



Georgia Department of Community Health

Validation of Performance Measures

for
WellCare of Georgia, Inc.

September 2010



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Validation of Performance Measures

for WellCare of Georgia, Inc.

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 **WellCare of Georgia, Inc. (WellCare)**. Information about **WellCare** appears in Table 1.

Table 1—WellCare Information	
CMO Name:	WellCare of Georgia, Inc.
CMO Location:	211 Perimeter Center Parkway, Suite 800 Atlanta, GA 30346
CMO Contact:	Michael Cotton
Contact Telephone Number:	(866) 300-1411
Contact E-mail Address:	Michael.Cotton@wellcare.com
Site Visit Date:	May 4 and 5, 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 WellCare		
	Performance Measure	Calculation by:
1.	Cesarean Delivery Rate— <i>AHRQ measure</i>	WellCare
2.	Low Birth Weight Rate— <i>AHRQ measure</i>	WellCare
3.	Asthma ED/Urgent Care Visits— <i>TR-developed measure</i>	WellCare
4.	Diabetes Short-Term Complications Admission Rate— <i>AHRQ measure</i>	WellCare
5.	Asthma Admission Rate— <i>AHRQ measure</i>	WellCare

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 **WellCare**, 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 **WellCare** 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 **WellCare** 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 WellCare approximately one week prior to the on-site visit. HSAG also conducted a pre-on-site conference call with WellCare 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 **WellCare**. Some team members, including the lead auditor, participated in the on-site meetings at **WellCare**; others conducted their work at HSAG’s offices. **WellCare**’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
Margaret Ketterer, RN, BSN, CHCA <i>Audit Director/Lead Auditor</i>	Auditing expertise, performance measure development, managed care operations
Allen Iovannisci, MS, CHCA <i>Secondary Auditor</i>	Auditing expertise, data analysis, programming, systems review
David Mabb, MS, CHCA <i>Associate Director/Audits</i>	Source code review management
Dan Moore <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 **WellCare**. In preparing the ISCAT document, HSAG removed questions that were already addressed in **WellCare**'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:** **WellCare** 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 **WellCare**. 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 **WellCare** on May 4 and 5, 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 **WellCare** 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 **WellCare** 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 **WellCare** staff members who were involved with performance measure reporting. Table 4 lists key **WellCare** interviewees:

Table 4—List of WellCare Interviewees	
Name	Title
Bob Klopotek	Vice President, IT Core Systems
Brian Pogue	Senior Manager, Claims
Carl Zumbano	Manager, Applications Development/EDI
Dana French	Senior Director of Operations
David Jeans	Vice President, IT Data Warehouse and Regulatory Reporting
Debbie Prosser	Manager, HEDIS
Jessica Belser	Manager, QI Analytics
Kendra Graham	Senior Compliance Auditor
Sharon Nisbet	Senior Director, Informatics
Thomas Clegg	HEDIS Specialist

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 **WellCare**, 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 **WellCare** 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 **WellCare**, 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 **WellCare** 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 **WellCare**. 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 **WellCare** was:

- Acceptable
- Not acceptable

Validation Results

The validation team evaluated **WellCare**'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)

WellCare used the Paradigm System to process claims. The system only accepted standard codes and principal codes were identified appropriately. In the Paradigm System, only standard submission forms were used. Most data were submitted via an electronic data interchange (EDI). Encounter data were received, processed, and stored in an operational data store (ODS). Sufficient edit checks were in place to ensure valid and complete encounter data. Institutional claims were reimbursed fee-for-service, ensuring completeness of data submission. 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 the performance measures were calculated.

Enrollment Data

WellCare 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. 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

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

Supplemental Data

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

Data Integration

The data integration and measure calculation process was well-documented using Statistical Analysis Software (SAS) scripts. The programmer responsible for the measure calculations was able to maneuver well through data files and demonstrate sound data control and validation processes. Some interpretation was required due to lack of clarity within the measure specifications.

The validation team reviewed the decision logic and interpretation of the specifications and verified with DCH any areas that needed clarification. Primary source verification was performed to validate measure output files during the on-site visit. WellCare 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 WellCare		
	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 **WellCare** for each performance measure. For additional information regarding performance measure results, see Appendix C of this report.

Table 7—Validation Findings for WellCare		
	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 WellCare of Georgia, Inc.

