



Georgia Department of Community Health

Validation of Performance Measures

for
Peach State Health Plan

September 2010



3133 East Camelback Road, Suite 300 • Phoenix, AZ 85016

Phone 602.264.6382 • Fax 602.241.0757

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Validation of Performance Measures

for Peach State Health Plan

Validation Overview

Validation of performance measures is one of three mandatory external quality review (EQR) activities that the Balanced Budget Act of 1997 (BBA) requires state Medicaid agencies to perform. Health Services Advisory Group, Inc. (HSAG), the external quality review organization (EQRO) for the Department of Community Health (DCH), conducted the validation activities. DCH contracts with three care management organizations (CMOs) to provide services to Medicaid and PeachCare for Kids enrollees. DCH identified a set of performance measures that were calculated and reported by the CMOs for validation. HSAG conducted the validation activities as outlined in the Centers for Medicare & Medicaid Services (CMS) publication, *Validating Performance Measures: A Protocol for Use in Conducting External Quality Review Activities*, Final Protocol, Version 1.0, May 1, 2002 (CMS performance measure validation protocol).

Care Management Organization (CMO) Information

HSAG validated performance measures calculated and reported by **Peach State Health Plan (Peach State)**. Information about **Peach State** appears in Table 1.

Table 1—Peach State Information	
CMO Name:	Peach State Health Plan
CMO Location:	3200 Highlands Parkway SE, Ste. 300 Smyrna, GA 30082
CMO Contact:	Vandna Pandita
Contact Telephone Number:	(678) 556-2306
Contact E-mail Address:	VPandita@centene.com
Site Visit Date:	May 6, 2010

Performance Measures Validated

HSAG validated performance measures identified and selected by DCH for validation. Four performance measures were selected from the Agency for Healthcare Research and Quality (AHRQ) Quality Indicator set and one performance measure was developed by a DCH-contracted vendor, Thomson Reuters (TR). The measurement period was identified by DCH as calendar year (CY) 2009. Table 2 lists the performance measures validated and who calculated the performance measure.

Table 2—List of CY 2009 Performance Measures for Peach State		
	Performance Measure	Calculation by:
1.	Cesarean Delivery Rate— <i>AHRQ measure</i>	Peach State
2.	Low Birth Weight Rate— <i>AHRQ measure</i>	Peach State
3.	Asthma ED/Urgent Care Visits— <i>TR-developed measure</i>	Peach State
4.	Diabetes Short-Term Complications Admission Rate— <i>AHRQ measure</i>	Peach State
5.	Asthma Admission Rate— <i>AHRQ measure</i>	Peach State

In addition, each CMO was required to report a selected set of Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures to DCH. The CMOs were required to contract with an NCQA-licensed audit organization and undergo a NCQA HEDIS Compliance Audit[™]. Final audited HEDIS measure results were submitted to DCH via NCQA’s Interactive Data Submission System (IDSS) and provided to HSAG. HSAG will use these results in addition to the measures validated and displayed within this report as data sources for the annual EQR technical report. Appendices D and E display the final audited HEDIS 2009 results for all required measures.

[®] HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA)
 NCQA HEDIS Compliance Audit[™] is a trademark of the National Committee for Quality Assurance (NCQA)

Description of Validation Activities

Pre-audit Strategy

HSAG conducted the validation activities as outlined in the CMS performance measure validation protocol. In order to complete the validation activities for **Peach State**, HSAG obtained a list of the measures that were selected by DCH for validation.

HSAG then prepared a document request letter that was submitted to **Peach State** outlining the steps in the performance measure validation process. The document request letter included a request for a completed Information Systems Capabilities Assessment Tool (ISCAT), or Appendix Z of the CMS protocol; source code for each performance measure; the HEDIS 2010 Roadmap; and any additional supporting documentation necessary to complete the audit. HSAG responded to ISCAT/Roadmap-related questions directly from **Peach State** during the pre-on-site phase.

For the on-site visit, HSAG prepared an agenda describing all visit activities and indicating the type of staffing needed for each session. HSAG provided the agenda to **Peach State** approximately one week prior to the on-site visit. HSAG also conducted a pre-on-site conference call with **Peach State** to discuss any outstanding ISCAT/Roadmap questions and on-site visit activity expectations.

Validation Team

The HSAG Performance Measure Validation Team was composed of a lead auditor and validation team members. HSAG assembled the team based on the skills required for the validation and requirements of **Peach State**. Some team members, including the lead auditor, participated in the on-site meetings at **Peach State**; others conducted their work at HSAG’s offices. **Peach State**’s validation team was composed of the following members in the designated positions. Table 3 lists the validation team members, their positions, and their skills and expertise.

Name / Role	Skills and Expertise
Suzan Mora, MPA, CHCA <i>Lead Auditor</i>	Auditing expertise, performance measure development, managed care operations, systems review
Patience Hoag, RHIT, CHCA, CCS, CCS-P <i>Secondary Auditor</i>	Auditing expertise, project management, certified coder
David Mabb, MS, CHCA <i>Associate Director/Audits</i>	Source code review management
Ron Holcomb <i>Source Code Reviewer</i>	Source code review
Tammy Gianfrancesco <i>Administrative Assistant</i>	Communications

Technical Methods of Data Collection and Analysis

The CMS performance measure validation protocol identifies key types of data that should be reviewed as part of the validation process. The following list describes the type of data collected and how HSAG conducted an analysis of these data:

- ◆ **Information Systems Capabilities Assessment Tool (ISCAT):** A modified version of the ISCAT was requested and received from **Peach State**. In preparing the ISCAT document, HSAG removed questions that were already addressed in **Peach State**'s National Committee for Quality Assurance (NCQA) Roadmap. Upon receipt by HSAG, the ISCAT underwent a cursory review to ensure all sections were completed and all attachments were present. The validation team then reviewed all ISCAT documents, noting issues or items that needed further follow-up. The validation team used information included in the ISCAT to complete the review tools, as applicable.
- ◆ **NCQA's HEDIS 2010 Roadmap:** **Peach State** completed and submitted its Roadmap for review by the validation team. The validation team combined the responses from the ISCAT review and Roadmap to complete the pre-on-site systems assessment.
- ◆ **Source code (programming language) for performance measures:** HSAG requested source code from CMOs that calculate their performance measures by using automated computer code. HSAG requested and received source code from **Peach State**. The validation team completed a line-by-line code review and observation of program logic flow to ensure compliance with State measure definitions during the on-site visit. Source code reviewers identified areas of deviation and shared them with the lead auditor to evaluate the impact of the deviation on the measure and assess the degree of bias (if any).
- ◆ **Supporting documentation:** HSAG requested any documentation that would provide reviewers with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. The validation team reviewed all supporting documentation, identifying issues or clarifications for further follow-up.

