PCP site visits in the Indiana, Wisconsin, Ohio and Florida markets, where they distributed the PCP toolkits and provided additional information and resources regarding Peach State Health Plan services.

In order to facilitate improved coordination of care for health plan and Peach State Health Plan members, the Peach State Health Plan clinical teams participated in joint member rounds with the health plans. The rounds occurred at least monthly, specific to each Peach State Health Plan service area. The purpose of the rounds is to facilitate improved referral to behavioral health services for members in need of depression management; coordinate discharge planning; and identify members eligible for Peach State Health Plan case management. The Peach State Health Plan clinical team also expanded its case management assessment tools in 2014. Previously, the case management assessment tools did not include a comprehensive medical history assessment or complete member demographics collection. Peach State Health Plan worked with its health plan partners to improve this key input into identification of members with a history of depression treatment which they may have previously received through their PCPs.

Lastly, the work group recognized the need for specialized management of members with major depression. To that end, Peach State Health Plan developed and implemented a depression disease management program. The program is tailored to the early identification and engagement of members with depression. Members are screened, using the PHQ-9 or Edinburgh Depression Screen immediately upon identification of eligibility. Peach State Health Plan uses its predictive modeling software to identify members who may choose not to self-select for this program. Details on the disease management program were distributed to all Peach State Health Plan health plans; included in the PCP toolkits; and mailed to all participating Peach State Health Plan behavioral health providers.

The workgroup discussed that the barriers for the behavioral health practitioners remain and all interventions will be continued including provider trainings and targeted education for non-compliant practitioners. The following additional barriers, opportunities and actions were identified and implemented by Peach State Health Plan in response to baseline measurement results:

Barrier: Members are not aware of the importance of self-management of depression symptoms.

Opportunity: Peach State Health Plan clinical staff in GA continued to call members who have been identified as non-compliant with their depression

Intervention: As of 12/11/14 Peach State Health Plan clinical staff had called 479 GA members, completing 143 of these calls as successful.

Intervention: Peach State Health Plan started a POM campaign in November of 2014 to help call the GA members automatically and connect them to live clinicians

Barrier: Peach State Health Plan clinicians were not actively collecting comprehensive medical histories during case management and clinical assessments.

Opportunity: Create solid medical history information requirements for Peach State Health Plan staff to gather when taking initial clinicals from hospitals

Intervention: In 2014 the clinical team for Peach State Health Plan was trained on new clinical requirements that included detailed information about medical histories of members.

Barrier: Peach State Health Plan members did not have a specialized program focusing on depression disease management techniques and screening.

Opportunity: Identify resources and services specific to behavioral health disease management.

Intervention: Peach State Health Plan hired a Disease Management Director and implemented a depression disease management program.

Opportunity: Identify members in need of case and disease management through coordination of care with health plan medical management.

Intervention: Peach State Health Plan clinicians participate in joint rounds with market health plans and identify members for engagement in behavioral health services.

Barrier: Health plan PCPs not actively referring members to behavioral health services with Peach State Health Plan for management of depression.

Opportunity: Proactively educate health plan PCPs on management of depression and referral process to Peach State Health Plan.

Section III: Analysis Cycle

Complete this section for EACH analysis cycle presented.

A. Time Period and Measures That Analysis Covers.

Baseline measurement: May 1, 2014-April 30, 2015 (HEDIS 2016)

Measures: AMM Acute Phase and AMM Continuation Phase measures.

B. Analysis and Identification of Opportunities for Improvement.

B.1 Quantitative Analysis

In 2015, the Peach State Health Plan rate on the AMM Effective Acute Phase indicator was 46.69%. Performance on this indicator is below the performance goal of 56.05% demonstrating performance almost 17% below the target. Review of performance across Peach State Health Plan markets shows almost equal distribution in rates, with the highest rates in the New Hampshire (59%), Wisconsin (55%) and Washington (52%).

The Texas market (44%) was not responsible for the pharmacy benefit, but the state provided pharmacy encounter data which was utilized to produce audited HEDIS results. However, there is no way for Peach State Health Plan to know the extent of pharmacy data completeness and accuracy, which could have contributed to the low rate. In addition, the Texas market has a large number of Medicaid SSI and Aged, Blind and Disabled members with comorbid conditions that may contribute to the lower compliance rate.

Performance on the Continuation and Maintenance Phase indicator was also significantly below the performance goal in 2015. The Peach State Health Plan aggregate rate was 31.6%, 22% below the target of 40.06%. New Hampshire (41%), Wisconsin (37%), Washington (37%) and Illinois (37%) were the highest markets in 2015. The lowest markets for AMM Continuation in 2015 were Texas (29%), Georgia (25%), Mississippi (24%) and South Carolina (22%). In three of these markets (Texas, Mississippi and South Carolina) mental health carveout contracts pose major barriers to success. In the Georgia market on 72 of the 1566 members in the denominator came through behavioral health providers, which limits Peach State Health Plan's ability to manage these members.

B.2 Qualitative Analysis

Peach State Health Plan convened a workgroup of Peach State Health Plan clinicians, including the Director of Clinical Operations and the Peach State Health Plan QI Director; clinical supervisors and quality improvement analysts. The team reviewed the measurement data and identified multiple barriers and opportunities for improvement.

The work group identified the need to target behavioral health physicians across Peach State Health Plan service areas, with a focus on the Texas market, due to the extreme outlier that market presents for the Peach State Health Plan aggregate rate. The purpose of the targeted activity was to share current antidepressant medication management practice guidelines with prescribers in order to improve adherence to industry best practices.

