

## Georgia State Fiscal Year (SFY) 2014 PIP Summary Form:

**Measurement Period:** Calendar Year 2012/Calendar Year 2013

**Submission Period:** State Fiscal Year 2014

**Validation Period:** State Fiscal Year 2015

### Appropriate Use of ADHD Medications for AMERIGROUP Community Care

#### DEMOGRAPHIC INFORMATION

CMO name: **AMERIGROUP Community Care**

Study Leader Name: Lisa Maleski Title: **Manager II**, Quality Management

Telephone Number: 678-587-4928 E-mail Address: Lisa.Maleski@Amerigroup.com

Name of Project/Study: **Appropriate Use of ADHD Medications**

Type of Study (for HSAG's internal tracking):

- Clinical                       Nonclinical  
 Collaborative                       HEDIS

Type of Delivery System: **CMO**

Date of Study: **03/1/10** to **2/28/13**

Number of Medicaid Members Served by CMOs : **297,654**

Number of Medicaid Members in Project/Study: **2,567**

PIP population includes PeachCare for Kids® Members

Submission Date: **June 30, 2014**

#### Section to be completed by HSAG

\_\_\_\_ Year 1 Validation                      \_\_\_\_ Initial Submission  
 \_\_\_\_ Year 2 Validation                      \_\_\_\_ Initial Submission  
 \_\_\_\_ Year 3 Validation                      \_\_\_\_ Initial Submission

\_\_\_\_ Baseline Assessment                      \_\_\_\_ Remeasurement 1  
 \_\_\_\_ Remeasurement 2                      \_\_\_\_ Remeasurement 3

Year 1 validated through Activity \_\_\_\_  
 Year 2 validated through Activity \_\_\_\_  
 Year 3 validated through Activity \_\_\_\_

Text in **bold font** has been added since the previous **2013** submission

## Georgia State Fiscal Year (SFY) 2014 PIP Summary Form: Appropriate Use of ADHD Medications for AMERIGROUP Community Care

**A. Activity I: Select the Study Topic(s).** PIP topics should target improvement in relevant areas of services and reflect the population in terms of demographic characteristics, prevalence of disease, and the potential consequences (risks) of disease. Topics may be derived from utilization data (ICD-9 or CPT coding data related to diagnoses and procedures; NDC codes for medications; HCPCS codes for medications, medical supplies, and medical equipment; adverse events; admissions; readmissions; etc.); grievances and appeals data; survey data; provider access or appointment availability data; member characteristics data such as race, ethnicity, language, etc.; other fee-for-service data; or local or national data related to Medicaid risk populations. The goal of the project should be to improve processes and outcomes of health care or services to have a potentially significant impact on member health, functional status, or satisfaction. The topic may be specified by the state Medicaid agency or CMS, or it may be based on input from members. Over time, topics must cover a broad spectrum of key aspects of member care and services, including clinical and nonclinical areas, and should include all enrolled populations (i.e., certain subsets of members should not be consistently excluded from studies).

**Study Topic:**

The Attention Deficit Hyperactivity Disorder (ADHD) performance improvement project is mandated by the Georgia Department of Community Health (DCH). The topic ADHD is relevant as it impacts children of Amerigroup Community Care of Georgia that have been prescribed ADHD medications. The HEDIS® measure “Follow-Up Care for Children Prescribed ADHD (Attention Deficit Hyperactivity Disorder) Medication” (ADD) was selected to monitor and improve compliance of follow-up visits for children (ages 6 through 12) with newly prescribed ADHD medication. The study seeks to increase rates for children in the member population who are prescribed ADHD medication and have at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed. This is a measure that uses pharmacy and clinical encounter data to determine the rates. Excluded are dual eligible members. Includes eligible members with special healthcare needs.

| Measure      | MY 11 (HEDIS 2012) | MY 12 (HEDIS 2013) | DCH Target | Change | Change from Target | Significance | Chi-Square | P-Value |
|--------------|--------------------|--------------------|------------|--------|--------------------|--------------|------------|---------|
| Initiation   | 44.27%             | 42.32%             | 48.10%     | -1.95% | -5.78%             | No           | 0.31       | 0.58    |
| Continuation | 61.18%             | 58.15%             | 57.60%     | -3.03% | 0.55%              | No           | 1.33       | 0.25    |

The initiation rate decreased by 1.95 percentage points and is 5.78 percentage points below target while at the same time it did not move significantly. The continuation rate decreased by 3.03 percentage points and exceeded state target by 0.55 percentage points, but it did not move significantly. The above analysis justifies the need for submission of this PIP and additional resources to statistically significantly increase these rates.

According to the Centers for Disease Control and Prevention (CDC), ADHD is the most commonly diagnosed neurobehavioral disorder of

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childhood, with previous reports documenting increasing trends in prevalence during the past decade and increases in ADHD medication use. According to the CDC/National Survey of Children’s Health-2003, 2.5 million youth ages 4-17 years (56% of those with a diagnosis) were receiving medication treatment for the disorder. Rates of medication treatment for ADHD vary by age and sex and ranged from 0.3% to 9.3%. The prevalence of medication treatment for ADHD is highest among children 9-12 years of age. Geographic variability in prevalence of medication treatment ranged from a low of 2.1% in California to a high of 6.5% in Arkansas. The average in the United States is 7.8%.

The Follow-Up Care for Children Prescribed ADHD Medication (ADD) measure is relevant and addresses risk because the member population potentially affected by the disorder is growing and research has shown that, nationwide, children between ages 4-17 years covered by Medicaid have the highest rates of ADHD at 13.6 percent. Further review of literature reveals the importance of a clinician to have periodic, systematic follow-up for a child with attention deficit/hyperactivity disorder. In another study “patients aged ≥ 6 years who saw their physicians more frequently tended to fill more prescriptions for ADHD medications. Clearly, keeping in touch with patients improves adherence”.

**The Health Plan’s comparison of baseline rate to current rates using HEDIS 2014 specification for follow-up care for children prescribed ADHD medication are shown in the below table.**

**Baseline to RM 2**

**Initial**

| Baseline (HEDIS 2012) | RM 2 (HEDIS 2014) | 2013 DCH Target | Variance BL to RM 2 | Variance from Target | Significance | P-Value |
|-----------------------|-------------------|-----------------|---------------------|----------------------|--------------|---------|
| 44.27%                | 43.12%            | 52.48%          | -1.15%              | -9.36%               | No           | 0.4360  |

**Continuation**

| Baseline (HEDIS 2012) | RM 2 (HEDIS 2014) | 2013 DCH Target | Variance BL to RM 2 | Variance from Target | Significance | P-Value |
|-----------------------|-------------------|-----------------|---------------------|----------------------|--------------|---------|
| 61.18%                | 59.22%            | 63.11%          | -1.96%              | -3.89%               | No           | 0.5693  |

**RM 1 to RM 2**

**Initial**

| RM 1 (HEDIS 2013) | RM 2 (HEDIS 2014) | 2013 DCH Target | Variance RM 1 to RM 2 | Variance from Target | Significance | P-Value |
|-------------------|-------------------|-----------------|-----------------------|----------------------|--------------|---------|
| 42.32%            | 43.12%            | 52.48%          | 0.80%                 | -9.36%               | No           | 0.5684  |