On-site Activities

HSAG conducted an on-site visit with **Peach State** on May 6, 2010. HSAG collected information using several methods, including interviews, system demonstration, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

- ◆ **Opening meeting:** The opening meeting included an introduction of the validation team and key **Peach State** staff members involved in the performance measure activities. The review purpose, the required documentation, basic meeting logistics, and queries to be performed were discussed.
- ◆ **Evaluation of system compliance:** The evaluation included a review of the information systems assessment, focusing on the processing of claims and encounter data, patient data, and inpatient data.

Additionally, the review evaluated the processes used to collect and calculate the performance measures, including accurate numerator and denominator identification and algorithmic compliance (which evaluated whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately).

- ◆ **Review of ISCAT/Roadmap and supporting documentation:** The review included processes used for collecting, storing, validating, and reporting performance measure data. This session was designed to be interactive with key **Peach State** staff members so that the validation team could obtain a complete picture of all the steps taken to generate the performance measures. The goal of the session was to obtain a confidence level as to the degree of compliance with written documentation compared to actual process. HSAG conducted interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and ascertain that written policies and procedures were used and followed in daily practice.
- ◆ **Overview of data integration and control procedures:** The overview included discussion and observation of source code logic, a review of how all data sources were combined, and a review of how the analytic file was produced for the reporting of selected performance measures. HSAG performed primary source verification to further validate the output files and reviewed backup documentation on data integration. HSAG also addressed data control and security procedures during this session.
- ◆ **Closing conference:** The closing conference included a summation of preliminary findings based on the review of the ISCAT/Roadmap and the on-site visit, and revisited the documentation requirements for any post-visit activities.

HSAG conducted several interviews with key **Peach State** staff members who were involved with performance measure reporting. Table 4 lists key **Peach State** interviewees:

Table 4—List of Peach State Interviewees	
Name	Title
Chevron Cardenas	Senior Director, Member Services
Dean Greeson	Chief Medical Director, Clinical
Debra Peterson-Smith	Vice President, Marketing, Communication
Leslie Floyd	Director, Reimbursement
Loni Eaton	Supervisor, Claims
Ronald Purisima	Manager, QI Analytics
Sarah Neale	Director, Ethics and Compliance
Vandna Pandita	Manager, Accreditation
Wanda Lee	Manager, Member Services
Yolanda Spivey	Senior Director, Provider Data

Data Integration, Data Control, and Performance Measure Documentation

There are several aspects crucial to the calculation of performance measures. These include data integration, data control, and documentation of performance measure calculations. Each of the following sections describes the validation processes used and the validation findings. For more detailed information, see Appendix A of this report.

Data Integration

Accurate data integration is essential to calculate valid performance measures. The steps used to combine various data sources (including claims/encounter data, eligibility data, and other administrative data) must be carefully controlled and validated. HSAG validated the data integration process used by **Peach State**, which included a review of file consolidations or extracts, a comparison of source data to warehouse files, data integration documentation, source code, production activity logs, and linking mechanisms. Overall, the validation team determined that the data integration processes in place at **Peach State** were:

- Acceptable
- Not acceptable

Data Control

The organizational infrastructure of a CMO must support all necessary information systems. Each CMO's quality assurance practices and backup procedures must be sound to ensure timely and accurate processing of data, and to provide data protection in the event of a disaster. HSAG validated the data control processes used by **Peach State**, which included a review of disaster recovery procedures, data backup protocols, and related policies and procedures. Overall, the validation team determined that the data control processes in place at **Peach State** were:

- Acceptable
- Not acceptable

Performance Measure Documentation

Sufficient, complete documentation is necessary to support validation activities. While interviews and system demonstrations provided supplementary information, the majority of the validation review findings were based on documentation provided by **Peach State**. HSAG reviewed all related documentation, which included the completed ISCAT/Roadmap, job logs, computer programming code, output files, work flow diagrams, narrative descriptions of performance measure calculations, and other related documentation. Overall, the validation team determined that the documentation of performance measure calculations by **Peach State** was:

- Acceptable
- Not acceptable

Validation Results

The validation team evaluated **Peach State**'s data systems for processing of each type of data used for reporting the DCH performance measures. General findings are indicated below:

Medical Service Data (Claims/Encounters)

Peach State used the EXP and AMISYS systems to scan and process claims. Both systems only accepted standard codes, and principal codes were identified appropriately. Only standard submission forms were used. A large percentage of claims were submitted via an electronic data interchange (EDI). Sufficient edit checks were in place to ensure valid and complete encounter data. The validation team evaluated the lag time for submission of inpatient facility claims and found it to be minimal. The validation team determined that the data were complete at the time these performance measures were calculated.

Enrollment Data

Peach State received all enrollment and eligibility data from the State. Sufficient control procedures and validation were demonstrated to ensure that the receipt and processing of the enrollment files met standards. **Peach State** had automated processes that facilitate high levels of accuracy. Manual updates/changes to any member-related data (such as address changes and primary care provider selections) were audited and monitored.

Provider Data

Provider data processing and identification were not relevant to the measures under review.