The work group evaluated the universe of members eligible for this study and recognized that many “noncompliant” members initiated their antidepressant medication management services with their medical PCPs and then transitioned to Peach State Health Plan for other behavioral health therapies to support depression management. Peach State Health Plan staff updated the PCP “toolkit” to promote the HEDIS measure comprised of: the current Peach State Health Plan Depression CPG; contact information for Peach State Health Plan clinicians in their service areas to facilitate timely referral to behavioral health services; and depression screening tools (PHQ-9 and the Edinburgh Depression Screen for pregnant/postpartum women). Peach State Health Plan placed extra emphasis on adding diagnosing tools and information to the “toolkits” to help providers diagnose depression correctly in their patients. Peach State Health Plan provided these toolkits to their health plan partners for distribution to health plan PCPs and to post on the health plan provider websites.

Additionally, the work group identified the need for targeted member education regarding identification of depression symptoms and the importance of adherence to their medication management plans. Peach State Health Plan partnered with the health plans in Georgia and South Carolina to bring automated calling programs to reach all members who would fall into the AMM measure to educate them on the importance of medication adherence and provide them with contact information should they need more information or assistance with their medications.

The following barriers, opportunities and actions were identified and implemented by Peach State Health Plan in response to baseline measurement results:

Barrier: Prescribing PCPs continue not following current industry best practices related to diagnosing depression.

Opportunity: Educate PCPs on industry best practice regarding depression diagnosing.

Intervention: Modify PCP toolkits which include depression screens and the current Peach State Health Plan Depression CPG.

Intervention: Provide toolkits to health plan partners to distribute to PCPs and post on health plan websites.

Barrier: Members are not adhering to their medication management treatment plans.

Barrier: Eligible members are not initiating depression treatment with their behavioral health prescribing providers.

Opportunity: Engage members in improved adherence to medication management service plans.

Intervention: Use the Proactive Member Outreach campaigns to engage members in education and resources around medication adherence.

Section IV: Interventions Table

Interventions Taken for Improvement as a Result of Analysis. List chronologically the interventions that have had the most impact on improving the measure. Describe only the interventions and provide quantitative details whenever possible (e.g., “hired 4 UM nurses” as opposed to “hired UM nurses”). Do not include intervention planning activities.

Date Implemented (MM / YY)	Check if Ongoing	Interventions	Barriers That Interventions Address
Second Quarter, 2013	√	Provide toolkits to health plan partners to distribute to PCPs.	Prescribing PCPs are not following current industry best practices related to the management of antidepressant medications.
Second Quarter, 2013	√	Target clinical outreach and engagement activities to members that are non compliant with their medication treatment plans.	Members are not adhering to their medication management treatment plans.
First Quarter, 2014	√	Implement an evidence based Depression Disease Management program.	Peach State Health Plan members did not have a specialized program focusing on depression disease management techniques
Third Quarter, 2014	√	Conduct targeted peer to peer technical assistance with high volume PCPs and Peach State Health Plan Chief Medical Officer.	Health plan PCPs not actively referring members to behavioral health services with Peach State Health Plan for management of depression.
Third Quarter, 2014	√	Initiate a POM campaign to supplement outreach and engagement activities and connect members to live clinicians.	Members are not aware of the importance of self-management of depression symptoms.
First Quarter, 2015	√	Updated provider “Tool Kits” and posted on the various health plan web sites	Providers are not always following the correct diagnostic criteria for members

Section V: Chart or Graph (Optional)

Attach a chart or graph for any activity having more than two measurement periods that shows the relationship between the timing of the intervention (cause) and the result of the remeasurements (effect). Present one graph for each measure unless the measures are closely correlated, such as average speed of answer and call abandonment rate. Control charts are not required, but are helpful in demonstrating the stability of the measure over time or after the implementation.

**Follow-Up After Hospitalization
Quality Improvement Activity (QIA)**

NCQA Quality Improvement Activity Form

Activity Name: Increasing the rate of 7 Day Follow-up After Discharge for a Mental Health Diagnosis

Section I: Activity Selection and Methodology

A.Rationale. Use objective information (data) to explain your rationale for why this activity is important to members or practitioners *and* why there is an opportunity for improvement.

Research has demonstrated that the provision of timely aftercare services decreases inpatient readmission rate. The National Committee for Quality Assurance (NCQA) states the inpatient readmission rate is a proxy measure for the effectiveness of aftercare coordination and outreach. To provide a standardized process to measure the provision of timely aftercare services, NCQA adopted a HEDIS indicator several years ago that looks at follow-up rates 7 days post discharge.

The Peach State Health Plan 2013 rate for member participation in a follow up visit with a behavioral health clinician after an inpatient hospital stay was 42%. This performance rate was 4% below the HEDIS 2013 50th percentile (46.06%) and 12% below the 75th percentile (54.80%). This QIA was chosen based on this low performance rate.

B.Quantifiable Measures. List and define *all* quantifiable measures used in this activity. Include a goal or benchmark for each measure. If a goal was established, list it. If you list a benchmark, state the source. Add sections for additional quantifiable measures as needed.

Quantifiable Measure #1:	Members receiving after care with a mental health professional within 7 days of discharge from an inpatient hospitalization.
Numerator:	An outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days after discharge. Include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of discharge.
Denominator:	The total population of eligible discharges. The denominator for this measure is based on discharges, not members. If the discharge is followed by readmission or direct transfer to an acute facility for any mental health principal diagnosis within the 30 day follow-up period, only the readmission discharge or the discharge from the facility to which the member was transferred will be counted. Discharges followed by readmission or direct transfer to a non-acute facility for any mental health principal diagnosis within the 7 day follow-up period will be excluded.
First measurement period dates:	1/01/13 – 12/01/13
Baseline Benchmark:	
Source of benchmark:	
Baseline goal:	54.80% based on 2013 HEDIS Quality Compass National HMO-7 Day Follow Up Rates 75th Percentile

C. Baseline Methodology.

Study methodology conforms to the HEDIS 2014 Technical Specifications Follow Up After Hospitalization (FUH). All HEDIS data is collected and analyzed in the Centene Quality Spectrum Insight database.