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**Continuation**

| RM 1 (HEDIS 2013) | RM 2 (HEDIS 2014) | 2013 DCH Target | Variance RM 1 to RM 2 | Variance from Target | Significance | P-Value |
|-------------------|-------------------|-----------------|-----------------------|----------------------|--------------|---------|
| 58.15%            | 59.22%            | 63.11%          | 1.07%                 | -3.89%               | No           | 0.7800  |

**While the baseline to RM 2 analysis does not show improvement, Amerigroup is making incremental improvements year over year. More effort is needed to close the 3.89 – 9.36 gaps to DCH target and to show statistical significance. The continuation measure is within NCQA’s 75<sup>th</sup> percentile and does not have as big a gap as the initial measure; therefore while more needs to be completed for both, the initial measure is priority. The above analysis continues to justify the need for submission of this PIP and the need for additional resources to statistically significantly increase these rates in the future.**

For more information, please refer to [Attachment A - HEDIS 2014 Technical Specifications ADHD](#)

References

Centers for Disease Control and Prevention (2010). Increasing prevalence of parent-Reported attention-deficit/hyperactivity disorder among children—United States, 2003 and 2007. (Morbidity & Mortality Weekly Report (MMWR). Retrieved from [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5944a3.htm?s\\_cid=mm5944a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5944a3.htm?s_cid=mm5944a3_w)

Manos, M.J., Tom-Revzon, C., Bukstein, O.G., & Crismon, M.L. (2007). Changes and Challenges: managing ADHD in a fast-paced world. Supplement to Journal of Managed Care Pharmacy, 13(9, S-b), pp. S2-S16. <http://www.ncbi.nlm.nih.gov/pubmed/18062734>

Subcommittee on Attention-Deficit/Hyperactivity Disorder (2001). Clinical practice guideline: Treatment of the school-aged child with attention-deficit/hyperactivity disorder. American Academy of Pediatrics, 108(4), pp. 1033-1044. <http://pediatrics.aappublications.org/content/early/2011/10/14/peds.2011-2654.full.pdf>

Visser, S.N., Lesesne, C.A., & Perou, R. (2007). National estimates and factors associated with medication treatment for childhood attention-deficit/hyperactivity disorder. Supplement to Pediatrics, pp. S99-S106. [http://pediatrics.aappublications.org/content/119/Supplement\\_1/S99.full.pdf+html](http://pediatrics.aappublications.org/content/119/Supplement_1/S99.full.pdf+html)

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**B. Activity II: Define the Study Question(s).** Stating the question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.

**Study Question:**

Do targeted interventions increase the incidence of follow up for our members (ages 6 – 12 years) diagnosed and treated for ADHD? **Rate of study members (ages 6-12 years) receiving at least one follow-up care visit within 30 days of dispensed ADHD prescription (initiation phase) and at least 2 follow-up care visits within 270 days of initiation phase?**

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**C. Activity III: Use a Representative and Generalizable Study Population.** The selected topic should represent the entire eligible Medicaid-enrolled population with systemwide measurement and improvement efforts to which the study indicators apply. Once the population is identified, a decision must be made whether or not to review data for the entire population or for a sample of that population. The length of a member's enrollment needs to be defined to meet the study population criteria.

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**B. Activity II: Define the Study Question(s).** Stating the question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.

**Study Population:**

Two rates are reported for the HEDIS® measure-Follow-up care for children prescribed ADHD medication ages 6-12 years (ADD).

- Rate 1: Initiation Phase: The percentage of members 6-12 years of age as of the IPSD (Index Prescription Start Date) with an ambulatory prescription dispensed for ADHD medication, which had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
- Rate 2: Continuation and Maintenance (C&M) Phase: The percentage of members 6-12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

The eligible population for Rate 1-Initiation Phase will be determined by the following:

- Product Line: Medicaid
- Ages: Six years old as of March 1 of the year prior to the measurement year to 12 years as of February 28 of the measurement year.
- Continuous enrollment: Members must be continuously enrolled in the MCO for 120 days (4 months) prior to the IPSD (Index Prescription Start Date) through 30 days (1 month) after the IPSD.
- Allowable Gap: None.
- Anchor Date: None.
- Benefits: Medical and Pharmacy.

Excluded for the Initiation Phase are members who had an acute inpatient claim/encounter with a principal diagnosis of mental health or substance abuse (per codes included with the ADD 2010 HEDIS® Measure technical specifications) during the 30-days after the IPSD. Dual eligible members are excluded. Members with special healthcare needs are included.

The eligible population for Rate 2: Continuation and Maintenance (C&M) Phase will be determined by the following:

- Product Line: Medicaid
- Ages: Six years old as of March 1 of the year prior to the measurement year to 12 years as of February 28 of the measurement year.

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**B. Activity II: Define the Study Question(s).** Stating the question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.

- Continuous enrollment: Members must be continuously enrolled in the MCO for 120 days (4 months) prior to the IPSD (Index Prescription Start Date) and 300 days (10 months) after the IPSD.
- Members who switch product lines between the Rate 1 and Rate 2 continuous enrollment periods should only be included in Rate 1.
- Allowable Gap: One 45-day gap in enrollment between 31 days and 300 days after the IPSD. To determine continuous enrollment for a Medicaid beneficiary for who enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months (60 days) is not considered continuously enrolled)
- Anchor Date: None.
- Benefits: Medical and Pharmacy.

Excluded for the Continuation and Maintenance Phase are members who had an acute inpatient claim/encounter with a principal diagnosis of mental health or substance abuse during the 300 days after the IPSD. Dual eligible members are excluded. Members with special healthcare needs are included.

Using the HEDIS® 2014 Volume 2 technical specifications for the measure Follow-Up care for children prescribed ADHD medication (ADD), the eligible population will meet the following criteria:

Medicaid members who are 6 years of age as of March 1 of the year prior to the measurement year to 12 years as of February 28 of the measurement year, AND Have a newly prescribed ADHD medication AND

- Initiation Phase: Be continuously enrolled for 120 days prior to the IPSD through 30 days after the IPSD. No allowable gap in coverage.

The following table identifies follow-up visits:

| CPT  | HCPCS  | UB Revenue  |
|--|--|---|
| 90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383, 99384, 99393, 99394, 99401-99404, 99411, 99412, 99510 | G0155, G0176, G0177, G0409-G0411, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485 | 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983 |

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**B. Activity II: Define the Study Question(s).** Stating the question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.

| CPT   |             | POS  |
|---|-------------|--|
| 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876 | <i>WITH</i> | 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72 |
| 99221-99223, 99231-99233, 99238, 99239, 99251-99255   | <i>WITH</i> | 52, 53   |

**C & M Phase:** Be continuously enrolled for 120 days prior to the IPSD and 300 days after the IPSD. Members who switch product lines between the initiation rate and the C&M rate continuous enrollment periods should only be included in Rate 1. One 45-day gap in enrollment between 31 days and 300 days after the IPSD is allowed. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months is not considered continuously enrolled).

The baseline will be the 2012 HEDIS® results [2011 measurement year (MY)] from this ADHD measure. Re-measurement will use the eligible population for subsequent measurement years, and HEDIS® technical specifications for applicable year.

