Georgia Department of Community Health

Validation of Performance Measures

for

Peach State Health Plan

Measurement Period: Calendar Year 2010
Validation Period: State Fiscal Year 2011
Publish Date: July 15, 2011

HSAG HEALTH SERVICES ADVISORY GROUP

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 managed care enrollees 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, Suite 300 Smyrna, GA 30082
CMO Contact:	Clyde White, Compliance Officer
Contact Telephone Number:	(678) 556-2439
Contact E-mail Address:	cwhite@centene.com
Site Visit Date:	May 5, 2011

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 DCH. The measurement period was identified by DCH as calendar year (CY) 2010. Table 2 lists the performance measures validated and who calculated the performance measure.

Table 2—List of CY 2010 Performance Measures for Peach State	
Performance Measure	**Calculation by:**
1. Cesarean Delivery Rate—*AHRQ measure*	**Peach State**
2. Low Birth Weight Rate—*AHRQ measure*	**Peach State**
3. Asthma ED/Urgent Care Visits—*DCH-developed measure*	**Peach State**
4. Diabetes Short-Term Complications Admission Rate—*AHRQ measure*	**Peach State**
5. Asthma Admission Rate—*AHRQ measure*	**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 2010 results for all required measures.

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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; portions of the HEDIS 2011 Record of Administration, Data Management, and Processes (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.

Table 3—Validation Team	
Name / *Role*	**Skills and Expertise**
Patience Hoag, RHIT, CHCA, CCS, CCS-P, CPHQ *Lead Auditor*	Certified HEDIS auditor, performance measure validation knowledge, coding and health care quality expertise, interviewing skills
Melissa C. Brashears, MBA, CPA *Secondary Auditor*	Management of Audit Department, performance measure validation knowledge, interviewing skills, financial data analysis, and certified public accountant
David Mabb, MS, CHCA *Associate Director/Audits*	Source code review management
Ron Holcomb, AS *Source Code Reviewer*	Source code review
Kelly Stewart, BA, HCSA *Project Coordinator*	Overall project coordination and 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 2011 Roadmap**: **Peach State** completed and submitted portions of 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 5, 2011. 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**
Dean Greeson	Vice President, Medical Affairs
Irene Lord	Supervisor, Medical Management
Vandna Pandita	Manager, Accreditation
Ron Purisima	Manager, Quality Improvement Analytics
Donna McIntosh	Director, Compliance
Alfred Miller	Manager, Provider Data
Debra Peterson-Smith	Supervisor, Regulatory Affairs and Communication
Joyce McElwain	Director, Quality Management
Yolanda Spivey	Senior Director, Provider Data Analytics
Chevron Cardenas	Senior Director, Member/Provider Services
Clyde White	Vice President, Compliance
Mamiele McMichael	Senior Finance Director

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 was very proactive in preparing for the on-site visit, reaching out to the auditor related to on-site visit logistics ahead of time, which facilitated the on-site review process.

There were no concerns with **Peach State**'s claims/encounters data systems or processes. **Peach State** used the Amisys system for transaction processing. **Peach State** had a fee-for-service model for reimbursing its providers; therefore, capitation and encounter monitoring for data completeness were not applicable. Paper claims were received at the Farmington, Missouri, processing center, where they were batched and scanned, translating the data into an electronic format via optical character recognition. Controls and logs were in place to ensure that all claims data scanned were accounted for in Amisys. Providers submitted data electronically to **Peach State** through clearinghouses or through the provider portal. Hospitals submitted claims electronically, with only a few paper claims for adjustment or coordination of benefits. Acknowledgment reports were monitored to ensure that electronic claim submissions were accurate and complete. Monitoring of claims volume to identify aberrant provider and hospital submission patterns occurred. There were sufficient edits in Amisys to ensure that all digits in reported codes were captured in the system. Audits occurred at several stages during claims processing, with accuracy results for the measurement year meeting standards.