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

Appendix A. Data Integration and Control Findings

for WellCare of Georgia, Inc.

Documentation Worksheet

CMO Name:	WellCare of Georgia, Inc.
On-Site Visit Date:	May 4 and 5, 2010
Reviewers:	Margaret Ketterer, RN, BSN, CHCA, and Allen Iovannisci, MS, CHCA

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 WellCare of Georgia, Inc.

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

Appendix B. Denominator and Numerator Validation Findings

for WellCare of Georgia, Inc.

Reviewer Worksheets

CMO Name:	WellCare of Georgia, Inc.
On-Site Visit Date:	May 4 and 5, 2010
Reviewers:	Margaret Ketterer, RN, BSN, CHCA, and Allen Iovannisci, MS, CHCA

Table B-1—Denominator Validation Findings for WellCare

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 WellCare				
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"/>	WellCare 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 WellCare of Georgia, Inc.*

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

Appendix C. Performance Measure Results for WellCare of Georgia, Inc.

Indicator 1—Cesarean Delivery Rate

Table C-1—Indicator 1 for WellCare of Georgia, Inc.			
	Denominator	Numerator	Rate
Cesarean Delivery Rate	26,030	7,928	30.46%

Indicator 2—Low Birth Weight Rate

Table C-2—Indicator 2 for WellCare of Georgia, Inc.			
	Denominator	Numerator	Rate
Low Birth Weight Rate	28,482	1,962	6.89%

Indicator 3—Asthma Emergency Department/Urgent Care Visits

Table C-3—Indicator 3 for WellCare of Georgia, Inc.			
	Denominator	Numerator	Rate
Asthma ED/Urgent Care Visits	656,341	9,459	1.44%

Indicator 4—Diabetes Short-Term Complications Admission Rate

Table C-4—Indicator 4 for WellCare of Georgia, Inc.			
	Denominator	Numerator	Rate (per 100,000)
Diabetes Short-Term Complications Admission Rate	307,747	88	28.59

Indicator 5—Asthma Admission Rate

Table C-5—Indicator 5 for WellCare of Georgia, Inc.			
	Denominator	Numerator	Rate (per 100,000)
Asthma Admission Rate	490,801	514	104.73

Appendix D. **Final Audited HEDIS Results**
for WellCare of Georgia, Inc.

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

Appendix D. Final Audited HEDIS Results

for WellCare of Georgia, Inc.

CMO Audited Calendar Year 2009 HEDIS Performance Measure Report—WellCare			
Measure	Numerator	Denominator	CMO Rate
Well-Child Visits in the First 15 Months of Life - Zero Visits ¹	8	411	1.95% Hybrid
Well-Child Visits in the First 15 Months of Life - One Visit	11	411	2.68% Hybrid
Well-Child Visits in the First 15 Months of Life - Two Visits	22	411	5.35% Hybrid
Well-Child Visits in the First 15 Months of Life - Three Visits	23	411	5.60% Hybrid
Well-Child Visits in the First 15 Months of Life - Four Visits	45	411	10.95% Hybrid
Well-Child Visits in the First 15 Months of Life - Five Visits	66	411	16.06% Hybrid
Well-Child Visits in the First 15 Months of Life - Six or More Visits	236	411	57.42% Hybrid
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	242	411	58.88% Hybrid
Adolescent Well-Care Visits	135	411	32.85% Hybrid
Childrens and Adolescents Access to Primary Care Providers - Ages 12-24 Months	23,797	24,605	96.72%
Childrens and Adolescents Access to Primary Care Providers - Ages 25 Months - 6 Years	88,972	97,160	91.39%
Childrens and Adolescents Access to Primary Care Providers - Ages 7-11 Years	41,858	45,918	91.16%
Childrens and Adolescents Access to Primary Care Providers - Ages 12-19 Years	43,635	49,412	88.31%
Adults Access to Preventive/Ambulatory Health Services - Ages 20-44 Years	19,221	22,701	84.67%
Childhood Immunization Status - Combo 2	333	411	81.02% Hybrid
Lead Screening in Children	277	411	67.40% Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (Total)	150	411	36.50% Hybrid