C.1 Data Sources.

Medical/treatment records
 Administrative data:
 Claims/encounter data Complaints Appeals Telephone service data Appointment/access data
 Hybrid (medical/treatment records and administrative)
 Pharmacy data
 Survey data (attach the survey tool and the complete survey protocol)
 Other (list and describe):

C.2 Data Collection Methodology. Check all that apply and enter the measure number from Section B next to the appropriate methodology.

If medical/treatment records, check below:
 Medical/treatment record abstraction

If survey, check all that apply:
 Personal interview
 Mail
 Phone with CATI script
 Phone with IVR
 Internet
 Incentive provided
 Other (list and describe):

If administrative, check all that apply:
 Programmed pull from claims/encounter files of all eligible members
 Programmed pull from claims/encounter files of a sample of members
 Complaint/appeal data by reason codes
 Pharmacy data
 Delegated entity data
 Vendor file
 Automated response time file from call center
 Appointment/access data
 Other (list and describe):

C.3 Sampling. If sampling was used, provide the following information.

Measure	Sample Size	Population	Method for Determining Size <i>(describe)</i>	Sampling Method <i>(describe)</i>
NA	NA	NA	NA	NA

C.4 Data Collection Cycle.	Data Analysis Cycle.
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<input checked="" type="checkbox"/> Once a year <input type="checkbox"/> Twice a year <input type="checkbox"/> Once a season <input type="checkbox"/> Once a quarter <input type="checkbox"/> Once a month <input type="checkbox"/> Once a week <input type="checkbox"/> Once a day <input type="checkbox"/> Continuous <input type="checkbox"/> Other (list and describe): <hr/> <hr/>	<input checked="" type="checkbox"/> Once a year <input type="checkbox"/> Once a season <input type="checkbox"/> Once a quarter <input type="checkbox"/> Once a month <input type="checkbox"/> Continuous <input type="checkbox"/> Other (list and describe): <hr/> <hr/>
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C.5 Other Pertinent Methodological Features. Complete only if needed.

None to report

D. Changes to Baseline Methodology. Describe any changes in methodology from measurement to measurement.

Include, as appropriate:

- Measure and time period covered
- Type of change
- Rationale for change
- Changes in sampling methodology, including changes in sample size, method for determining size and sampling method
- Any introduction of bias that could affect the results

None to report.

Section II: Data / Results Table

Complete for each quantifiable measure; add additional sections as needed.

#1 Quantifiable Measure:

Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison	Comparison Goal	Statistical Test and Significance*
Jan 1, 2013 thru Dec 1, 2013	Baseline:	7138	17035	41.90%		46.06%	NA
Jan 1, 2014 thru Dec 1, 2014	Remeasurement 1:	10935	22411	48.79%		54.80%	Baseline to remeasurement 1: Proportions Test, Zscore=13.60, p < 0.0001, Statistically significant
Jan 1, 2015 thru Dec 1, 2015**	Remeasurement 2	11102	22519	49.30%		54.80%	Remeasurement 1 to Remeasurement 2 Proportions Test Zscore=-1.08, p = 0.2224, Not Statistically significant

*If used, specify the test, p value, and specific measurements (e.g., baseline to remeasurement #1, remeasurement #1 to remeasurement #2, etc., or baseline to final remeasurement) included in the calculations. NCQA does not require statistical testing.

** This data is accurate through December of 2015 and will be updated with year-end data upon receipt of final QSI run in March 2016.

Section III: Analysis Cycle

Complete this section for EACH analysis cycle presented.

A. Time Period and Measures That Analysis Covers.

January 1, 2013 thru Dec 31, 2013 - Baseline Period

B. Analysis and Identification of Opportunities for Improvement. Describe the analysis and include the points listed below.

B.1 Quantitative analysis: Peach State Health Plan's 2013 aggregate rate for 7 day follow up was 41.9%, nine percent below the 46.06% goal. Individual markets exceeding the performance goal are: Texas (47%); Indiana (61%); Massachusetts (49%) and Georgia (52%). The highest improving markets for the timeframe were Ohio and Wisconsin who each improved by about 25% over the previous year. Markets below the performance target are Florida (24%); Illinois (23%); Mississippi (10%); South Carolina (39%); and Wisconsin (35%). While these markets are still below the performance target, rates improved in each market during this reporting period. Review 2013 rates as distributed amongst Peach State Health Plan markets indicates that the Florida, Wisconsin and Illinois markets performance continues to drive down the aggregate Peach State Health Plan rate and were targeted for focused improvements. The Texas market has the highest numbers of covered lives of all Peach State Health Plan markets. Of the universe of eligible members included in the denominator, Texas contributes roughly 42% (3455/7228) to the Peach State Health Plan rate. If performance in this market declines it drives down the aggregate Peach State Health Plan rate as demonstrated by performance in this market in 2013.

B.2 Qualitative analysis: In 2013 Peach State Health Plan paid for 4567 rev code 513 appointments across all markets. This increase is at least partially responsible for the increase in HEDIS FUH numbers in all markets. Of these appointments 2513 of them were billed in Texas, and Florida was responsible for 1113 of these appointments. More focus will need to be placed on educating facilities on providing these appointments so that members are able to have a smoother transition of care.

Peach State Health Plan continued its intervention to incentivize child members and their families in timely follow up after hospitalization with an outpatient provider. Peach State Health Plan sent 518 incentive packages to compliant members in 2013. The incentive packages account for 7% (518/7138) of the compliant members.