Medical Record Review Process

Peach State reported all measures using administrative data only. Medical record review was not performed and therefore was not evaluated under the scope of this review.

Supplemental Data

Peach State did not use any supplemental data sources for reporting the selected performance measures.

Data Integration

Peach State completed programming of source code using Structured Query Language (SQL). During the on-site review, the validation team reviewed measure specifications and code tables. **Peach State** implemented the recommendations that the validation team provided on-site. Primary source verification was performed to validate measure output files during the on-site visit. **Peach State** completed further updates to source code programming upon receipt of specifications from DCH. **Peach State** made the necessary adjustments to the measure calculations prior to producing the final performance measure results.

Performance Measure Specific Findings

Based on all validation activities, the HSAG Validation Team determined validation results for each performance measure. Table 5 displays the key review results. For detailed information, see Appendix B of this report.

Table 5—Key Review Results for Peach State		
	Performance Measures	Key Review Findings
1.	Cesarean Delivery Rate— <i>AHRQ measure</i>	No concerns identified
2.	Low Birth Weight Rate— <i>AHRQ measure</i>	No concerns identified
3.	Asthma ED/Urgent Care Visits— <i>TR-developed measure</i>	No concerns identified
4.	Diabetes Short Term Complications Admission Rate— <i>AHRQ measure</i>	No concerns identified
5.	Asthma Admission Rate— <i>AHRQ measure</i>	No concerns identified

Validation Findings

The CMS performance measure validation protocol identifies four validation findings for each performance measure, which are defined in Table 6.

Table 6—Validation Findings Definitions	
Fully Compliant (FC)	Indicates that the performance measure was fully compliant with DCH specifications.
Substantially Compliant (SC)	Indicates that the performance measure was substantially compliant with DCH specifications and had only minor deviations that did not significantly bias the reported rate.
Not Valid (NV)	Indicates that the performance measure deviated from DCH specifications such that the reported rate was significantly biased. This designation is also assigned to measures for which no rate was reported, although reporting of the rate was required.
Not Applicable (NA)	Indicates that the performance measure was not reported because the CMO did not have any Medicaid consumers who qualified for that denominator.

According to the Protocol, the validation finding for each measure is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be not met. Consequently, it is possible that an error for a single audit element may result in a designation of Not Valid (NV) because the impact of the error biased the reported performance measure by more than 5 percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, resulting in a measure designation of Substantially Compliant (SC).

Table 7 shows the final validation findings for **Peach State** for each performance measure. For additional information regarding performance measure results, see Appendix C of this report.

Table 7—Validation Findings for Peach State		
Performance Measures		Validation Finding
1.	Cesarean Delivery Rate— <i>AHRQ measure</i>	Fully Compliant
2.	Low Birth Weight Rate— <i>AHRQ measure</i>	Fully Compliant
3.	Asthma ED/Urgent Care Visits— <i>TR-developed measure</i>	Fully Compliant
4.	Diabetes Short-Term Complications Admission Rate— <i>AHRQ measure</i>	Fully Compliant
5.	Asthma Admission Rate— <i>AHRQ measure</i>	Fully Compliant

Appendix A. **Data Integration and Control Findings** *for Peach State Health Plan*

Appendix A, which follows this page, contains the data integration and control findings for **Peach State**.

Appendix A. Data Integration and Control Findings for Peach State Health Plan

Documentation Worksheet

CMO Name:	Peach State Health Plan
On-Site Visit Date:	May 6, 2010
Reviewers:	Suzan Mora, MPA, CHCA, and Patience Hoag, RHIT, CHCA, CCS, CCS-P

Data Integration and Control Element	Met	Not Met	N/A	Comments
Accuracy of data transfers to assigned performance measure data repository				
The CMO accurately and completely processes transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the performance measure data repository used to keep the data until the calculations of the performance measures have been completed and validated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Samples of data from the performance measure data repository are complete and accurate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accuracy of file consolidations, extracts, and derivations				
The CMO's processes to consolidate diversified files and to extract required information from the performance measure data repository are appropriate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Some clarifications were needed and appropriate adjustments were made prior to final calculation.
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance measure database.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Computer program reports or documentation reflect vendor coordination activities, and no data necessary to performance measure reporting are lost or inappropriately modified during transfer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the CMO uses a performance measure data repository, its structure and format facilitates any required programming necessary to calculate and report required performance measures.				
The performance measure data repository's design, program flow charts, and source codes enable analyses and reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Data Integration and Control Element	Met	Not Met	N/A	Comments
Assurance of effective management of report production and of the reporting software.				
Documentation governing the production process, including CMO production activity logs and the CMO staff review of report runs, is adequate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescribed data cutoff dates are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO retains copies of files or databases used for performance measure reporting in case results need to be reproduced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The reporting software program is properly documented with respect to every aspect of the performance measure data repository, including building, maintaining, managing, testing, and report production.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO's processes and documentation comply with the CMO standards associated with reporting program specifications, code review, and testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix B. **Denominator and Numerator Validation Findings** *for Peach State Health Plan*

Appendix B, which follows this page, contains the denominator and numerator validation findings for **Peach State**.

Appendix B. Denominator and Numerator Validation Findings *for Peach State Health Plan*

Reviewer Worksheets

CMO Name:	Peach State Health Plan
On-Site Visit Date:	May 6, 2010
Reviewers:	Suzan Mora, MPA, CHCA, and Patience Hoag, RHIT, CHCA, CCS, CCS-P

Table B-1—Denominator Validation Findings for Peach State Health Plan

Audit Element	Met	Not Met	N/A	Comments
For each of the performance measures, all members of the relevant populations identified in the performance measure specifications are included in the population from which the denominator is produced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance measures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO correctly calculates member months and member years if applicable to the performance measure.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Member-month and year calculations were not required for the measures under review.
The CMO properly evaluates the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes are appropriately identified and applied as specified in each performance measure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If any time parameters are required by the specifications of the performance measure, they are followed (e.g., cutoff dates for data collection, counting 30 calendar days after discharge from a hospital, etc.).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exclusion criteria included in the performance measure specifications are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Systems or methods used by the CMO to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Table B-2—Numerator Validation Findings for Peach State Health Plan				
Audit Element	Met	Not Met	N/A	Comments
The CMO uses the appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO avoids or eliminates all double-counted members or numerator events.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any nonstandard codes used in determining the numerator are mapped to a standard coding scheme in a manner that is consistent, complete, and reproducible, as evidenced by a review of the programming logic or a demonstration of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Peach State did not use any non-standard codes.
If any time parameters are required by the specifications of the performance measure, they are followed (i.e., the measured event occurred during the time period specified or defined in the performance measure).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix C. **Performance Measure Results** *for Peach State Health Plan*

Appendix C, which follows this page, contains **Peach State**'s performance measure results.