For more information, please refer to [Attachment A - HEDIS 2014 Technical Specifications ADHD.](#)

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**D. Activity IV: Select the Study Indicator(s).** A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event (e.g., an older adult has not received an influenza vaccination in the last 12 months) or a status (e.g., a member's blood pressure is/is not below a specified level) that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research.

|  |   |
|--|---|
| <p><b>Study Indicator 1</b><br/>Initiation Phase</p> | <p><b>Describe the rationale for selection of the study indicator:</b><br/>The ADHD performance improvement project is mandated by the Georgia Department of Community Health (DCH). The topic ADHD is relevant as it impacts children of Amerigroup Community Care of Georgia that have been prescribed ADHD medications.</p>  |
| <p><b>Numerator: (no numeric value)</b></p>          | <p>Percentage of members 6-12 years of age as of the <b>IPSD</b> with an ambulatory prescription dispensed for ADHD medication, who had one face to face outpatient, intensive outpatient or partial hospitalization follow-up visit with a practitioner with prescribing authority, within 30 days after the IPSD. Visit on the IPSD does NOT count as the Initiation visit. HEDIS® specifications for this ADD measure and population selection for measurement year will be used. Dual eligible members are excluded. Special healthcare needs members are included.</p>   |
| <p><b>Denominator: (no numeric value)</b></p>        | <p>Eligible population for the Initiation phase are members with newly prescribed ADHD medication and are 6 years of age as of March 1 of the year prior to the measurement year to 12 years of age as of February 28 of the measurement year. Members must be continuously enrolled in the MCO for 120 days (4 months) prior to the IPSD through 30 days (1 month) after the IPSD (Per HEDIS® specifications). There is no allowable gap of enrollment, and no anchor date. Members will be excluded if had an acute inpatient claim/encounter with a principal diagnosis of mental health or substance abuse during the 30 days after the IPSD. Dual eligible members are excluded. Members with special healthcare needs are included.</p> |
| <p><b>Baseline Measurement Period</b></p>            | <p>03/01/10 -02/28/11 (HEDIS 2012)</p>  |
| <p><b>Baseline Goal</b></p>                          | <p>48.10% - 2011 DCH Target</p>   |
| <p><b>Remeasurement 1 Period</b></p>                 | <p>03/01/11 – 02/28/12 (HEDIS 2013)</p>   |
| <p><b>Remeasurement 2 Period</b></p>                 | <p><b>03/01/12 – 02/28/13 (HEDIS 2014)</b></p>  |
| <p><b>Benchmark</b></p>                              | <p><b>52.48% - Initiation</b></p>   |
| <p><b>Source of Benchmark</b></p>                    | <p><b>2013 DCH target and HEDIS Quality Compass 2012 90<sup>th</sup> percentile</b></p>   |

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**D. Activity IV: Select the Study Indicator(s).** A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event (e.g., an older adult has not received an influenza vaccination in the last 12 months) or a status (e.g., a member's blood pressure is/is not below a specified level) that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research.

|  |  |
|--|--|
| <p><b>Study Indicator 2</b><br/>Continuation and Maintenance</p> | <p><b>Describe the rationale for selection of the study indicator:</b><br/>The Attention Deficit Hyperactivity Disorder (ADHD) performance improvement project is mandated by the Georgia Department of Community Health (DCH). The topic ADHD is relevant as it impacts children of Amerigroup Community Care of Georgia that have been prescribed ADHD medications.</p>  |
| <p><b>Numerator: (no numeric value)</b></p>                      | <p>The number of eligible members who remained on the medication for at least 210 days and who had at least two follow-up visits from 31-300 days after the IPSP. One of the two visits (during days 31-300) may be a telephone visit with practitioner.</p>   |
| <p><b>Denominator: (no numeric value)</b></p>                    | <p>Eligible population for the Continuation and Maintenance phase members with newly prescribed ADHD medication and are 6 years of age as of March 1 of the year prior to the measurement year to 12 years of age as of February 28 of the measurement year. Members must be continuously enrolled in the MCO for 120 days (4 months) prior to the IPSP and 300 days (10 months) after the IPSP. Members who switch product lines between the Rate 1 and Rate 2 continuous enrollment periods should only be included in Rate 1. One 45-day gap in enrollment between 31 days and 300 days after the IPSP (Per HEDIS® specifications) is an allowable gap. Members will be excluded if had an acute inpatient claim/encounter with a principal diagnosis of mental health or substance abuse during the 300 days after the IPSP. Dual eligible members are excluded. Members with special healthcare needs are included.</p> |
| <p><b>Baseline Measurement Period</b></p>                        | <p>03/01/10-02/28/11 (HEDIS 2012)</p>  |
| <p><b>Baseline Goal</b></p>                                      | <p>57.60% - 2011 DCH Target</p>  |
| <p><b>Remeasurement 1 Period</b></p>                             | <p>03/01/11 - 02/28/12 (HEDIS 2013)</p>  |
| <p><b>Remeasurement 2 Period</b></p>                             | <p><b>03/01/12 - 02/28/13 (HEDIS 2014)</b></p>   |
| <p><b>Benchmark</b></p>  | <p><b>63.11% - Continuation</b></p>  |
| <p><b>Source of Benchmark</b></p>                                | <p><b>2013 DCH target and HEDIS Quality Compass 2012 90<sup>th</sup> percentile</b></p>  |

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**D. Activity IV: Select the Study Indicator(s).** A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event (e.g., an older adult has not received an influenza vaccination in the last 12 months) or a status (e.g., a member’s blood pressure is/is not below a specified level) that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research.

| <i>Study Indicator 3</i>               | Describe the rationale for selection of the study indicator: |
|--|--|
| <b>Numerator: (no numeric value)</b>   |  |
| <b>Denominator: (no numeric value)</b> |  |
| <b>Baseline Measurement Period</b>     |  |
| <b>Baseline Goal</b>                   |  |
| <b>Remeasurement 1 Period</b>          |  |
| <b>Remeasurement 2 Period</b>          |  |
| <b>Benchmark</b>                       |  |
| <b>Source of Benchmark</b>             |  |

**Use this area to provide additional information. Discuss the guidelines and basis for each study indicator.**

The study indicators were not internally developed, they are mandated by DCH. The indicators are audited NCQA HEDIS measures that should improve if the interventions prove to be successful. As HEDIS measures, the indicators can be compared over time internally and externally. This study uses the appropriate year’s HEDIS Technical specifications. For more information, please refer to [Attachment A - HEDIS 2014 Technical Specifications ADHD.](#)

The data sources for these measures are claim/administrative data. The data is reviewed and audited by a NCQA certified auditor. These indicators monitor an important aspect of services that have the potential to improve member outcomes.