An additional area of need that was identified was the training of clinical staff around the discharge planning needs of members. Continual trainings were held throughout the year that focused on increasing the staff's ability to effectively create a discharge plan with hospital staff. Through these trainings it was identified that many facilities did not see the case management staff as partners in the discharge planning process, but rather adversaries. This resulted in very few returned calls to case management staff that were assisting in the discharge planning process. In order to address this clinical supervisors and managers across markets worked to schedule meetings with facility staff with the focus of clarifying Peach State Health Plan's involvement with them as a partnership.

Finally the need for staff who are devoted to improving HEDIS measures across markets was identified. As a result of the two new positions were created with the focus of increasing HEDIS scores.

Barrier: Member telephonic contact information is potentially out of date in Peach State Health Plan databases.

Opportunity: Utilization Managers and Care Coordinators will be able to confirm the members' contact information during the Bridge Appointment conversation. This will include the opportunity to engage the member in Care Coordination services post hospitalization to assure assistance is given as needed with participating in aftercare appointments.

Intervention: Utilization Managers will verify member contact information with hospital staff when they are doing initial reviews.

Barrier: Members not attending follow up appointments

Opportunity: Develop an adult incentive to increase motivation for members to attend FUH appointments.

Intervention: Incentivize adult members with a Subway Gift Card for accepting an in home visit and attending their 7 day follow up appointment as scheduled. This was started in November of 2013 and resulted in 31 members receiving the incentive during the last two months of the year.

Barrier: Members are not connected at time of discharge planning to an outpatient mental health provider for follow up care within 7 days of discharge.

Opportunity: Peach State Health Plan clinical staff can support timely discharge planning and member engagement in outpatient care.

Intervention: Peach State Health Plan QI provides ongoing training to all existing and new clinical staff on the purpose of follow up care after hospitalization and the early identification and connection of members to appropriate outpatient mental health practitioners to support coordination and continuity of care. The Peach State Health Plan QI team provides monthly Projection and GAP reports to the clinical team to help identify members who need outreach and how close each market is to reaching their goals.

Section III: Analysis Cycle

Complete this section for EACH analysis cycle presented.

A. Time Period and Measures That Analysis Covers

January 1, 2014 thru December 1, 2014- Remeasurement Period #2

B. Analysis and Identification of Opportunities for Improvement. Describe the analysis and include the points listed below.

B.1 Quantitative analysis: Peach State Health Plan's 2014 overall rate for 7 day follow up was 48.79%, a highly statistically significant increase from both the baseline and the re-measurement 1 period ($p < .0001$). In 2014 the overall goal for the HEDIS 7 Day FUH measure was increased from the 50th percentile to the 75th percentile. Six Peach State Health Plan markets exceeded the performance goal (IN, NH, TX, KS, GA and WI). This is an enterprise wide improvement from the previous reporting period and notes the first time that the overall 7 Day FUH numbers for Peach State Health Plan reached above the 50th percentile. Of note is the overall rate of improvement in the Florida market, a primary driver of the aggregate Peach State Health Plan rate. The 2014 Florida rate was 46%, a 57% increase from 2013 performance. Additionally, Massachusetts, one of Peach State Health Plan's historically lower performing markets, saw a rate increase in 2014, to 51.76%. Ohio was the only market that did not see an increase in 2014, and decreased by roughly 6%, to 36.02%. Due to the unique service delivery system in Ohio, whereby Peach State Health Plan is only permitted to actively manage inpatient care as the state has carved out outpatient mental health services on a fee for service basis with CMHCs, Peach State Health Plan is unable to directly influence outpatient care management in Ohio. Additionally, the lowest performing market was Mississippi at 26.17%. The barrier causing the low score in Mississippi is the inpatient carve out that currently denies Peach State Health Plan the ability to manage inpatient care resulting in many members not having follow up appointments scheduled within seven days of their discharge from the inpatient facility.

B.2 Qualitative analysis: Peach State Health Plan continued its contracting efforts in 2014 and completed amendments with high volume inpatient providers in all markets to perform the HEDIS approved rev code 513 appointments for members as they are discharging from an inpatient hospitalization. Peach State Health Plan's attempt to add additional clinical and administrative criteria to the use of this service code (prior authorization and mandatory Peach State Health Plan clinician involvement) did not support the facilities' use of this code and demonstrated a decline in the use of this service towards the measure numerator in early 2014. In Quarter 4, 2014, Peach State Health Plan began a program where they focused the network team on contacting facilities and working to overcome barriers that were keeping them from billing for these appointments. As a way to increase motivation for these appointments contracts were amended to offer more money as an incentive for providers to change their billing practices to include these codes. Additionally, Peach State Health Plan continued its efforts to incentivize members and their families with the stuffed bear, book and gift card. Peach State Health Plan sent 1,141 incentive packages to compliant members in 2014. This comprises 12% (1141/9380) of all compliant members for the measurement period.

In 2014 Peach State Health Plan identified market specific barriers to member timely participation in scheduled aftercare following hospitalization. These include outpatient clinic intake appointments made as a “walk-in” status therefore creating the possibility of long wait times to be seen by a clinician and lack of coordination of care within large health systems that have both inpatient and outpatient services on the same campus. In these cases working with facilities to help them create processes where members attend an immediate follow up appointment with the outpatient facility on their campus. Peach State Health Plan trained its staff to not accept a “walk-in” as appropriate discharge planning appointment and to ensure an appointment is scheduled prior to discharge that the member can reasonably attend.

Peach State Health Plan clinical and network management teams also conducted targeted site visits with these health systems throughout 2014 to assist with barrier analysis and reinforce transition planning for Peach State Health Plan members. Additionally, Peach State Health Plan clinical staff continued to outreach to all members discharged from the hospital and identified the following barriers for member compliance with outpatient appointments: lack of transportation and lack of awareness/familiarity with outpatient providers/practitioners.