Appendix C. Performance Measure Results *for Peach State Health Plan*

Indicator 1—Cesarean Delivery Rate

Table C-1—Indicator 1 <i>for Peach State Health Plan</i>			
	Denominator	Numerator	Rate
Cesarean Delivery Rate	18,148	6,018	33.16%

Indicator 2—Low Birth Weight Rate

Table C-2—Indicator 2 <i>for Peach State Health Plan</i>			
	Denominator	Numerator	Rate
Low Birth Weight Rate	20,694	1,694	8.19%

Indicator 3—Asthma Emergency Department/Urgent Care Visits

Table C-3—Indicator 3 <i>for Peach State Health Plan</i>			
	Denominator	Numerator	Rate
Asthma ED/Urgent Care Visits	379,598	5,320	1.40%

Indicator 4—Diabetes Short-Term Complications Admission Rate

Table C-4—Indicator 4 <i>for Peach State Health Plan</i>			
	Denominator	Numerator	Rate (per 100,000)
Diabetes Short-Term Complications Admission Rate	176,364	61	34.58

Indicator 5—Asthma Admission Rate

Table C-5—Indicator 5 <i>for Peach State Health Plan</i>			
	Denominator	Numerator	Rate (per 100,000)
Asthma Admission Rate	271,003	371	136.89

Appendix D. **Final Audited HEDIS Results**
for Peach State Health Plan

Appendix D, which follows this page, contains the final audited HEDIS results for **Peach State**.

Appendix D. Final Audited HEDIS Results for Peach State Health Plan

CMO Audited Calendar Year 2009 HEDIS Performance Measure Report—Peach State			
Measure	Numerator	Denominator	CMO Rate
Well-Child Visits in the First 15 Months of Life - Zero Visits ¹	23	411	5.6% Hybrid
Well-Child Visits in the First 15 Months of Life - One Visit	15	411	3.65% Hybrid
Well-Child Visits in the First 15 Months of Life - Two Visits	11	411	2.68% Hybrid
Well-Child Visits in the First 15 Months of Life - Three Visits	27	411	6.57% Hybrid
Well-Child Visits in the First 15 Months of Life - Four Visits	47	411	11.44% Hybrid
Well-Child Visits in the First 15 Months of Life - Five Visits	73	411	17.76% Hybrid
Well-Child Visits in the First 15 Months of Life - Six or More Visits	215	411	52.31% Hybrid
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	262	411	63.75% Hybrid
Adolescent Well-Care Visits	153	411	37.23% Hybrid
Childrens and Adolescents Access to Primary Care Providers - Ages 12-24 Months	13,919	14,531	95.79%
Childrens and Adolescents Access to Primary Care Providers - Ages 25 Months - 6 Years	50,842	56,125	90.59%
Childrens and Adolescents Access to Primary Care Providers - Ages 7-11 Years	25,358	28,034	90.45%
Childrens and Adolescents Access to Primary Care Providers - Ages 12-19 Years	26,540	30,464	87.12%
Adults Access to Preventive/Ambulatory Health Services - Ages 20-44 Years	10,421	12,367	84.26%
Childhood Immunization Status - Combo 2	278	411	67.64% Hybrid
Lead Screening in Children	256	411	62.29% Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (Total)	132	411	32.12% Hybrid

CMO Audited Calendar Year 2009 HEDIS Performance Measure Report—Peach State			
Measure	Numerator	Denominator	CMO Rate
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (Total)	151	411	36.74% Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (Total)	116	411	28.22% Hybrid
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	1,358	2,890	46.99%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	305	532	57.33%
Annual Dental Visit - Ages 2-3 Years	8,208	24,313	33.76%
Annual Dental Visit - Ages 4-6 Years	22,588	32,645	69.19%
Annual Dental Visit - Ages 7-10 Years	26,539	36,815	72.09%
Annual Dental Visit - Ages 11-14 Years	19,837	31,065	63.86%
Annual Dental Visit - Ages 15-18 Years	12,860	24,216	53.11%
Annual Dental Visit - Ages 19-21 Years	522	1,486	35.13%
Annual Dental Visit - Total	90,554	150,540	60.15%
Cervical Cancer Screening	269	411	65.45% Hybrid
Breast Cancer Screening	655	1,344	48.74%
Comprehensive Diabetes Care - HbA1c Testing	307	411	74.70% Hybrid
Comprehensive Diabetes Care - HbA1c Poor Control ¹	276	411	67.15% Hybrid
Comprehensive Diabetes Care - HbA1c Good Control <8.0	114	411	27.74% Hybrid
Comprehensive Diabetes Care - HbA1c Good Control <7.0	NR	NR	NR
Comprehensive Diabetes Care - Eye Exam	189	411	45.99% Hybrid