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**E. Activity V: Use Sound Sampling Techniques.** If sampling is used to select members of the study, proper sampling techniques are necessary to provide valid and reliable information on the quality of care provided. The true prevalence or incidence rate for the event in the population may not be known the first time a topic is studied.

| Measure   | Sample Error and Confidence Level | Sample Size | Population | Method for Determining Size ( <i>Describe</i> ) | Sampling Method ( <i>Describe</i> ) |
|---|-----------------------------------|-------------|------------|---|-------------------------------------|
| Study results are dependent upon Amerigroup claims/encounter files, no sample was used. | N/A                               | N/A         | N/A        | N/A   | N/A                                 |
|   |                                   |             |            |   |                                     |
|   |                                   |             |            |   |                                     |

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**F. Activity Via: Reliably Collect Data.** Data collection must ensure that data collected on study indicators are valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement.

|   |   |
|---|---|
| <p><b>Data Sources</b></p> <p><input type="checkbox"/> Hybrid (medical/treatment records and administrative)</p> <p><input type="checkbox"/> Medical/Treatment Record Abstraction</p> <p>Record Type</p> <p><input type="checkbox"/> Outpatient</p> <p><input type="checkbox"/> Inpatient</p> <p><input type="checkbox"/> Other _____</p> <p>Other Requirements</p> <p><input type="checkbox"/> Data collection tool attached</p> <p><input type="checkbox"/> Data collection instructions attached</p> <p><input type="checkbox"/> Summary of data collection training attached</p> <p><input type="checkbox"/> IRR process and results attached</p> <p><input type="checkbox"/> Electronic medical records</p> <p><input type="checkbox"/> Other Data _____</p> <p>_____</p> <p>_____</p> | <p><input checked="" type="checkbox"/> Administrative Data</p> <p>Data Source</p> <p><input checked="" type="checkbox"/> Programmed pull from claims/encounters</p> <p><input type="checkbox"/> Complaint/appeal</p> <p><input checked="" type="checkbox"/> Pharmacy data</p> <p><input type="checkbox"/> Telephone service data/call center data</p> <p><input type="checkbox"/> Appointment/access data</p> <p><input checked="" type="checkbox"/> Delegated entity/vendor data <u>Pharmacy Vendor CareMark</u></p> <p><input type="checkbox"/> Other _____</p> <p>Other Requirements</p> <p><input checked="" type="checkbox"/> Data completeness assessment attached</p> <p><input checked="" type="checkbox"/> Coding verification process attached</p> <p><input type="checkbox"/> Survey Data</p> <p>Fielding Method</p> |
|---|---|

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**F. Activity Via: Reliably Collect Data.** Data collection must ensure that data collected on study indicators are valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement.

\_\_\_\_\_

Description of data collection staff (include training, experience, and qualifications):

Attachment E - Data Accuracy Completeness Process and Report

Attachment F- HEDIS Roadmap Section 1 Medical Services AGP Coding Verification Tables Updated

\_\_\_\_\_

- Personal interview
- Mail
- Phone with CATI script
- Phone with IVR
- Internet
- Other \_\_\_\_\_

Other Requirements

- Number of waves \_\_\_\_\_
- Response rate \_\_\_\_\_
- Incentives used \_\_\_\_\_

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| F. Activity VIb: Determine the Data Collection Cycle.   | Determine the Data Analysis Cycle.   |
|---|--|
| <input checked="" type="checkbox"/> Once a year<br><input type="checkbox"/> Twice a year<br><input type="checkbox"/> Once a season<br><input type="checkbox"/> Once a quarter<br><input type="checkbox"/> Once a month<br><input type="checkbox"/> Once a week<br><input type="checkbox"/> Once a day<br><input type="checkbox"/> Continuous<br><input type="checkbox"/> Other (list and describe): | <input checked="" type="checkbox"/> Once a year<br><input type="checkbox"/> Once a season<br><input type="checkbox"/> Once a quarter<br><input type="checkbox"/> Once a month<br><input type="checkbox"/> Continuous<br><input type="checkbox"/> Other (list and describe):<br><hr/> <hr/> <hr/> <hr/> |
| <b>Baseline: 03/01/10-02/28/11 (HEDIS 2012)</b>   |  |
| <b>Remeasurement 1 (RM 1): 03/01/11-02/28/12 (HEDIS 2013)</b>   |  |
| <b>Remeasurement 2 (RM 2): 03/01/12-02/28/13 (HEDIS 2014)</b>   |  |
| <hr/>   |  |
| <hr/>   |  |
| <hr/>   |  |

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**F. Activity VIc: Data Analysis Plan, Timeline, and Other Pertinent Methodological Features.** Complete only if needed.

**Estimated degree of administrative data completeness: 99 percent.**

**2013 (HEDIS 2014)**

**The 99% percent above is the percent of encounters submitted based on claims available. The percent of encounter accepted based on encounters submitted is 99.51%.**

**2012 (HEDIS 2013)**

The 99.61% percent above is the percent of encounters submitted based on claims available. The percent of encounter accepted based on encounters submitted is 98.85%.

**Describe the process used to determine data completeness and accuracy:**

All claim and encounter data available at end of calendar year and again at end of first quarter. This allows for capture of end of calendar year claims/encounters that may be filed within 90 days of date of service (i.e. claims lag).

Data sources used for this measure was AMERIGROUP's Facets claim system and data downloaded into AMERIGROUP's data warehouses. Encounter Data was extracted from the Facets/internal data warehouses along with member enrollment files and provider files. These files were sent to Catalyst, our HEDIS certified software vendor. Catalyst loaded the files, following AMERIGROUP instruction of reporting population definition to create warehouses to produce the HEDIS measures. Denominator/ numerators were created following Attachment A - HEDIS 2013 Technical Specifications ADHD.

HEDIS® administrative rates are obtained using claims data and preliminary HEDIS® data is run at least quarterly to assess performance. These HEDIS® measures will be assessed quarterly using preliminary administrative rates and assessed annually. The comparisons of year over year rates use the appropriate statistical tests that determine statistical significance, Chi-square and P-values.

Data Analysis Plan:

1. Initial plan baseline performance on the study topic in relation to DCH targets is established.
2. A plan for repeat measurements of the study indicators is developed. For example, quantitative data are reviewed at least quarterly (Data that meets HEDIS methodology specification).
3. Factors that influence the comparability of initial and repeat measurements are identified. For example, reviewing quarterly data and seasonal trends.
4. As needed, comparing subgroups is completed to determine if tailoring of interventions is needed.
5. Identify factors that threaten the internal or external validity of the findings are identified. Ensuring that all data is not impacted by dramatic

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change in the population and the data reported meets the details Attachment A - HEDIS 2014 Technical Specifications, Volume 2

6. The data are analyzed based on accepted statistical processes/protocols (Chi-square test) to determine if the PIP was successful and what follow-up activities are planned as a result.
7. **The data is also evaluated compared to baseline, subsequent measurement periods and to the goal and / or benchmark.**
8. Evaluating all PIP's performance to prioritize the measures that need additional resources.

**Supporting documentation:**

For more information please refer to:

Attachment A - HEDIS 2014 Technical Specifications ADHD

Attachment B - HEDIS 2014 IDSS Report

Attachment C - Inovalon NCQA certification Verification

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**G. Activity VIIa: Analyze and Interpret Results.** Describe the data analysis process done in accordance with the data analysis plan and any ad hoc analyses (e.g., data mining) done on the selected clinical or nonclinical study indicators. Include the statistical analysis techniques used and *p* values.

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**G. Activity VIIa: Analyze and Interpret Results.** Describe the data analysis process done in accordance with the data analysis plan and any ad hoc analyses (e.g., data mining) done on the selected clinical or nonclinical study indicators. Include the statistical analysis techniques used and *p* values.