CMO Audited Calendar Year 2009 HEDIS Performance Measure Report—WellCare			
Measure	Numerator	Denominator	CMO Rate
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (Total)	174	411	42.34% Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (Total)	159	411	38.69% Hybrid
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	2,113	4,875	43.34%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	432	840	51.43%
Annual Dental Visit - Ages 2-3 Years	16,345	40,455	40.40%
Annual Dental Visit - Ages 4-6 Years	42,691	58,297	73.23%
Annual Dental Visit - Ages 7-10 Years	48,936	64,324	76.08%
Annual Dental Visit - Ages 11-14 Years	36,409	53,000	68.70%
Annual Dental Visit - Ages 15-18 Years	24,670	42,112	58.58%
Annual Dental Visit - Ages 19-21 Years	938	2,496	37.58%
Annual Dental Visit - Total	169,989	260,684	65.21%
Cervical Cancer Screening	271	411	65.94% Hybrid
Breast Cancer Screening	1,247	2,432	51.27%
Comprehensive Diabetes Care - HbA1c Testing	431	548	78.65% Hybrid
Comprehensive Diabetes Care - HbA1c Poor Control ¹	298	548	54.38% Hybrid
Comprehensive Diabetes Care - HbA1c Good Control <8.0	212	548	38.69% Hybrid
Comprehensive Diabetes Care - HbA1c Good Control <7.0	146	457	31.95% Hybrid
Comprehensive Diabetes Care - Eye Exam	204	548	37.23% Hybrid

CMO Audited Calendar Year 2009 HEDIS Performance Measure Report—WellCare			
Measure	Numerator	Denominator	CMO Rate
Comprehensive Diabetes Care - LDL-C Screening	379	548	69.16% Hybrid
Comprehensive Diabetes Care - LDL-C Level	128	548	23.36% Hybrid
Comprehensive Diabetes Care - Medical Attention to Nephropathy	388	548	70.80% Hybrid
Comprehensive Diabetes Care - Blood Pressure Control <130/80	139	548	25.36% Hybrid
Comprehensive Diabetes Care - Blood Pressure Control <140/90	293	548	53.47% Hybrid
Use of Appropriate Medications for People with Asthma - Ages 5-11 Years	2,783	3,033	91.76%
Use of Appropriate Medications for People with Asthma - Ages 12-50 Years	1,528	1,762	86.72%
Use of Appropriate Medications for People with Asthma - Total	4,311	4,795	89.91%
Follow-Up After Hospitalization for Mental Illness - 30-Day Follow-Up	3,436	3,897	88.17%
Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-Up	3,103	3,897	79.63%
Inpatient Utilization—General Hospital/Acute Care	Rates reported in separate table		
Prenatal and Postpartum Care - Timeliness of Prenatal Care	338	411	82.24% Hybrid
Prenatal and Postpartum Care - Postpartum Care	286	411	69.59% Hybrid
Frequency of Ongoing Prenatal Care - <21 Percent	57	411	13.87% Hybrid
Frequency of Ongoing Prenatal Care - 21-40 Percent	13	411	3.16% Hybrid
Frequency of Ongoing Prenatal Care - 41-60 Percent	21	411	5.11% Hybrid
Frequency of Ongoing Prenatal Care - 61-80 Percent	39	411	9.49% Hybrid
Frequency of Ongoing Prenatal Care - 81+ Percent	281	411	68.37% Hybrid

CMO Audited Calendar Year 2009 HEDIS Performance Measure Report—WellCare			
Measure	Numerator	Denominator	CMO Rate
Weeks of Pregnancy at Time of Enrollment - <0 Weeks	51	411	12.41% Hybrid
Weeks of Pregnancy at Time of Enrollment - <1-12 Weeks	42	411	10.22% Hybrid
Weeks of Pregnancy at Time of Enrollment - <13-27 Weeks	244	411	59.37% Hybrid
Weeks of Pregnancy at Time of Enrollment - <28 or More Weeks	61	411	14.84% Hybrid
Weeks of Pregnancy at Time of Enrollment - Unknown	13	411	3.16% Hybrid
Weeks of Pregnancy at Time of Enrollment - Total	411	411	100% Hybrid
Appropriate Treatment For Children With Upper Respiratory Infection ²	8,617	38,793	77.79%
Mental Health Utilization	Rates reported in separate table		
Call Abandonment ¹	9,444	590,022	1.60%
Antibiotic Utilization	Rates reported in separate table		
Outpatient Drug Utilization - Average Cost of Prescriptions Per Member Per Month	NA		\$24.52
Outpatient Drug Utilization - Average Number of Prescriptions Per Member Per Month	NA		7.77
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 **WellCare of Georgia, Inc.**