CMO Audited Calendar Year 2009 HEDIS Performance Measure Report—Peach State			
Measure	Numerator	Denominator	CMO Rate
Comprehensive Diabetes Care - LDL-C Screening	267	411	64.96% Hybrid
Comprehensive Diabetes Care - LDL-C Level	81	411	19.71% Hybrid
Comprehensive Diabetes Care - Medical Attention to Nephropathy	269	411	65.45% Hybrid
Comprehensive Diabetes Care - Blood Pressure Control <130/80	88	411	21.41% Hybrid
Comprehensive Diabetes Care - Blood Pressure Control <140/90	184	411	44.77% Hybrid
Use of Appropriate Medications for People with Asthma - Ages 5-11 Years	1,851	2,016	91.82%
Use of Appropriate Medications for People with Asthma - Ages 12-50 Years	1,038	1,165	89.10%
Use of Appropriate Medications for People with Asthma - Total	2,889	3,181	90.82%
Follow-Up After Hospitalization for Mental Illness - 30-Day Follow-Up	471	629	74.88%
Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-Up	375	629	59.62%
Inpatient Utilization—General Hospital/Acute Care	Rates reported in separate table		
Prenatal and Postpartum Care - Timeliness of Prenatal Care	357	411	86.86% Hybrid
Prenatal and Postpartum Care - Postpartum Care	278	411	67.64% Hybrid
Frequency of Ongoing Prenatal Care - <21 Percent	44	411	10.71% Hybrid
Frequency of Ongoing Prenatal Care - 21-40 Percent	30	411	7.30% Hybrid
Frequency of Ongoing Prenatal Care - 41-60 Percent	42	411	10.22% Hybrid
Frequency of Ongoing Prenatal Care - 61-80 Percent	76	411	18.49% Hybrid
Frequency of Ongoing Prenatal Care - 81+ Percent	219	411	53.28% Hybrid

CMO Audited Calendar Year 2009 HEDIS Performance Measure Report—Peach State			
Measure	Numerator	Denominator	CMO Rate
Weeks of Pregnancy at Time of Enrollment - <0 Weeks	1,728	18,815	9.18%
Weeks of Pregnancy at Time of Enrollment - <1-12 Weeks	1,208	18,815	6.42%
Weeks of Pregnancy at Time of Enrollment - <13-27 Weeks	10,531	18,815	55.97%
Weeks of Pregnancy at Time of Enrollment - <28 or More Weeks	3,767	18,815	20.02%
Weeks of Pregnancy at Time of Enrollment - Unknown	1,581	18,815	8.40%
Weeks of Pregnancy at Time of Enrollment - Total	18,815	18,815	100.00%
Appropriate Treatment For Children With Upper Respiratory Infection ²	5,052	24,211	79.13%
Mental Health Utilization	Rates reported in separate table		
Call Abandonment ¹	4,768	283,548	1.68%
Antibiotic Utilization	Rates reported in separate table		
Outpatient Drug Utilization - Average Cost of Prescriptions Per Member Per Month	NA		\$24.50
Outpatient Drug Utilization - Average Number of Prescriptions Per Member Per Month	NA		7.24
Race/Ethnicity Diversity of Membership	Rates reported in separate table		
Language Diversity of Membership	Rates reported in separate table		

¹ Note: Lower rate is better

² Note: The measure is reported as an inverted rate. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed). The rate is calculated as 1 minus the numerator divided by the eligible population.

Appendix E. Audited CY 2009 HEDIS Utilization Measure Results *for Peach State Health Plan*

Appendix E, which follows this page, contains **Peach State**'s audited CY 2009 HEDIS utilization measure results.

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for Peach State
 Inpatient Utilization - General Hospital/Acute Care: Total (IPUA)

Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)					
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None)					
Age	Member Months				
<1	339,848				
1-9	1,690,328				
10-19	1,099,608				
20-44	405,187				
45-64	38,381				
65-74	414				
75-84	27				
85+	5				
Unknown	0				
Total	3,573,798				
Total Inpatient					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	2231	6.56	14657	43.13	6.57
1-9	2189	1.30	6872	4.07	3.14
10-19	4686	4.26	13082	11.90	2.79
20-44	16222	40.04	45179	111.50	2.79
45-64	471	12.27	2328	60.66	4.94
65-74	5	12.08	12	28.99	2.40
75-84	0	0.00	0	0.00	NA
85+	0	0.00	0	0.00	NA
Unknown	0		0		NA
Total	25,804	7.22	82,130	22.98	3.18
Medicine					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1716	5.05	6429	18.92	3.75
1-9	1686	1.00	4511	2.67	2.68
10-19	611	0.56	1875	1.71	3.07
20-44	689	1.70	2657	6.56	3.86
45-64	257	6.70	1075	28.01	4.18
65-74	2	4.83	5	12.08	2.50
75-84	0	0.00	0	0.00	NA
85+	0	0.00	0	0.00	NA
Unknown	0		0		NA
Total	4,961	1.39	16,552	4.63	3.34

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for Peach State
 Inpatient Utilization - General Hospital/Acute Care: Total (IPUA)

Surgery					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	515	1.52	8228	24.21	15.98
1-9	503	0.30	2361	1.40	4.69
10-19	352	0.32	1786	1.62	5.07
20-44	611	1.51	3228	7.97	5.28
45-64	201	5.24	1224	31.89	6.09
65-74	3	7.25	7	16.91	2.33
75-84	0	0.00	0	0.00	NA
85+	0	0.00	0	0.00	NA
Unknown	0		0		NA
Total	2,185	0.61	16,834	4.71	7.70
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	3723	3.39	9421	8.57	2.53
20-44	14922	36.83	39294	96.98	2.63
45-64	13	0.34	29	0.76	2.23
Unknown	0		0		NA
Total	18,658	12.09	48,744	31.59	2.61

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for Peach State
 Mental Health Utilization: Total (MPTA)