**Data analysis process (include the data analysis plan):**

Data Analysis Plan Applicability:

1. Initial plan baseline performance on the study topics in relation to new DCH targets has been completed and we were 8.21 percentage points away for Initiation and 1.93 percentage points above for continuation.
2. **The data is also evaluated compared to baseline, subsequent measurement periods and to the goal and / or benchmark. For RM1 to RM 2 comparison, the initial measure improved by 0.80 percentage points the continuation measure improved by 1.07 percentage points from state target. Please see tables below for more information.**
3. A quantitative data review is completed during at the Clinical Performance Workgroup as needed.
4. No factors influenced the comparability of initial and repeat measurements, we were able to trend the administrative data.
5. Since the population is young, that subgroup is analyzed when targeted providers who service our adult population (i.e., pediatricians).
6. No factors were identified that could influence the measurement or validity of the findings.
7. The data was analyzed based on accepted statistical processes to determine that the PIP was not successful in significantly improving both HEDIS measures and that additional follow-up activities are planned as a result.
8. Evaluated the **12** HEDIS measures, from **MY 2012**, that are within the **seven** PIP submissions, on a scale of 1-12 with one being the **highest priority** and 12 being the **lowest priority**, the initiation **measure** was rated **nine** and continuation measure was rated **eleven**. This is taken into consideration when **determining resources** linked **these** priorities **for all** these measures.

**Baseline Measurement:**

Below are the baseline rates for this PIP.

| Measure      | MY 11  | DCH Target | Change from Target |
|--------------|--------|------------|--------------------|
| Initiation   | 44.27% | 48.10%     | -3.83%             |
| Continuation | 61.18% | 57.60%     | 3.58%              |

**Baseline to Remeasurement 1:**

| Measure      | MY 11  | MY 12  | DCH Target | Change | Change from Target | Significance | Chi-Square | P-Value |
|--------------|--------|--------|------------|--------|--------------------|--------------|------------|---------|
| Initiation   | 44.27% | 42.32% | 48.10%     | -1.95% | -5.78%             | No           | 0.31       | 0.58    |
| Continuation | 61.18% | 58.15% | 57.60%     | -3.03% | 0.55%              | No           | 1.33       | 0.25    |

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**G. Activity VIIa: Analyze and Interpret Results.** Describe the data analysis process done in accordance with the data analysis plan and any ad hoc analyses (e.g., data mining) done on the selected clinical or nonclinical study indicators. Include the statistical analysis techniques used and *p* values.

The initiation rate decreased by 1.95 percentage points and is 5.78 percentage points below target while at the same time it did not move significantly. The continuation rate decreased by 3.03 percentage points and exceeded state target by 0.55 percentage points, but it did not move significantly.

Attachment D: Calculation of the p-values for this study

**Remeasurement 1 to Remeasurement 2:**

**Baseline Measurement Compared to New State Targets**

**Initial**

| Baseline (HEDIS 2012) | 2013 DCH Target | Variance from Target |
|-----------------------|-----------------|----------------------|
| 44.27%                | 52.48%          | -8.21%               |

**Continuation**

| Baseline (HEDIS 2012) | 2013 DCH Target | Variance from Target |
|-----------------------|-----------------|----------------------|
| 61.18%                | 63.11%          | -1.93%               |

Variance between baseline rates and new state targets ranged from 1.93 to 8.21 percentage points.

**Baseline to RM 2**

**Initial**

| Baseline (HEDIS 2012) | RM 2 (HEDIS 2014) | 2013 DCH Target | Variance BL to RM 2 | Variance from Target | Significance | P-Value |
|-----------------------|-------------------|-----------------|---------------------|----------------------|--------------|---------|
| 44.27%                | 43.12%            | 52.48%          | -1.15%              | -9.36%               | No           | 0.4360  |

**Continuation**

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**G. Activity VIIa: Analyze and Interpret Results.** Describe the data analysis process done in accordance with the data analysis plan and any ad hoc analyses (e.g., data mining) done on the selected clinical or nonclinical study indicators. Include the statistical analysis techniques used and *p* values.

| Baseline (HEDIS 2012) | RM 2 (HEDIS 2014) | 2013 DCH Target | Variance BL to RM 2 | Variance from Target | Significance | P-Value |
|-----------------------|-------------------|-----------------|---------------------|----------------------|--------------|---------|
| 61.18%                | 59.22%            | 63.11%          | -1.96%              | -3.89%               | No           | 0.5693  |

Both measures did not improve from baseline and did not meet state target. The speaks to the long term plan not being effective and new interventions can be seen in section Activity VIIIa as a result of changing direction.

RM 1 to RM 2

**Initial**

| RM 1 (HEDIS 2013) | RM 2 (HEDIS 2014) | 2013 DCH Target | Variance RM 1 to RM 2 | Variance from Target | Significance | P-Value |
|-------------------|-------------------|-----------------|-----------------------|----------------------|--------------|---------|
| 42.32%            | 43.12%            | 52.48%          | 0.80%                 | -9.36%               | No           | 0.5684  |

**Continuation**

| RM 1 (HEDIS 2013) | RM 2 (HEDIS 2014) | 2013 DCH Target | Variance RM 1 to RM 2 | Variance from Target | Significance | P-Value |
|-------------------|-------------------|-----------------|-----------------------|----------------------|--------------|---------|
| 58.15%            | 59.22%            | 63.11%          | 1.07%                 | -3.89%               | No           | 0.7800  |

The initiation rate increased by 0.80 percentage points and is 9.36 percentage points below target while at the same time it did not move significantly. The continuation rate increased 1.07% percentage points and did not meet the state target by a smaller gap of 3.89 percentage points, but it did not move significantly. This incremental improvement is moving in the right direction, but it is not large enough to reach state target or show significant improvement.

**Attachment H - Information on P Values**

**Remeasurement 2 to Remeasurement 3:**

N/A

**Baseline to Final Remeasurement:**

N/A

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**G. Activity VIIb: Interpret Study Results.** Describe the results of the statistical analysis, interpret the findings, compare and discuss results/changes from measurement period to measurement period, discuss the successfulness of the study, and indicate follow-up activities. Also, identify any factors that could influence the measurement or validity of the findings.

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**G. Activity VIIb: Interpret Study Results.** Describe the results of the statistical analysis, interpret the findings, compare and discuss results/changes from measurement period to measurement period, discuss the successfulness of the study, and indicate follow-up activities. Also, identify any factors that could influence the measurement or validity of the findings.

**Interpretation of Study Results (address factors that threaten the internal or external validity of the findings for each measurement period):**

**Baseline Measurement:**

| Measure      | MY 11  |
|--------------|--------|
| Initiation   | 44.27% |
| Continuation | 61.18% |

**Baseline to Remeasurement 1:**

No factors influenced the comparability of initial and repeat measurements, we were able to trend the administrative data. No factors were identified that could influence the measurement or validity of the findings.

| Measure      | MY 11  | MY 12  | DCH Target | Change | Change from Target | Significance | Chi-Square | P-Value |
|--------------|--------|--------|------------|--------|--------------------|--------------|------------|---------|
| Initiation   | 44.27% | 42.32% | 48.10%     | -1.95% | -5.78%             | No           | 0.31       | 0.58    |
| Continuation | 61.18% | 58.15% | 57.60%     | -3.03% | 0.55%              | No           | 1.33       | 0.25    |

The initiation rate decreased by 1.95 percentage points and is 5.78 percentage points below target while at the same time it did not move significantly. The continuation rate decreased by 3.03 percentage points and exceeded state target by 0.55 percentage points, but it did not move significantly. The above analysis justifies the need for submission of this PIP and additional resources to statistically significantly increase these rates. The major barrier we found was that providers do not know the HEDIS requirements and therefore do not have a set process in place to create a protocol. In expanding the efforts of the rapid cycle improvement project, this barrier has been addressed directly with the hiring of a clinical coordinator that is educating 14 low performing providers on the HEDIS requirements.