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

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

Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)

WellCare of Georgia, Inc. (Medicaid/Peachcare Kids)

Age	Member Months
<1	526,817
1-9	2,957,429
10-19	1,921,096
20-44	723,855
45-64	72,283
65-74	537
75-84	17
85+	0
Unknown	0
Total	6,202,034

Total Inpatient

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	4011	7.61	24038	45.63	5.99
1-9	4184	1.41	12932	4.37	3.09
10-19	8472	4.41	25130	13.08	2.97
20-44	29053	40.14	83369	115.17	2.87
45-64	1105	15.29	5055	69.93	4.57
65-74	3	5.59	8	14.90	2.67
75-84	0	0.00	0	0.00	NA
85+	0	NA	0	NA	NA
Unknown	0		0		NA
Total	46,828	7.55	150,532	24.27	3.21

Medicine

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	3212	6.10	12880	24.45	4.01
1-9	3202	1.08	8411	2.84	2.63
10-19	1271	0.66	4091	2.13	3.22
20-44	1763	2.44	6191	8.55	3.51
45-64	585	8.09	2183	30.20	3.73
65-74	2	3.72	7	13.04	3.50
75-84	0	0.00	0	0.00	NA
85+	0	NA	0	NA	NA
Unknown	0		0		NA
Total	10,035	1.62	33,763	5.44	3.36

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for WellCare of Georgia, Inc.
 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	799	1.52	11158	21.18	13.96
1-9	982	0.33	4521	1.53	4.60
10-19	746	0.39	3892	2.03	5.22
20-44	1641	2.27	7480	10.33	4.56
45-64	499	6.90	2811	38.89	5.63
65-74	1	1.86	1	1.86	1.00
75-84	0	0.00	0	0.00	NA
85+	0	NA	0	NA	NA
Unknown	0		0		NA
Total	4,668	0.75	29,863	4.82	6.40
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	6455	3.36	17147	8.93	2.66
20-44	25649	35.43	69698	96.29	2.72
45-64	21	0.29	61	0.84	2.90
Unknown	0		0		NA
Total	32,125	11.82	86,906	31.98	2.71

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

Mental Health Utilization: Total (MPTA)												
WellCare of Georgia, Inc. (Medicaid/Peachcare Kids)												
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	2130264	2082436	4,212,700	2130264	2082436	4,212,700	2130264	2082436	4,212,700	2130264	2082436	4,212,700
13-17	490822	514848	1,005,670	490822	514848	1,005,670	490822	514848	1,005,670	490822	514848	1,005,670
18-64	144615	838495	983,110	144615	838495	983,110	144615	838495	983,110	144615	838495	983,110
65+	42	512	554	42	512	554	42	512	554	42	512	554
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	2,765,743	3,436,291	6,202,034	2,765,743	3,436,291	6,202,034	2,765,743	3,436,291	6,202,034	2,765,743	3,436,291	6,202,034

Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-12	M	13090	7.37%	1359	0.77%	2251	1.27%	12736	7.17%
	F	7438	4.29%	797	0.46%	1035	0.60%	7265	4.19%
	Total	20,528	5.85%	2,156	0.61%	3,286	0.94%	20,001	5.70%
13-17	M	5042	12.33%	722	1.77%	1019	2.49%	4860	11.88%
	F	4739	11.05%	769	1.79%	924	2.15%	4598	10.72%
	Total	9,781	11.67%	1,491	1.78%	1,943	2.32%	9,458	11.29%
18-64	M	1010	8.38%	178	1.48%	215	1.78%	926	7.68%
	F	6885	9.85%	956	1.37%	1849	2.65%	6372	9.12%
	Total	7,895	9.64%	1,134	1.38%	2,064	2.52%	7,298	8.91%
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	19,142	8.31%	2,259	0.98%	3,485	1.51%	18,522	8.04%
	F	19,062	6.66%	2,522	0.88%	3,808	1.33%	18,235	6.37%
	Total	38,204	7.39%	4,781	0.93%	7,293	1.41%	36,757	7.11%