Mental Health Utilization: Total (MPTA)												
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None)												
Age	Member Months (Any)			Member Months (Inpatient)			Member Months (Intensive Outpatient/Partial Hospitalization)			Member Months (Outpatient/ED)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-12	1235591	1210269	2,445,860	1235591	1210269	2,445,860	1235591	1210269	2,445,860	1235591	1210269	2,445,860
13-17	280109	295315	575,424	280109	295315	575,424	280109	295315	575,424	280109	295315	575,424
18-64	75585	476483	552,068	75585	476483	552,068	75585	476483	552,068	75585	476483	552,068
65+	82	364	446	82	364	446	82	364	446	82	364	446
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	1,591,367	1,982,431	3,573,798	1,591,367	1,982,431	3,573,798	1,591,367	1,982,431	3,573,798	1,591,367	1,982,431	3,573,798
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	6611	6.42%	53	0.05%	1265	1.23%	6517	6.33%			
	F	3624	3.59%	17	0.02%	578	0.57%	3582	3.55%			
	Total	10,235	5.02%	70	0.03%	1,843	0.90%	10,099	4.95%			
13-17	M	2743	11.75%	109	0.47%	617	2.64%	2670	11.44%			
	F	2626	10.67%	153	0.62%	576	2.34%	2544	10.34%			
	Total	5,369	11.20%	262	0.55%	1,193	2.49%	5,214	10.87%			
18-64	M	470	7.46%	26	0.41%	116	1.84%	441	7.00%			
	F	3445	8.68%	195	0.49%	889	2.24%	3233	8.14%			
	Total	3,915	8.51%	221	0.48%	1,005	2.18%	3,674	7.99%			
65+	M	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
	F	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
	Total	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
Unknown	M	0	NA	0	NA	0	NA	0	NA			
	F	0	NA	0	NA	0	NA	0	NA			
	Total	0	NA	0	NA	0	NA	0	NA			
Total	M	9,824	7.41%	188	0.14%	1,998	1.51%	9,628	7.26%			
	F	9,695	5.87%	365	0.22%	2,043	1.24%	9,359	5.67%			
	Total	19,519	6.55%	553	0.19%	4,041	1.36%	18,987	6.38%			

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for Peach State
 Antibiotic Utilization: Total (ABXA)

Antibiotic Utilization: Total (ABXA)

Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None)

Pharmacy Benefit Member Months			
Age	Male	Female	Total
0-9	1028287	1001889	2,030,176
10-17	487413	503695	991,108
18-34	57484	371132	428,616
35-49	15045	90122	105,167
50-64	3056	15229	18,285
65-74	71	343	414
75-84	8	19	27
85+	3	2	5
Unknown	0	0	0
Total	1,591,367	1,982,431	3,573,798

Antibiotic Utilization								
Age	Sex	Total Antibiotic Scripts	Average Scripts PMPY for Antibiotics	Total Days Supplied for All Antibiotic Scripts	Average Days Supplied per Antibiotic Scrip	Total Number of Scripts for Antibiotics of Concern	Average Scripts PMPY for Antibiotics of Concern	Percentage of Antibiotics of Concern of all Antibiotic Scripts
0-9	M	128746	1.50	1188315	9.23	59893	0.70	46.52%
	F	122060	1.46	1144153	9.37	52858	0.63	43.30%
	Total	250,806	1.48	2,332,468	9.30	112,751	0.67	44.96%
10-17	M	30078	0.74	292239	9.72	14434	0.36	47.99%
	F	40571	0.97	369140	9.10	17593	0.42	43.36%
	Total	70,649	0.86	661,379	9.36	32,027	0.39	45.33%
18-34	M	3884	0.81	37495	9.65	1581	0.33	40.71%
	F	59145	1.91	450556	7.62	18860	0.61	31.89%
	Total	63,029	1.76	488,051	7.74	20,441	0.57	32.43%
35-49	M	1556	1.24	14149	9.09	681	0.54	43.77%
	F	14096	1.88	117283	8.32	5704	0.76	40.47%
	Total	15,652	1.79	131,432	8.40	6,385	0.73	40.79%
50-64	M	334	1.31	3023	9.05	154	0.60	46.11%
	F	2162	1.70	18190	8.41	1096	0.86	50.69%
	Total	2,496	1.64	21,213	8.50	1,250	0.82	50.08%
65-74	M	12	2.03	109	9.08	7	1.18	58.33%
	F	26	0.91	201	7.73	11	0.38	42.31%
	Total	38	1.10	310	8.16	18	0.52	47.37%
75-84	M	1	1.50	7	7.00	1	1.50	100.00%
	F	5	3.16	34	6.80	2	1.26	40.00%
	Total	6	2.67	41	6.83	3	1.33	50.00%
85+	M	1	4.00	5	5.00	1	4.00	100.00%
	F	0	0.00	0	NA	0	0.00	NA
	Total	1	2.40	5	5.00	1	2.40	100.00%
Unknown	M	0	NA	0	NA	0	NA	NA
	F	0	NA	0	NA	0	NA	NA
	Total	0	NA	0	NA	0	NA	NA
Total	M	164,612	1.24	1,535,342	9.33	76,752	0.58	46.63%
	F	238,065	1.44	2,099,557	8.82	96,124	0.58	40.38%
	Total	402,677	1.35	3,634,899	9.03	172,876	0.58	42.93%

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for Peach State
 Antibiotic Utilization: Total (ABXA)