In 2013, Peach State Health Plan identified an opportunity to incentivize adult members to engage in outpatient services through use of face to face in home meetings with high risk case management members and the distribution of Subway gift cards when members attended scheduled after care appointments. In 2014, Peach State Health Plan distributed 399, 7 day follow up incentives to compliant members.

Peach State Health Plan continued its clinician training efforts in 2014 in order to support timely and effective discharge planning. The HEDIS Coordinator provided training to all current and new clinicians in March, 2014, regarding the importance of timely discharge planning and early identification of outpatient mental health practitioners as part of the new staff incentive program. The purpose of the training was to provide clinicians with the appropriate outpatient services and mental health practitioners in their service areas to support effective discharge planning and connection of members to mental health practitioners in order to facilitate adherence to aftercare appointment standards.

Peach State Health Plan realizes that to truly affect sustained and ongoing improvements on this measure, outpatient providers and practitioners must be engaged in the provision of hospital follow up appointments. Peach State Health Plan initiated a workgroup made up of Clinical Directors, Clinical Supervisors, the Vice President of Quality (CPHQ) and network management staff to develop a provider pay for performance measure for follow up after hospitalization. High volume outpatient providers/practitioners and facilities were identified across Peach State Health Plan markets for inclusion in this activity. Structured contract amendments detailing the pay for performance methodology were drafted and completed in Quarter 4, 2014. Additionally all new contracts will have provisions included that will require inpatient facilities to participate in training on discharge planning as well as partnering with the Peach State Health Plan Clinical team in the discharge planning process.

Barrier: Low volume of rev code 513 claims processed from facilities due to additional Peach State Health Plan clinical and administrative requirements.

Opportunity: Remove additional clinical and administrative barriers.

Opportunity: Wave the timely filing requirement for the rev code 513 claims for 2014

Barrier: Outpatient providers/practitioners not engaged in the provision of timely hospital follow up appointments.

Opportunity: Develop provider/practitioner incentive.

Intervention: Peach State Health Plan developed a structured pay for performance measure for follow up after hospitalization targeting high volume outpatient providers/practitioners.

Barrier: Facilities are not coordinating care for discharge planning. Facilities are promoting inappropriate discharge planning with non-licensed case managers or walk-in appointments.

Opportunity: Train facilities and Peach State Health Plan discharge planning staff in appropriate discharge planning.

Intervention: Provided staff training to all clinical staff members.

Section III: Analysis Cycle

Complete this section for EACH analysis cycle presented.

A. Time Period and Measures That Analysis Covers

January 1, 2015 thru December 1, 2015- Remeasurement Period #3

B. Analysis and Identification of Opportunities for Improvement. Describe the analysis and include the points listed below.

B.1 Quantitative analysis: Peach State Health Plan's 2015 overall rate for 7 day follow up was 49.30% (as of December 1, 2015), not a statistically significant increase from the re-measurement 2 period ($p=.2224$). There were 4 Peach State Health Plan markets (KS, TX, NH and IN) that exceeded the performance goal (54.80%) with two additional markets very close to the goal (MA and GA). This is an enterprise wide improvement from the previous reporting period. Additionally the carve-out data for the state of OH has not yet been fully applied to the measure, which should add to the rates by the end of the reporting year. Massachusetts, one of Peach State Health Plan's historically lower performing markets, saw a rate increase in 2015 to 54.51% and was slightly below the overall goal (54.80%). Due to the unique service delivery system in Ohio, whereby Peach State Health Plan is only permitted to actively manage inpatient care as the state has carved out outpatient mental health services on a fee for service basis with CMHCs, Peach State Health Plan is unable to directly influence outpatient care management in Ohio. On December 1, 2015 Peach State Health Plan also started actively managing the inpatient benefit in Mississippi, which previously had been carved out. Mississippi had the third largest number of inpatient members in 2015 (2140) so being able to actively manage this group of members should additionally raise this rate in 2016.

B.2 Qualitative analysis: Peach State Health Plan continued its contracting efforts in 2015 and completed amendments with high volume inpatient providers in all markets to perform the HEDIS approved rev code 513 discharge planning appointments for members as they discharge from an inpatient hospitalization. In Ohio and Illinois the fee for the rev code 513 services was increased as a way to encourage these providers to bill these codes. Additionally, Peach State Health Plan continued its efforts to incentive child members and their families with the stuffed bear, book and gift card as well as another incentive for members who attended a 7 day follow up appointment by giving them a Subway gift card. In Texas gas cards were given to members who were able to attend their 7 day follow up appointments as well.

In 2015 Peach State Health Plan identified continued market specific barriers to member timely participation in scheduled aftercare following hospitalization. Many of these issues surrounded the scheduling of outpatient appointments for members upon discharge. As a result, the Peach State Health Plan clinical teams were continually trained to ensure there are appointments scheduled for members at discharge with a time and date the member can reasonably attend. Peach State Health Plan clinical and network management teams increased targeted site visits with these health systems throughout 2015 to assist with barrier analysis and reinforce transition planning for Peach State Health Plan members. Additionally, Peach State Health Plan clinical staff continued to outreach to all members discharged from the hospital and identified the following barriers for member compliance with outpatient appointments: lack of awareness/familiarity with outpatient providers/practitioners. In 2015, Peach State Health Plan worked to engage members in outpatient services through use of face to face in home meetings with high risk case management members, the distribution of Subway gift cards (1014) and distribution of stuffed Bears (1971) when members attended scheduled after care appointments.