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

Antibiotic Utilization: Total (ABXA)

WellCare of Georgia, Inc. (Medicaid/Peachcare Kids)

Pharmacy Benefit Member Months			
Age	Male	Female	Total
0-9	1763808	1720438	3,484,246
10-17	857278	876846	1,734,124
18-34	105738	640246	745,984
35-49	32181	169707	201,888
50-64	6696	28542	35,238
65-74	41	496	537
75-84	1	16	17
85+	0	0	0
Unknown	0	0	0
Total	2,765,743	3,436,291	6,202,034

Antibiotic Utilization								
Age	Sex	Total Antibiotic Scrips	Average Scrips PMPY for Antibiotics	Total Days Supplied for All Antibiotic Scrips	Average Days Supplied per Antibiotic Scrip	Total Number of Scrips for Antibiotics of Concern	Average Scrips PMPY for Antibiotics of Concern	Percentage of Antibiotics of Concern of all Antibiotic Scrips
0-9	M	238887	1.63	2201533	9.22	115589	0.79	48.39%
	F	229969	1.60	2147719	9.34	103591	0.72	45.05%
	Total	468,856	1.61	4,349,252	9.28	219,180	0.75	46.75%
10-17	M	59611	0.83	580583	9.74	28252	0.40	47.39%
	F	79854	1.09	731211	9.16	34877	0.48	43.68%
	Total	139,465	0.97	1,311,794	9.41	63,129	0.44	45.27%
18-34	M	8645	0.98	80886	9.36	3473	0.39	40.17%
	F	112222	2.10	877778	7.82	37883	0.71	33.76%
	Total	120,867	1.94	958,664	7.93	41,356	0.67	34.22%
35-49	M	3636	1.36	33057	9.09	1589	0.59	43.70%
	F	29493	2.09	247775	8.40	12688	0.90	43.02%
	Total	33,129	1.97	280,832	8.48	14,277	0.85	43.10%
50-64	M	795	1.42	7136	8.98	377	0.68	47.42%
	F	4144	1.74	35457	8.56	2072	0.87	50.00%
	Total	4,939	1.68	42,593	8.62	2,449	0.83	49.58%
65-74	M	2	0.59	45	22.50	0	0.00	0.00%
	F	41	0.99	352	8.59	21	0.51	51.22%
	Total	43	0.96	397	9.23	21	0.47	48.84%
75-84	M	0	0.00	0	NA	0	0.00	NA
	F	1	0.75	10	10.00	0	0.00	0.00%
	Total	1	0.71	10	10.00	0	0.00	0.00%
85+	M	0	NA	0	NA	0	NA	NA
	F	0	NA	0	NA	0	NA	NA
	Total	0	NA	0	NA	0	NA	NA
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	311,576	1.35	2,903,240	9.32	149,280	0.65	47.91%
	F	455,724	1.59	4,040,302	8.87	191,132	0.67	41.94%
	Total	767,300	1.48	6,943,542	9.05	340,412	0.66	44.36%