Antibiotics of Concern Utilization															
Age	Sex	Total Quinolone Scrips	Average Scrips PMPY for Quinolones	Total Cephalosporin 2nd-4th Generation Scrips	Average Scrips PMPY for Cephalosporins 2nd-4th Generation	Total Azithromycin and Clarithromycin Scrips	Average Scrips PMPY for Azithromycins and Clarithromycins	Total Amoxicillin/Clavulanate Scrips	Average Scrips PMPY for Amoxicillin/Clavulanates	Total Ketolides Scrips	Average Scrips PMPY for Ketolides	Total Clindamycin Scrips	Average Scrips PMPY for Clindamycins	Total Misc. Antibiotics of Concern Scrips	Average Scrips PMPY for Misc. Antibiotics of Concern
0-9	M	40	0.00	10384	0.12	24264	0.28	23916	0.28	0	0.00	1286	0.02	3	0.00
	F	40	0.00	9579	0.11	21351	0.26	20635	0.25	0	0.00	1251	0.01	2	0.00
	Total	80	0.00	19,963	0.12	45,615	0.27	44,551	0.26	0	0.00	2,537	0.01	5	0.00
10-17	M	262	0.01	1311	0.03	7674	0.19	4525	0.11	0	0.00	662	0.02	0	0.00
	F	698	0.02	1636	0.04	9444	0.22	4906	0.12	0	0.00	909	0.02	0	0.00
	Total	960	0.01	2,947	0.04	17,118	0.21	9,431	0.11	0	0.00	1,571	0.02	0	0.00
18-34	M	276	0.06	62	0.01	782	0.16	332	0.07	0	0.00	129	0.03	0	0.00
	F	4309	0.14	766	0.02	9327	0.30	2829	0.09	0	0.00	1628	0.05	1	0.00
	Total	4,585	0.13	828	0.02	10,109	0.28	3,161	0.09	0	0.00	1,757	0.05	1	0.00
35-49	M	199	0.16	27	0.02	276	0.22	127	0.10	0	0.00	52	0.04	0	0.00
	F	1826	0.24	206	0.03	2373	0.32	938	0.12	0	0.00	361	0.05	0	0.00
	Total	2,025	0.23	233	0.03	2,649	0.30	1,065	0.12	0	0.00	413	0.05	0	0.00
50-64	M	57	0.22	4	0.02	58	0.23	27	0.11	0	0.00	8	0.03	0	0.00
	F	408	0.32	47	0.04	441	0.35	139	0.11	0	0.00	60	0.05	1	0.00
	Total	465	0.31	51	0.03	499	0.33	166	0.11	0	0.00	68	0.04	1	0.00
65-74	M	4	0.68	0	0.00	3	0.51	0	0.00	0	0.00	0	0.00	0	0.00
	F	5	0.17	0	0.00	4	0.14	2	0.07	0	0.00	0	0.00	0	0.00
	Total	9	0.26	0	0.00	7	0.20	2	0.06	0	0.00	0	0.00	0	0.00
75-84	M	1	1.50	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	2	1.26	0	0.00	0	0.00	0	0.00	0	0.00
	Total	1	0.44	0	0.00	2	0.89	0	0.00	0	0.00	0	0.00	0	0.00
85+	M	0	0.00	0	0.00	1	4.00	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	Total	0	0.00	0	0.00	1	2.40	0	0.00	0	0.00	0	0.00	0	0.00
Unknown	M	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	F	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	Total	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
Total	M	839	0.01	11,788	0.09	33,058	0.25	28,927	0.22	0	0.00	2,137	0.02	3	0.00
	F	7,286	0.04	12,234	0.07	42,942	0.26	29,449	0.18	0	0.00	4,209	0.03	4	0.00
	Total	8,125	0.03	24,022	0.08	76,000	0.26	58,376	0.20	0	0.00	6,346	0.02	7	0.00

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for Peach State
 Antibiotic Utilization: Total (ABXA)

All Other Antibiotics Utilization																	
Age	Sex	Total Absorbable Sulfonamide Scrips	Average Scrips PMPY for Absorbable Sulfonamides	Total Aminoglycoside Scrips	Average Scrips PMPY for Aminoglycosides	Total 1st Generation Cephalosporin Scrips	Average Scrips PMPY for 1st Generation Cephalosporins	Total Lincosamide Scrips	Average Scrips PMPY for Lincosamides	Total Macrolides (not azith. or clarith.) Scrips	Average Scrips PMPY for Macrolides (not azith. or clarith.)	Total Penicillin Scrips	Average Scrips PMPY for Penicillins	Total Tetracycline Scrips	Average Scrips PMPY for Tetracyclines	Total Misc. Antibiotic Scrips	Average Scrips PMPY for Misc. Antibiotics
0-9	M	6179	0.07	1	0.00	6205	0.07	0	0.00	198	0.00	56097	0.65	10	0.00	163	0.00
	F	9312	0.11	0	0.00	6294	0.08	0	0.00	202	0.00	52965	0.63	15	0.00	414	0.00
	Total	15,491	0.09	1	0.00	12,499	0.07	0	0.00	400	0.00	109,062	0.64	25	0.00	577	0.00
10-17	M	1991	0.05	0	0.00	2488	0.06	0	0.00	168	0.00	8730	0.21	2095	0.05	172	0.00
	F	4082	0.10	0	0.00	2866	0.07	0	0.00	269	0.01	10880	0.26	2218	0.05	2663	0.06
	Total	6,073	0.07	0	0.00	5,354	0.06	0	0.00	437	0.01	19,610	0.24	4,313	0.05	2,835	0.03
18-34	M	348	0.07	0	0.00	332	0.07	0	0.00	42	0.01	1017	0.21	454	0.09	110	0.02
	F	5155	0.17	0	0.00	4055	0.13	0	0.00	497	0.02	10532	0.34	3917	0.13	16129	0.52
	Total	5,503	0.15	0	0.00	4,387	0.12	0	0.00	539	0.02	11,549	0.32	4,371	0.12	16,239	0.45
35-49	M	162	0.13	0	0.00	171	0.14	0	0.00	21	0.02	366	0.29	102	0.08	53	0.04
	F	1561	0.21	0	0.00	980	0.13	0	0.00	151	0.02	2615	0.35	907	0.12	2178	0.29
	Total	1,723	0.20	0	0.00	1,151	0.13	0	0.00	172	0.02	2,981	0.34	1,009	0.12	2,231	0.25
50-64	M	28	0.11	0	0.00	41	0.16	0	0.00	3	0.01	79	0.31	15	0.06	14	0.05
	F	262	0.21	0	0.00	199	0.16	0	0.00	10	0.01	326	0.26	107	0.08	162	0.13
	Total	290	0.19	0	0.00	240	0.16	0	0.00	13	0.01	405	0.27	122	0.08	176	0.12
65-74	M	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	2	0.34	2	0.34	1	0.17
	F	0	0.00	0	0.00	2	0.07	0	0.00	0	0.00	8	0.28	0	0.00	5	0.17
	Total	0	0.00	0	0.00	2	0.06	0	0.00	0	0.00	10	0.29	2	0.06	6	0.17
75-84	M	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	0	0.00	0	0.00	1	0.63	1	0.63	0	0.00	1	0.63
	Total	0	0.00	0	0.00	0	0.00	0	0.00	1	0.44	1	0.44	0	0.00	1	0.44
85+	M	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	Total	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Unknown	M	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	F	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	Total	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
Total	M	8,708	0.07	1	0.00	9,237	0.07	0	0.00	432	0.00	66,291	0.50	2,678	0.02	513	0.00
	F	20,372	0.12	0	0.00	14,396	0.09	0	0.00	1,130	0.01	77,327	0.47	7,164	0.04	21,552	0.13
	Total	29,080	0.10	1	0.00	23,633	0.08	0	0.00	1,562	0.01	143,618	0.48	9,842	0.03	22,065	0.07