**Remeasurement 1 to Remeasurement 2:**

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**G. Activity VIIb: Interpret Study Results.** Describe the results of the statistical analysis, interpret the findings, compare and discuss results/changes from measurement period to measurement period, discuss the successfulness of the study, and indicate follow-up activities. Also, identify any factors that could influence the measurement or validity of the findings.

**RM 1 to RM 2**

**Initial**

| RM 1 (HEDIS 2013) | RM 2 (HEDIS 2014) | 2013 DCH Target | Variance RM 1 to RM 2 | Variance from Target | Significance | P-Value |
|-------------------|-------------------|-----------------|-----------------------|----------------------|--------------|---------|
| 42.32%            | 43.12%            | 52.48%          | 0.80%                 | -9.36%               | No           | 0.5684  |

**Continuation**

| RM 1 (HEDIS 2013) | RM 2 (HEDIS 2014) | 2013 DCH Target | Variance RM 1 to RM 2 | Variance from Target | Significance | P-Value |
|-------------------|-------------------|-----------------|-----------------------|----------------------|--------------|---------|
| 58.15%            | 59.22%            | 63.11%          | 1.07%                 | -3.89%               | No           | 0.7800  |

The initiation rate increased by 0.80 percentage points and is 9.36 percentage points below target while at the same time it did not move significantly. The continuation rate increased 1.07% percentage points and did not meet the state target by a smaller gap of 3.89 percentage points, but it did not move significantly. This incremental improvement is moving in the right direction, but it is not large enough to reach state target or show significant improvement.

No factors influenced the comparability of initial and repeat measurements, we were able to trend the administrative data. No factors were identified that could influence the measurement or validity of the findings.

**Remeasurement 2 to Remeasurement 3:**

N/A

**Baseline to Final Remeasurement:**

N/A

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**H. Activity VIIIa: Implement Intervention and Improvement Strategies** (interventions for improvement as a result of analysis). List chronologically the interventions that have had the most significant impact on improving the measure. Describe only the interventions and provide quantitative details whenever possible (e.g., “Hired four customer service representatives” as opposed to “Hired customer service representatives”). Do not include intervention planning activities.

| Date Implemented (MM/YY) | Check if Ongoing | Interventions   | Barriers That Interventions Address   |
|--------------------------|------------------|---|---|
| 01/12 to 12/12           | X                | <p>Amerigroup continues the following interventions to maintain performance with evaluations of effectiveness yet to be completed.</p> <ul style="list-style-type: none"> <li>• Emailed HEDIS report cards to high volume provider to show their performance on ADHD follow-up. These report cards were also hand delivered by Provider Relations (PR) representatives, Health Promotion (HP) coordinators on an as needed basis.</li> <li>• Educated providers during orientation and / or face to face visits on how to retrieve missed opportunity reports via their provider portal so they can see a detailed list of their members needing follow-up and schedule appointments to ensure compliance. In addition, Amerigroup distributed these missed opportunity reports on the 20<sup>th</sup> of every month.</li> <li>• Hosting Health Education Advisory Committees (HEAC) and member focus</li> </ul> | <p>Lack of provider education and guidance on HEDIS requirements and timing.</p> <p>Lack of provider knowledge on which members are due for services.</p> <p>Lack of Health Plan’s understating of member’s perspective and barriers.</p> |

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| Date Implemented (MM/YY) | Check if Ongoing | Interventions   | Barriers That Interventions Address   |
|--------------------------|------------------|---|---|
|                          |                  | <p align="center"><b>groups to gather feedback on the best methods of communication to get members into see their providers so that we consider the member’s perception when creating effective interventions.</b></p>  |   |
| 03/10                    | X                | <p><b>Continuing</b> automated outbound reminder calls to members who missed appointments by enlisting vendor “Eliza” to conduct these robotic outreach calls to members needing ADHD follow-up.</p> <p><b>The previous 2012 evaluation of effectiveness showed success with this intervention so that is why we decided to continue it in 2013. Analyzed the 6,190 members who received these robotic calls, Amerigroup received ADHD claims follow-up from 98% of those members, which is a 4 percentage point increase from the 94% reported in the previous year. Thus, showing this intervention to again be effective and Amerigroup will continue this intervention.</b></p> | Member knowledge deficit regarding needed services and when services are due. |
| 07/12                    | X                | <p><b>Actively engaged nine high volume providers to support or receive their NCQA recognized Patient Center Medical Home (PCMH) certification and to</b></p>   | Lack of provider incentive program.   |

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**H. Activity VIIIa: Implement Intervention and Improvement Strategies** (interventions for improvement as a result of analysis). List chronologically the interventions that have had the most significant impact on improving the measure. Describe only the interventions and provide quantitative details whenever possible (e.g., “Hired four customer service representatives” as opposed to “Hired customer service representatives”). Do not include intervention planning activities.

| Date Implemented (MM/YY) | Check if Ongoing | Interventions  | Barriers That Interventions Address   |
|--------------------------|------------------|--|---|
|                          |                  | <p>monitor their involvement in the provider incentive program (aka: PQIP). Evaluation of effectiveness was completed and six of the nine providers either maintained or improved their quality scores, which includes ADHD, from 2011 to 2012; a comparison of 2012 to 2013 is underway.</p>  |   |
| 08/12                    | X                | <p>Reviewed quarterly reports and saw claims data was trending down for the initial measure so as a result of this analysis, started internal budget discussion to hire Nurse Practice Consultant to complete clinical face to face visits with low performers to improve performance.</p>   | <p>Lack of Health Plan’s change in direction as a result of ongoing monitoring of quarterly claims data.</p> <p>Lack of provider education and guidance on HEDIS requirements and timing.</p>   |
| 01/13                    | X                | <p>This Nurse Practice Consultant completed two face-to-face visits with the lowest performing providers from January to March 2013 that resulted in a 17.5 percentage point improvement from 20% to 37.5% compliance. Hence this success prompted us to expand the program and expand the number of low performers needing visits to a total of 10 low performing providers and the Nurse Practice Consultant completed 14 face-to-face visits from April 2013 to December 2013, to</p> | <p>Lack of provider education and guidance on HEDIS requirements and timing.</p> <p>Lack of coordination of care between PCPs and Specialists to ensure ADHD visits are completed.</p> <p>Lack of member incentives to follow-up.</p> |

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**H. Activity VIIIa: Implement Intervention and Improvement Strategies** (interventions for improvement as a result of analysis). List chronologically the interventions that have had the most significant impact on improving the measure. Describe only the interventions and provide quantitative details whenever possible (e.g., “Hired four customer service representatives” as opposed to “Hired customer service representatives”). Do not include intervention planning activities.

| Date Implemented (MM/YY) | Check if Ongoing | Interventions   | Barriers That Interventions Address  |
|--------------------------|------------------|---|--|
|                          |                  | <p>those 10 low performers, those efforts resulted in a 4.7 aggregate percentage point increase for the group of 10 low performers.</p> <p>During these visits the Consultant is hand delivering their report cards to show individual provider performance. The Consultant also shares best practices and advised to only prescribe a limited amount of medication (i.e. 21 days for the 30 day follow-up visit) so that the members have incentive to completing their initial and continuation follow-up visits on time. Also, hand delivering or follow up on the faxing of first fill letters to these low performers to remind them to complete initial follow-up with their patients listed on their tailored letter.</p> <p>In addition, the consultant also distributed the ADHD CPG and ADHD Member Ameritip which references the need for follow-up within 30 days of starting an ADHD medication.</p> |  |
| 03/14                    |                  | While the following intervention did not impact the RM rate, a change in direction was required in  | Lack of office work flow between Prescriber and Scheduler to ensure follow up within 30 day of |