Peach State Health Plan realizes that to truly affect sustained and ongoing improvements on this measure, outpatient providers and practitioners must be engaged in the provision of hospital follow up appointments. Peach State Health Plan continued to utilize workgroups made in each market made up of Clinical Directors, Clinical Supervisors, HEDIS team members, Provider Relations Staff, Business Operations Staff and Network Management Staff to address measures for follow up after hospitalization.

Barrier: Low volume of rev code 513 claims processed from facilities.

Opportunity: Remove additional clinical and administrative barriers.

Opportunity: Ensure that claims for the 513 rev code are paid correctly to encourage facilities to continue to bill for these codes.

Intervention: Peach State Health Plan Business Operations team worked to ensure that the rev code 513's that were billed are paid accordingly. **Intervention:** Peach State Health Plan Network team reached out to providers and educated them about the rev code 513 and educated them on billing for it correctly.

Barrier: Members not engaging with follow up appointments after they have discharged from the facility

Opportunity: Develop an incentive for members to attend appointments

Intervention: Peach State Health Plan developed a program that would reward a member with a Subway gift card that would be given to members once they discharge from an inpatient stay

Barrier: Facilities scheduling walk in appointments for members who have discharged

Opportunity: Train facilities and Peach State Health Plan discharge planning staff in appropriate discharge planning.

Opportunity: Train Peach State Health Plan staff to identify providers who already have an established relationship with the member so the hospital discharge planner can schedule appointments easily with this provider rather than trying to find a new one.

Intervention: Provided staff training to all clinical staff members.

Section IV: Interventions Table

Interventions Taken for Improvement as a Result of Analysis. List chronologically the interventions that have had the most impact on improving the measure. Describe only the interventions and provide quantitative details whenever possible (e.g., “hired 4 UM nurses” as opposed to “hired UM nurses”). Do not include intervention planning activities.

Date Implemented (MM / YY)	Check if Ongoing	Interventions	Barriers That Interventions Address
January, 2013	√	Modified the chart audit forms for UM staff so that they included a larger focus on making sure that discharge planning is not only happening, but being done well.	Lack of timely discharge planning.
May, 2013		A 510/513 informational letter was created and faxed out to all inpatient facilities telling them what these appointments consist of and how they can be billed.	Facilities are not billing for all services that contribute to the measure.
November, 2013	√	Creation of the new BH Structured notes that enable more specific tracking of HEDIS FUH related activities for improved oversight and member engagement..	Lack of timely discharge planning.
January, 2014		Implemented a staff incentive program for staff to reach high levels of getting members to attend 7 day FUH appointments	Lack of timely discharge planning.
July, 2014		Trained all Peach State Health Plan Staff to on the importance of HEDIS FUH and how to improve discharge planning as a way to support the	Members are not getting ongoing care coordination to ensure timely after care appointments.
September, 2014	√	Peach State Health Plan staff was trained on how to use the CentraCare program that shows claims data for members so Peach State Health Plan staff can easily identify where a member has previously had	Members are not getting ongoing care coordination to ensure timely after care appointments.
Quarter 4, 2015	√	The HEDIS team was expanded in order to create more oversight for each market and their HEDIS measures	Additional training opportunities for staff members on the follow up measures
December 1, 2015	√	Go live for the Mississippi market for Peach State Health Plan actively managing the inpatient stays	Mississippi is the third largest market for Peach State Health Plan and the carve out for inpatient stays resulted in poor communication about member admissions, which resulted in very low

Section V: Chart or Graph (Optional)

Attach a chart or graph for any activity having more than two measurement periods that shows the relationship between the timing of the intervention (cause) and the result of the re-measurement (effect). Present one graph for each measure unless the measures are closely correlated, such as average speed of answer and call abandonment rate. Control charts are not required, but are helpful in demonstrating the stability of the measure over time or after the implementation.

Market	2013			2014			2015		
	FL	2562	626	24.43%	2687	1102	41.01%	702	1909
GA	1051	552	52.52%	1105	665	60.18%	707	1315	53.76%
IL	621	143	23.03%	665	257	38.65%	943	2133	44.21%
IN	1217	739	60.72%	1263	842	66.67%	754	1342	56.18%
KS				1262	822	65.13%	784	1174	66.78%
MA	213	105	49.30%	73	43	58.90%	224	537	41.71%
MS	1174	119	10.14%	1785	451	25.27%	431	2154	20.01%
OH	1826	972	53.23%	1728	878	50.81%	544	2387	22.79%
SC	480	190	39.58%	484	200	41.32%	141	414	34.06%
TX	7228	3455	47.80%	8008	3777	47.17%	4991	7619	65.51%
WI	663	237	35.75%	713	343	48.11%	346	680	50.88%

**Initiation and Engagement of Alcohol and
Other Drug Dependence Treatment (IET)
Quality Improvement Activity (QIA)**

NCQA Quality Improvement Activity Form

Activity Name: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Section I: Activity Selection and Methodology

A. Rationale. Use objective information (data) to explain your rationale for why this activity is important to members or practitioners *and* why there is an opportunity for improvement.

Early engagement of members with substance use disorders (SUD) into behavioral health treatment is a key predictor of long term treatment success for this population. According to the Journal of Behavioral Health Services and Research (2010), members who engage in SUD focused treatment in an outpatient setting within 14 days of their initial SUD diagnosis demonstrated statistically higher rates of improved functional and health care outcomes than members who did not engage. Early engagement and timely SUD treatment entry allows a member to realize increased clinical benefits and improved functioning in their community of choice.