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for WellCare of Georgia, Inc.
 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	84	0.00	32650	0.22	43500	0.30	37150	0.25	0	0.00	2179	0.01	26	0.00
	F	99	0.00	30308	0.21	38637	0.27	32544	0.23	0	0.00	1981	0.01	22	0.00
	Total	183	0.00	62,958	0.22	82,137	0.28	69,694	0.24	0	0.00	4,160	0.01	48	0.00
10-17	M	488	0.01	4482	0.06	14604	0.20	7415	0.10	0	0.00	1245	0.02	18	0.00
	F	1433	0.02	5639	0.08	18119	0.25	8078	0.11	0	0.00	1594	0.02	14	0.00
	Total	1,921	0.01	10,121	0.07	32,723	0.23	15,493	0.11	0	0.00	2,839	0.02	32	0.00
18-34	M	578	0.07	247	0.03	1634	0.19	646	0.07	0	0.00	358	0.04	10	0.00
	F	8939	0.17	2476	0.05	17672	0.33	5426	0.10	0	0.00	3335	0.06	35	0.00
	Total	9,517	0.15	2,723	0.04	19,306	0.31	6,072	0.10	0	0.00	3,693	0.06	45	0.00
35-49	M	432	0.16	87	0.03	594	0.22	283	0.11	0	0.00	172	0.06	21	0.01
	F	3970	0.28	776	0.05	5090	0.36	1850	0.13	0	0.00	956	0.07	46	0.00
	Total	4,402	0.26	863	0.05	5,684	0.34	2,133	0.13	0	0.00	1,128	0.07	67	0.00
50-64	M	129	0.23	24	0.04	145	0.26	42	0.08	0	0.00	30	0.05	7	0.01
	F	772	0.32	114	0.05	797	0.34	288	0.12	0	0.00	90	0.04	11	0.00
	Total	901	0.31	138	0.05	942	0.32	330	0.11	0	0.00	120	0.04	18	0.01
65-74	M	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	F	10	0.24	2	0.05	9	0.22	0	0.00	0	0.00	0	0.00	0	0.00
	Total	10	0.22	2	0.04	9	0.20	0	0.00	0	0.00	0	0.00	0	0.00
75-84	M	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
	Total	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
85+	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
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	1,711	0.01	37,490	0.16	60,477	0.26	45,536	0.20	0	0.00	3,984	0.02	82	0.00
	F	15,223	0.05	39,315	0.14	80,324	0.28	48,186	0.17	0	0.00	7,956	0.03	128	0.00
	Total	16,934	0.03	76,805	0.15	140,801	0.27	93,722	0.18	0	0.00	11,940	0.02	210	0.00

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for WellCare of Georgia, Inc.
 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	11080	0.08	1	0.00	13587	0.09	0	0.00	554	0.00	97819	0.67	50	0.00	207	0.00
	F	17195	0.12	13	0.00	13411	0.09	0	0.00	481	0.00	94510	0.66	55	0.00	713	0.00
	Total	28,275	0.10	14	0.00	26,998	0.09	0	0.00	1,035	0.00	192,329	0.66	105	0.00	920	0.00
10-17	M	3978	0.06	2	0.00	5755	0.08	0	0.00	332	0.00	16763	0.23	4259	0.06	270	0.00
	F	8230	0.11	4	0.00	6244	0.09	0	0.00	439	0.01	21096	0.29	4629	0.06	4335	0.06
	Total	12,208	0.08	6	0.00	11,999	0.08	0	0.00	771	0.01	37,859	0.26	8,888	0.06	4,605	0.03
18-34	M	826	0.09	0	0.00	843	0.10	0	0.00	109	0.01	2409	0.27	823	0.09	162	0.02
	F	10305	0.19	11	0.00	7863	0.15	0	0.00	1057	0.02	21583	0.40	7791	0.15	25729	0.48
	Total	11,131	0.18	11	0.00	8,706	0.14	0	0.00	1,166	0.02	23,992	0.39	8,614	0.14	25,891	0.42
35-49	M	387	0.14	0	0.00	364	0.14	0	0.00	44	0.02	854	0.32	296	0.11	102	0.04
	F	3094	0.22	2	0.00	2126	0.15	0	0.00	314	0.02	5346	0.38	2117	0.15	3806	0.27
	Total	3,481	0.21	2	0.00	2,490	0.15	0	0.00	358	0.02	6,200	0.37	2,413	0.14	3,908	0.23
50-64	M	86	0.15	0	0.00	79	0.14	0	0.00	9	0.02	157	0.28	54	0.10	33	0.06
	F	429	0.18	3	0.00	364	0.15	0	0.00	24	0.01	685	0.29	267	0.11	300	0.13
	Total	515	0.18	3	0.00	443	0.15	0	0.00	33	0.01	842	0.29	321	0.11	333	0.11
65-74	M	2	0.59	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	F	2	0.05	0	0.00	3	0.07	0	0.00	0	0.00	4	0.10	4	0.10	7	0.17
	Total	4	0.09	0	0.00	3	0.07	0	0.00	0	0.00	4	0.09	4	0.09	7	0.16
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	1	0.75	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	Total	1	0.71	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
85+	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
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	16,359	0.07	3	0.00	20,628	0.09	0	0.00	1,048	0.00	118,002	0.51	5,482	0.02	774	0.00
	F	39,256	0.14	33	0.00	30,011	0.10	0	0.00	2,315	0.01	143,224	0.50	14,863	0.05	34,890	0.12
	Total	55,615	0.11	36	0.00	50,639	0.10	0	0.00	3,363	0.01	261,226	0.51	20,345	0.04	35,664	0.07