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**H. Activity VIIIa: Implement Intervention and Improvement Strategies** (interventions for improvement as a result of analysis). List chronologically the interventions that have had the most significant impact on improving the measure. Describe only the interventions and provide quantitative details whenever possible (e.g., “Hired four customer service representatives” as opposed to “Hired customer service representatives”). Do not include intervention planning activities.

| Date Implemented (MM/YY) | Check if Ongoing | Interventions   | Barriers That Interventions Address   |
|--------------------------|------------------|---|---|
|                          |                  | <p>order to improve the rates. Thus, Amerigroup piloted a new scheduler incentive program for providers to ensure all follow-up appointments are scheduled in a timely manner. Two pilot sites participated and in an evaluation of effectiveness, one pilot site improved while the other pilot site decreased their performance. Our nurse practice consultant is now completing root-cause analysis to determine why and one area that is coming up is the amount of no-shows from members. Thus, Amerigroup is gathering data to determine if this pilot will be formulized or if we need to change directions and create a member incentive.</p> | <p>medication fill.</p> <p>Provider scheduling follow up based on business days vs. calendar days.</p> <p>Lack of provider incentive program.</p> |

**Describe the process used for the causal/barrier analyses that led to the development of the interventions:**

A multidisciplinary team of participants from the health plan’s Provider Relations, Quality Management, Medical Management Departments and the Medical Director reviewed the results to determine barriers and opportunities. **Through this discussion we reviewed all potential barriers that would affect the measure and then focused on the barriers that we could control. From there we prioritized those barriers and they are listed above in the “barriers That Interventions Address”.** Thus, being able to address each priority barrier with an intervention. Interventions were developed to address member, provider, and resource barriers. In addition a data analysis and processes review as done by these team as well as our Medical Advisory and Quality Management Committees. Additionally, reports are generated at least quarterly to obtain non-compliance rates. The report allows the teams to assess current rates and to target interventions to non-compliant members.

Please refer to this cause and effect diagram (fishbone) for a visual of how we brainstormed around barriers influencing these rates.

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**H. Activity VIIIa: Implement Intervention and Improvement Strategies** (interventions for improvement as a result of analysis). List chronologically the interventions that have had the most significant impact on improving the measure. Describe only the interventions and provide quantitative details whenever possible (e.g., “Hired four customer service representatives” as opposed to “Hired customer service representatives”). Do not include intervention planning activities.

| Date Implemented (MM/YY) | Check if Ongoing | Interventions | Barriers That Interventions Address |
|--------------------------|------------------|---------------|-------------------------------------|
|--------------------------|------------------|---------------|-------------------------------------|

See Attachment D –ADHD Cause and Effect Diagram Barriers Analysis Updated

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**H. Activity VIIIb: Implement Intervention and Improvement Strategies.** Real, sustained improvements in care result from a continuous cycle of measuring and analyzing performance, as well as developing and implementing systemwide improvements in care. Describe the interventions listed in the barrier/intervention table and how they are designed to change behavior at an institutional, practitioner, and member level.

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**H. Activity VIIIa: Implement Intervention and Improvement Strategies** (interventions for improvement as a result of analysis). List chronologically the interventions that have had the most significant impact on improving the measure. Describe only the interventions and provide quantitative details whenever possible (e.g., “Hired four customer service representatives” as opposed to “Hired customer service representatives”). Do not include intervention planning activities.

| Date Implemented (MM/YY) | Check if Ongoing | Interventions | Barriers That Interventions Address |
|--------------------------|------------------|---------------|-------------------------------------|
|--------------------------|------------------|---------------|-------------------------------------|

**Describe Interventions:**

AMERIGROUP uses a two pronged approach to interventions related to preventive health topics. In order to effect positive change, interventions must be implemented that target both providers and members. Additionally, any organizational barriers to improvement are addressed. Amerigroup will focus on interventions that will result in improvement in care and monitor outcomes to ensure effectiveness of those interventions. Below are examples of major interventions that are more effective in our attempts to improve the rates.

**Baseline to Remeasurement 1:**

Member Interventions:

- Implemented automated outbound reminder calls to members who missed appointments.
- Supported three Patient Center Medical Home provider sites that can connect to psychiatrists from their offices via new telehealth program so that members receive an appointment quickly and do not have to travel far away.

Provider Interventions:

- Initiated provider outreach to low performing providers with discussions on tailored HEDIS scorecards via the clinical coordinator
- Expanded Provider Quality Incentive Program (PQIP) to incorporate this ADHD measure.

**Remeasurement 1 to Remeasurement 2:**

Member Interventions:

- **Continued** automated outbound reminder calls to members who missed appointments **due to proof of effectiveness.**

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**H. Activity VIIIa: Implement Intervention and Improvement Strategies** (interventions for improvement as a result of analysis). List chronologically the interventions that have had the most significant impact on improving the measure. Describe only the interventions and provide quantitative details whenever possible (e.g., “Hired four customer service representatives” as opposed to “Hired customer service representatives”). Do not include intervention planning activities.

| Date Implemented (MM/YY) | Check if Ongoing | Interventions | Barriers That Interventions Address |
|--------------------------|------------------|---------------|-------------------------------------|
|--------------------------|------------------|---------------|-------------------------------------|

Provider Intervention:

- **Expanded** provider outreach to **10** low performing providers with discussions on tailored HEDIS scorecards **performance, best practices and first fill faxes.**

System Intervention:

- **Evaluate and, if needed, change direction of interventions as a result of ongoing monitoring of quarterly claims data.**

**Remeasurement 2 to Remeasurement 3:**

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**I. Activity IX: Assess for Real Improvement.** Enter results for each study indicator, including benchmarks and statistical testing with complete *p* values, and statistical significance.

**Quantifiable Measure 1: Initiation**

| Time Period Measurement Covers            | Indicator Measurement | Numerator   | Denominator | Rate or Results | Goal   | Statistical Test, Statistical Significance, and <i>p</i> value  |
|---|-----------------------|-------------|-------------|-----------------|--------|---|
| 03/01/10-02/28/11<br>(HEDIS 2012)         | <i>Baseline:</i>      | 1031        | 2329        | 44.27%          | 48.10% | Baseline  |
| 03/01/11-02/28/12<br>(HEDIS 2013)         | Remeasurement 1       | 1039        | 2455        | <b>42.32%</b>   | 48.10% | No statistically significant change from Baseline to Remeasurement 1.<br><br>The Chi-square test was used for statistical testing.<br><br><b>p value = 0.1794</b><br><br><b><u>Attachment G - Corrected Contingency Tables and P Values</u></b> |
| <b>03/01/12-02/28/13<br/>(HEDIS 2014)</b> | Remeasurement 2       | <b>1107</b> | <b>2567</b> | <b>43.12%</b>   | 52.48% | <b>The Chi-square test was used for statistical testing.</b><br><br><b>No statistically significant change from Baseline to RM 2.</b><br><br><b>P Value = 0.4360</b>  |

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**I. Activity IX: Assess for Real Improvement.** Enter results for each study indicator, including benchmarks and statistical testing with complete *p* values, and statistical significance.

|  |                 |  |  |  |  |   |
|--|-----------------|--|--|--|--|---|
|  |                 |  |  |  |  | <p><b>No statistically significant change from RM 1 to RM 2.</b></p> <p><b>P Value = 0.5684</b></p> <p><b><u>Attachment H – Information on P Values</u></b></p> |
|  | Remeasurement 3 |  |  |  |  |   |
|  | Remeasurement 4 |  |  |  |  |   |
|  | Remeasurement 5 |  |  |  |  |   |

**Georgia State Fiscal Year (SFY) 2014 PIP Summary Form:**  
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**I. Activity IX: Assess for Real Improvement.** Enter results for each study indicator, including benchmarks and statistical testing with complete *p* values, and statistical significance.