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for Peach State
 Race/Ethnicity Diversity of Membership (RDM)

Race/Ethnicity Diversity of Membership (RDM)									
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None)									
Eligible Population									
Category	Value								
Total unduplicated membership during the measurement year	443339								
Data Source	Other								
Race	Sex	Hispanic or Latino (any race)		Not Hispanic or Latino		Unknown Ethnicity		Total	
		Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	M	0	0.00%	0	0.00%	69622	15.70%	69,622	15.70%
	F	0	0.00%	0	0.00%	86546	19.52%	86,546	19.52%
	Total	0	0.00%	0	0.00%	156,168	35.23%	156,168	35.23%
Black or African American	M	0	0.00%	0	0.00%	97063	21.89%	97,063	21.89%
	F	0	0.00%	0	0.00%	141814	31.99%	141,814	31.99%
	Total	0	0.00%	0	0.00%	238,877	53.88%	238,877	53.88%
American-Indian and Alaska Native	M	0	0.00%	0	0.00%	122	0.03%	122	0.03%
	F	0	0.00%	0	0.00%	155	0.03%	155	0.03%
	Total	0	0.00%	0	0.00%	277	0.06%	277	0.06%
Asian	M	0	0.00%	0	0.00%	5459	1.23%	5,459	1.23%
	F	0	0.00%	0	0.00%	5879	1.33%	5,879	1.33%
	Total	0	0.00%	0	0.00%	11,338	2.56%	11,338	2.56%
Native Hawaiian and Other Pacific Islanders	M	0	0.00%	0	0.00%	166	0.04%	166	0.04%
	F	0	0.00%	0	0.00%	186	0.04%	186	0.04%
	Total	0	0.00%	0	0.00%	352	0.08%	352	0.08%
Some Other Race	M	0	0.00%	0	0.00%	8273	1.87%	8,273	1.87%
	F	0	0.00%	0	0.00%	8094	1.83%	8,094	1.83%
	Total	0	0.00%	0	0.00%	16,367	3.69%	16,367	3.69%
Two or More Races	M	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	F	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Total	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unknown	M	0	0.00%	0	0.00%	10241	2.31%	10,241	2.31%
	F	0	0.00%	0	0.00%	9719	2.19%	9,719	2.19%
	Total	0	0.00%	0	0.00%	19,960	4.50%	19,960	4.50%
Total	M	0	0.00%	0	0.00%	190,946	43.07%	190,946	43.07%
	F	0	0.00%	0	0.00%	252,393	56.93%	252,393	56.93%
	Total	0	0.00%	0	0.00%	443,339	100.00%	443,339	100.00%
Totals									
Measure	Percentage								
Percentage of plan members with known race information	95.50%								
Percentage of plan members with known ethnicity information	0.00%								

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for Peach State
 Language Diversity of Membership (LDM)

Language Diversity of Membership (LDM)			
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None)			
Eligible Population			
Category	Value		
Total unduplicated membership during the measurement year:	443339		
Data Source	Other		
Demand for Language Interpretation Services			
Demand for Language Interpretation Services	Sex	Number	Percentage
Need/want an interpreter? Yes	M	0	0.00%
	F	0	0.00%
	Total	0	0.00%
Need/want an interpreter? No	M	0	0.00%
	F	0	0.00%
	Total	0	0.00%
Need/want an interpreter? Unknown	M	190946	43.07%
	F	252393	56.93%
	Total	443,339	100.00%
Total	M	190,946	43.07%
	F	252,393	56.93%
	Total	443,339	100.00%
Percentage of members with known interpretation needs			0.00%
Spoken Language at Home			
Spoken Language at Home	Sex	Number	Percentage
English	M	169449	38.22%
	F	230360	51.96%
	Total	399,809	90.18%
Spanish (or Spanish Creole)	M	15882	3.58%
	F	15610	3.52%
	Total	31,492	7.10%
Other Indo-European Languages (e.g., French or French Creole, Italian, Portuguese or Portuguese Creole, German, Yiddish, Scandinavian languages, Greek, Russian, Polish, Serbo-Croatian, Armenian, Persian, Gujarathi, Hindi, Urdu)	M	147	0.03%
	F	217	0.05%
	Total	364	0.08%
Asian and Pacific Island Languages (e.g., Chinese, Japanese, Korean, Mon-Khmer, Cambodian, Miao, Hmong, Thai, Laotian, Vietnamese, Tagalog and Other Pacific Island languages)	M	102	0.02%
	F	147	0.03%
	Total	249	0.06%
Other Languages (e.g., Navajo, Other Native North American languages, Hungarian, Arabic, Hebrew, African languages)	M	227	0.05%
	F	358	0.08%
	Total	585	0.13%
Unknown	M	5139	1.16%
	F	5701	1.29%
	Total	10,840	2.45%
Total	M	190,946	43.07%
	F	252,393	56.93%
	Total	443,339	100.00%
Percentage of members with known spoken language			97.55%