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

Race/Ethnicity Diversity of Membership (RDM)									
WellCare of Georgia, Inc. (Medicaid/Peachcare Kids)									
Eligible Population									
Category	Value								
Total unduplicated membership during the measurement year	751398								
Data Source	NR								
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%	15029	2.00%	141452	18.83%	156,481	20.83%
	F	0	0.00%	14016	1.87%	184356	24.54%	198,372	26.40%
	Total	0	0.00%	29,045	3.87%	325,808	43.36%	354,853	47.23%
Black or African American	M	0	0.00%	5723	0.76%	131959	17.56%	137,682	18.32%
	F	0	0.00%	5764	0.77%	192859	25.67%	198,623	26.43%
	Total	0	0.00%	11,487	1.53%	324,818	43.23%	336,305	44.76%
American-Indian and Alaska Native	M	0	0.00%	199	0.03%	0	0.00%	199	0.03%
	F	0	0.00%	285	0.04%	0	0.00%	285	0.04%
	Total	0	0.00%	484	0.06%	0	0.00%	484	0.06%
Asian	M	0	0.00%	6023	0.80%	0	0.00%	6,023	0.80%
	F	0	0.00%	6655	0.89%	0	0.00%	6,655	0.89%
	Total	0	0.00%	12,678	1.69%	0	0.00%	12,678	1.69%
Native Hawaiian and Other Pacific Islanders	M	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	F	0	0.00%	1	0.00%	0	0.00%	1	0.00%
	Total	0	0.00%	1	0.00%	0	0.00%	1	0.00%
Some Other Race	M	0	0.00%	3413	0.45%	0	0.00%	3,413	0.45%
	F	0	0.00%	3617	0.48%	0	0.00%	3,617	0.48%
	Total	0	0.00%	7,030	0.94%	0	0.00%	7,030	0.94%
Two or More Races	M	0	0.00%	0	0.00%	3	0.00%	3	0.00%
	F	0	0.00%	0	0.00%	1	0.00%	1	0.00%
	Total	0	0.00%	0	0.00%	4	0.00%	4	0.00%
Unknown	M	8190	1.09%	0	0.00%	12246	1.63%	20,436	2.72%
	F	8033	1.07%	0	0.00%	11574	1.54%	19,607	2.61%
	Total	16,223	2.16%	0	0.00%	23,820	3.17%	40,043	5.33%
Total	M	8,190	1.09%	30,387	4.04%	285,660	38.02%	324,237	43.15%
	F	8,033	1.07%	30,338	4.04%	388,790	51.74%	427,161	56.85%
	Total	16,223	2.16%	60,725	8.08%	674,450	89.76%	751,398	100.00%
Totals									
Measure	Percentage								
Percentage of plan members with known race information	94.67%								
Percentage of plan members with known ethnicity information	10.24%								

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

Language Diversity of Membership (LDM)			
WellCare of Georgia, Inc. (Medicaid/Peachcare Kids)			
Eligible Population			
Category	Value		
Total unduplicated membership during the measurement year:	751398		
Data Source	NR		
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	324237	43.15%
	F	427161	56.85%
	Total	751,398	100.00%
Total	M	324,237	43.15%
	F	427,161	56.85%
	Total	751,398	100.00%
Percentage of members with known interpretation needs			0.00%
Spoken Language at Home			
Spoken Language at Home	Sex	Number	Percentage
English	M	281510	37.46%
	F	383943	51.10%
	Total	665,453	88.56%
Spanish (or Spanish Creole)	M	19667	2.62%
	F	20036	2.67%
	Total	39,703	5.28%
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	295	0.04%
	F	383	0.05%
	Total	678	0.09%
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	92	0.01%
	F	154	0.02%
	Total	246	0.03%
Other Languages (e.g., Navajo, Other Native North American languages, Hungarian, Arabic, Hebrew, African languages)	M	214	0.03%
	F	501	0.07%
	Total	715	0.10%
Unknown	M	22459	2.99%
	F	22144	2.95%
	Total	44,603	5.94%
Total	M	324,237	43.15%
	F	427,161	56.85%
	Total	751,398	100.00%
Percentage of members with known spoken language			94.06%