Describe any demonstration of meaningful change in performance observed from baseline to the most recent measurement period and between each measurement period:

**Baseline to RM 2**

| Baseline (HEDIS 2012) | RM 2 (HEDIS 2014) | 2013 DCH Target | Variance BL to RM 2 | Variance from Target | Significance | P-Value |
|-----------------------|-------------------|-----------------|---------------------|----------------------|--------------|---------|
| 44.27%                | 43.12%            | 52.48%          | -1.15%              | -9.36%               | No           | 0.4360  |

Rate decreased by 1.15 percentage points from baseline to RM 2.

**RM1 to RM2**

| RM 1 (HEDIS 2013) | RM 2 (HEDIS 2014) | 2013 DCH Target | Variance RM 1 to RM 2 | Variance from Target | Significance | P-Value |
|-------------------|-------------------|-----------------|-----------------------|----------------------|--------------|---------|
| 42.32%            | 43.12%            | 52.48%          | 0.80%                 | -9.36%               | No           | 0.5684  |

This initiation rate increased by 0.80 percentage points and is 9.36 percentage points away from target. No significant change was made; therefore no meaningful change occurred.

**Quantifiable Measure 2: Continuation**

| Time Period Measurement Covers | Indicator Measurement | Numerator | Denominator | Rate or Results | Goal | Statistical Test, Statistical Significance, and <i>p</i> value |
|--------------------------------|-----------------------|-----------|-------------|-----------------|------|--|
|--------------------------------|-----------------------|-----------|-------------|-----------------|------|--|

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**I. Activity IX: Assess for Real Improvement.** Enter results for each study indicator, including benchmarks and statistical testing with complete *p* values, and statistical significance.

|                            |                  |     |     |               |        |  |
|----------------------------|------------------|-----|-----|---------------|--------|--|
| 03/01/10-02/28/11          | <i>Baseline:</i> | 238 | 389 | 61.18%        | 57.60% | Baseline   |
| <b>03/01/11 - 02/28/12</b> | Remeasurement 1  | 239 | 411 | <b>58.15%</b> | 57.60% | No statistically significant change from Baseline to Remeasurement 1.<br><br>The Chi-square test was used for statistical testing.<br><br>p value = 0.3880<br><br><u><b>Attachment G - Corrected Contingency Tables and P Values</b></u>                                 |
| <b>03/01/12 - 02/28/13</b> | Remeasurement 2  | 257 | 434 | <b>59.22%</b> | 63.11% | <b>The Chi-square test was used for statistical testing.</b><br><br><b>No statistically significant change from Baseline to RM 2.</b><br><br><b>P Value = 0.5693</b><br><br><b>No statistically significant change from RM 1 to RM 2.</b><br><br><b>P Value = 0.7800</b> |

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**I. Activity IX: Assess for Real Improvement.** Enter results for each study indicator, including benchmarks and statistical testing with complete *p* values, and statistical significance.

|  |                 |  |  |  |  |   |
|--|-----------------|--|--|--|--|---|
|  |                 |  |  |  |  | <u>Attachment H – Information on P Values</u> |
|  | Remeasurement 3 |  |  |  |  |   |
|  | Remeasurement 4 |  |  |  |  |   |
|  | Remeasurement 5 |  |  |  |  |   |

Describe any demonstration of meaningful change in performance observed from baseline to the most recent measurement period and between each measurement period:

**Baseline to RM 2**

| Baseline (HEDIS 2012) | RM 2 (HEDIS 2014) | 2013 DCH Target | Variance BL to RM 2 | Variance from Target | Significance | P-Value |
|-----------------------|-------------------|-----------------|---------------------|----------------------|--------------|---------|
| 61.18%                | 59.22%            | 63.11%          | -1.96%              | -3.89%               | No           | 0.5693  |

The continuation rate did not improve or reach state target and is an area for opportunity.

**RM1 to RM 2**

| RM 1 (HEDIS 2013) | RM 2 (HEDIS 2014) | 2013 DCH Target | Variance RM 1 to RM 2 | Variance from Target | Significance | P-Value |
|-------------------|-------------------|-----------------|-----------------------|----------------------|--------------|---------|
| 58.15%            | 59.22%            | 63.11%          | 1.07%                 | -3.89%               | No           | 0.7800  |

Unlike the previous PIP submission, this continuation rate increased by 1.07 percentage points and is 3.89 percentage points from the DCH target. No significant change was made; therefore no meaningful change occurred.

**Quantifiable Measure 3: Enter title of study indicator**

| Time Period Measurement Covers | Indicator Measurement | Numerator | Denominator | Rate or Results | Goal | Statistical Test, Statistical Significance, and <i>p</i> value |
|--------------------------------|-----------------------|-----------|-------------|-----------------|------|--|
|--------------------------------|-----------------------|-----------|-------------|-----------------|------|--|

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**I. Activity IX: Assess for Real Improvement.** Enter results for each study indicator, including benchmarks and statistical testing with complete *p* values, and statistical significance.

|  |                         |  |  |  |  |  |
|--|-------------------------|--|--|--|--|--|
|  | <b><i>Baseline:</i></b> |  |  |  |  |  |
|  | <b>Remeasurement 1</b>  |  |  |  |  |  |
|  | <b>Remeasurement 2</b>  |  |  |  |  |  |
|  | <b>Remeasurement 3</b>  |  |  |  |  |  |
|  | <b>Remeasurement 4</b>  |  |  |  |  |  |
|  | <b>Remeasurement 5</b>  |  |  |  |  |  |

**Describe any demonstration of meaningful change in performance observed from baseline to the most recent measurement period and between each measurement period:**

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**J. Activity X: Assess for Sustained Improvement.** Describe any demonstrated improvement through repeated measurements over comparable time periods. Discuss any random, year-to-year variations, population changes, sampling errors, or statistically significant declines that may have occurred during the remeasurement process.

**Sustained Improvement:**

Amerigroup did not achieve sustained improvement over three comparable measurement years. With the increase in membership, Amerigroup has not been able to improve the volume of members that receive ADHD follow-up. Amerigroup is not pleased with the long term results of this project and considers both measures as areas of opportunity.

The short term year over year results for shows incremental improvement, but still signals the need to implement more effective interventions to not only gain improvement, but achieve significant improvement in the short-term. Amerigroup will work to gain statistical improvement in all three measures for next year's year over year analysis.

In review of the data the volume of members in the initial measure's denominator increased year over year by 112 members and the continuation measure's denominator increase by 23 members. These changes in population signal that more children are being prescribed ADHD medications.

Efforts to improve the measure are seen with the effort of the nurse practice consultant and launch of the new scheduler incentive program.

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