B. Quantifiable Measures. List and define *all* quantifiable measures used in this activity. Include a goal or benchmark for each measure. If a goal was established, list it. If you list a benchmark, state the source. Add sections for additional quantifiable measures as

Quantifiable Measure #1:	IET Initiation Phase Indicator:
Numerator:	The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.
Denominator:	The denominator is based on the eligible population of Members diagnosed with AOD diagnosis with a negative history of 60 days (2 months) of no claims/ encounters with a diagnosis of AOD dependence.
First measurement period dates:	01/01/14 – 11/15/14
Baseline Benchmark:	
Source of benchmark:	
Baseline goal:	43.48% based on 2015 HEDIS Quality Compass National HMO- IET Initiation Rates 75th Percentile
Quantifiable Measure #2:	IET Engagement Phase Indicator:
Numerator:	The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.
Denominator:	The denominator is based on the eligible population of Members diagnosed with AOD diagnosis Initiation of AOD treatment and two or more inpatient admissions, outpatient visits, intensive outpatient encounters or partial hospitalizations with any AOD diagnosis within 30 days after the date of the Initiation encounter (inclusive).
First measurement period dates:	01/01/14 – 11/15/14
Benchmark:	
Source of benchmark:	
Baseline goal:	14.97% based on 2015 HEDIS Quality Compass National HMO- IET Engagement Rates 75th Percentile

C. Baseline Methodology.

Study methodology conforms to the HEDIS 2015 Technical Specifications Initiation and Engagement of Alcohol and other Drug Dependency Treatment (IET). All HEDIS data is collected and analyzed in the Centene Quality Spectrum Insight database.

C.1 Data Sources.

- Medical/treatment records
- Administrative data:
 - Claims/encounter data
 - Complaints
 - Appeals
 - Telephone service data
 - Appointment/access data
- Hybrid (medical/treatment records and administrative)
- Pharmacy data
- Survey data (attach the survey tool and the complete survey protocol)
- Other (list and describe):

C.2 Data Collection Methodology. Check all that apply and enter the measure number from Section B next to the appropriate methodology.

- If medical/treatment records, check below:
- Medical/treatment record abstraction
- If survey, check all that apply:
- Personal interview
 - Mail
 - Phone with CATI script
 - Phone with IVR
 - Internet
 - Incentive provided
 - Other (list and describe):

- If administrative, check all that apply:
- Programmed pull from claims/encounter files of all eligible members
 - Programmed pull from claims/encounter files of a sample of members
 - Complaint/appeal data by reason codes
 - Pharmacy data
 - Delegated entity data
 - Vendor file
 - Automated response time file from call center
 - Appointment/access data
 - Other (list and describe):

C.3 Sampling. If sampling was used, provide the following information.

Measure	Sample Size	Population	Method for Determining Size <i>(describe)</i>	Sampling Method <i>(describe)</i>
NA				

C.4 Data Collection Cycle.	Data Analysis Cycle.
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<p><input type="checkbox"/> Once a year</p> <p><input type="checkbox"/> Twice a year</p> <p><input type="checkbox"/> Once a season</p> <p><input type="checkbox"/> Once a quarter</p> <p><input type="checkbox"/> Once a month</p> <p><input type="checkbox"/> Once a week</p> <p><input type="checkbox"/> Once a day</p> <p><input checked="" type="checkbox"/> Continuous</p> <p><input type="checkbox"/> Other (list and describe):</p> <p>_____</p> <p>_____</p>	<p><input checked="" type="checkbox"/> Once a year</p> <p><input type="checkbox"/> Once a season</p> <p><input type="checkbox"/> Once a quarter</p> <p><input type="checkbox"/> Once a month</p> <p><input type="checkbox"/> Continuous</p> <p><input type="checkbox"/> Other (list and describe):</p> <p>_____</p> <p>_____</p>
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C.5 Other Pertinent Methodological Features. Complete only if needed.

D. Changes to Baseline Methodology. Describe any changes in methodology from measurement to measurement.

Include, as appropriate:

- Measure and time period covered
- Type of change
- Rationale for change
- Changes in sampling methodology, including changes in sample size, method for determining size and sampling method
- Any introduction of bias that could affect the results

The methodology use for this study has not changed from baseline to subsequent remeasurement periods.

Section II: Data / Results Table

Complete for each quantifiable measure; add additional sections as needed.

#1 Quantifiable Measure: IET Initiation Phase Indicator: The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.

Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Result	Comparison	Comparison Goal	Statistical Test and Significance*
January 1, 2014 - November 15, 2014	Baseline:	11135	28167	39.53%		42.17%	
January 1, 2015 - November 15, 2015	Remeasurement 1:	20808	54570	38.13%		43.48%	Baseline to Remeasurement 1: There was a statically significant increase from 2014 to 2015 (p=0.0002)

#2 Quantifiable Measure: IET Engagement Phase Indicator: The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Result	Comparison	Comparison Goal	Statistical Test and Significance*
January 1, 2014 - November 15, 2014	Baseline:	2700	28167	9.59%		14.96%	
January 1, 2015 - November 15, 2015	Remeasurement 1:	4733	54570	8.63%		14.97%	Baseline to Remeasurement 1: There was a statically significant increase from 2014 to 2015 (p<0.0001)

* If used, specify the test, p value, and specific measurements (e.g., baseline to remeasurement #1, remeasurement #1 to remeasurement #2, etc., or baseline to final remeasurement) included in the calculations. NCQA does not require statistical testing. ** This data is accurate through December of 2015 and will be updated with year-end data upon receipt of final QSI run in March 2016.

Section III: Analysis Cycle Complete this section for EACH analysis cycle presented.	
A. Time Period and Measures That Analysis Covers.	
Baseline measurement: January 1, 2014 – November 15, 2014 (HEDIS 2015)	
Measures:	
B. Analysis and Identification of Opportunities for Improvement.	

B.1 Quantitative Analysis

In 2014 5 markets reached scores above the 75th percentile goal for the Initiation Phase (42.17%), IL (50.63%), FL (48.94%), MO (45.01%), KS (43.69%) and TX (42.58%). All other markets fell below the 40% marker for 2014, with WI (33.83%) and MS (35.69%) being the lowest scoring markets. The major entry point for many of the members that fall into the IET measure come through health plan providers such as Emergency Rooms and Primary Care Providers. Only three markets saw more than 40% of the members in this measure come through Behavioral Health providers, IN (45.59%), KS (45.10%) and MA (40.90%).

For the Engagement phase two markets passed the 75th percentile goal (14.96%), MA (16.74%) and KS (15.51%). The same trend from the Initiation Phase of this measure held true for the Engagement Phase with the majority of the members entering the measure through Emergency Room admissions and Primary Care Providers. Overall only 22.69% of the members in this measure entered through behavioral health providers.

B.2 Qualitative Analysis

One of the largest barriers for this measure is the fact that the majority of the members who fall into each phase of the IET come through Emergency Room admissions or through PCP visits. The nature of these types of visits creates two barriers for successfully increasing the IET measure. The first is that these visits do not require prior authorization so there is little to no communication with either Peach State Health Plan or their health plan partner while the member is still engaged in the visit. The second is that these visits tend to be very short in nature so there is not often time for contact to be made with the member prior to discharge even when they are made aware of the admission.

In order for a member to be included in the IET measure they need to have a negative diagnosis history when it comes to having and SUD diagnosis. As a result of this many of the members who enter into this measure do so during the Pre-Contemplation stage of addiction, which results in a very low desire to engage in treatment and follow up appointments.

The following barriers, opportunities and actions were identified and implemented by Peach State Health Plan in response to baseline measurement results.

Barrier: Most of these members enter the measure through ER and PCP visits.

Opportunity: Peach State Health Plan's Health Plan partners have contacts regularly with ER and PCP staff

Intervention: In order to effectively address this measure the work groups will need to include HP partner staff who can work with their current contacts to improve educational opportunities for these providers.

Section III: Analysis Cycle Complete this section for EACH analysis cycle presented.	
A. Time Period and Measures That Analysis Covers.	
Remeasurement 1: January 1, 2015 – November 15, 2015 (HEDIS 2016)	
Measures:	
B. Analysis and Identification of Opportunities for Improvement.	

B.1 Quantitative Analysis

In 2015 3 markets reached scores above the 75th percentile goal for the Initiation Phase (43.48%), IL (45.43%), MO (44.62%) and TX (44.16%). FL (41.53%) and MA (40.92%) fell below the 75th percentile, but stayed above the 50th percentile. All other markets fell below the 40% marker for 2015, with WA (25.35%) and GA (33.16%) being the lowest scoring markets. The major entry point for many of the members that fall into the IET measure come through health plan providers such as Emergency Rooms and Primary Care Providers. Only two markets saw more than 40% of the members in this measure come through Behavioral Health providers, MA (41.92%) and KS (45.04%).

For the Engagement phase only one market passed the 75th percentile goal (14.97%) MA (15.57%). The same trend from the Initiation Phase of this measure held true for the Engagement Phase with the majority of the members entering the measure through Emergency Room admissions and Primary Care Providers. Overall only 16.10% of the members in this measure entered through behavioral health providers.

B.2 Qualitative Analysis

Two work groups were created to address the IET measures during 2015, one in KS and one in WI. The work groups included input from both Peach State Health Plan and the health plan partners in order to best address these members. Provider education was chosen to be the focus of these work groups due to the fact that many of these members are entering into the measure through providers who do not need prior authorization or only see the members for a short period of time. A “cheat sheet” was created and sent out to providers in WI to focus on the specific requirements of the IET measure as well as the updated ICD codes to bill that will be counted for the measure.

Barrier: Provider knowledge of the IET measure

Opportunity: Train providers in getting members in for appointments for follow up when a SUD diagnosis is given

Intervention: Creation of the “IET Cheat Sheet”

Intervention: Distribution of the “IET Cheat Sheet” to providers

Barrier: Most of these members enter the measure through ER and PCP visits.

Opportunity: Peach State Health Plan’s Health Plan partners have contacts regularly with ER and PCP staff

Intervention: In order to effectively address this measure additional work groups will need created in more markets that include HP partner staff who can work with their current contacts to improve educational opportunities for these providers.

Section IV: Interventions Table

Interventions Taken for Improvement as a Result of Analysis. List chronologically the interventions that have had the most impact on improving the measure. Describe only the interventions and provide quantitative details whenever possible (e.g., “hired 4 UM nurses” as opposed to “hired UM nurses”). Do not include intervention planning activities.

Date Implemented (MM / YY)	Check if Ongoing	Interventions	Barriers That Interventions Address
Sept 2014	X	WI IET Work group began meeting	Began tracking on a monthly basis the IET scores for WI as well as implementing training for clinical staff and partnerships with the health plan.
Nov 2014	X	KS IET PIP Workgroup began meeting	Began tracking on a monthly basis the IET scores for KS as well as implementing training for clinical staff and partnerships with the health plan.
Q2 2015		Provider toolkits were completed and submitted for each state for approval.	This intervention will help educate providers who see members and give them new SUD diagnoses.
Q3 2015		IET Cheat Sheet document was created and received state approval in WI	This document will be sent out to providers and give them the requirements for billing for SUD services correctly, as well as answering some common questions that go along with members who fall into this measure.

Section V: Chart or Graph (Optional)

Attach a chart or graph for any activity having more than two measurement periods that shows the relationship between the timing of the intervention (cause) and the result of the remeasurements (effect). Present one graph for each measure unless the measures are closely correlated, such as average speed of answer and call abandonment rate. Control charts are not required, but are helpful in demonstrating the stability of the measure over time or after the implementation.