Post-on-site, **Peach State** verified that the diagnosis-related group (DRG) codes used for performance measure reporting were calculated by their grouper and that the DRGs captured were standard CMS-DRGs rather than MS-DRGs. **Peach State** had initially included MS-DRGs in its programming code, but the MS-DRGs were removed from the programming to further ensure compliance with specifications.

Enrollment Data

There were no concerns with **Peach State**'s eligibility/enrollment data systems or processes. The enrollment file for Medicaid and PeachCare for Kids was received daily and monthly from HP Enterprise Services (HP), the State's fiscal agent as of November 2010. Timelines for file provision and acquisition remained the same with only minimal changes in file format. There was a slight backlog at the end of the year; however, it was remedied by mid-January 2011.

Peach State's corporate information technology staff retrieved the file for processing, and the local data processing staff reviewed the file to ensure that records matched in Amisys. Once verified, it was uploaded into a batch summary file, which was then processed in Amisys. The enrollment data process was highly automated. Any errors were corrected manually, and monthly audits occurred to ensure data accuracy. Two new employees were added during the measurement year, augmenting **Peach State**'s ability to handle the volume of manual file corrections. **Peach State** used the

Medicaid identification number to identify unique members in Amisys. Newborn eligibility was determined by the date of birth plus six weeks. Newborns were linked to their mothers through the use of a case number.

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 generated its own programming for the calculations of the measures. A snapshot of the operational data store (ODS) was used, and a separate Microsoft Access database was created for each measure. The Access database tables and SQL programing code were reviewed pre-on-site and on-site as applicable. Detailed programming code was reviewed pre-on-site, with only a minor change to an ICD-9 diagnosis code needed. Pre-on-site, **Peach State** discovered some duplication of members in the diabetes short-term complication measure, and the programing code was resubmitted for review.

Each measure was reviewed thoroughly during the on-site review, and any deviation from specifications was noted. The auditor questioned the transfer codes used in the programming and requested detail on each transfer code and how the transfer code mapped to the AHRQ transfer codes in the specification Attachment J. Primary source verification was conducted for each measure, which found that aside from the diabetes measure, there may be additional duplication in other measures, as well. This may have been what led to the higher-than-expected rates for the asthma admission and cesarean section measures in previous years. **Peach State** reviewed its programming, made corrections, and resubmitted it for review. In addition, the auditor requested that **Peach State** rerun last year's data using revised programming to see if there were any material differences between the 2009 and 2010 measurement year rates.

Post-on-site, review of the transfer code descriptions revealed that **Peach State** was collecting transfer data from the wrong field on the UB-04. This was discussed, resulting in **Peach State** correcting and resubmitting its programming code, which entailed collecting admission source data from the Enterprise Data Warehouse (EDW) rather than ODS.

Upon review of rates generated using the revised programming, rates for all measures decreased compared to measurement year 2009. The rate for the Diabetes Short-Term Complications

Admission Rate measure fell from 34.59 admissions per 100,000 members for 2009 to 20.92 admissions per 100,000 members in 2010. The rate for the Asthma Admission Rate measure fell from 136.89 admissions per 100,000 members for 2009 to 114.03 admissions per 100,000 members for 2010. The rate for the Low Birth Weight Rate measure fell from 8.19 per 100 births for 2009 to 7.45 per 100 births, bringing it closer to other CMO performance rates. The changes in performance measure rates may be explained by the use of updated programming code, as well as **Peach State**'s member de-duplication efforts for several of the measures.

The auditors recommended formal documentation development for all phases of performance measure reporting, including validation of programming as well as validation of data entry into the reporting template. In addition, **Peach State** should consider reviewing rates quarterly rather than annually to ensure that measure performance is monitored throughout the measurement year.

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—*AHRQ measure*	No concerns identified
2. Low Birth Weight Rate—*AHRQ measure*	No concerns identified
3. Asthma ED/Urgent Care Visits—*DCH-developed measure*	No concerns identified
4. Diabetes Short-Term Complications Admission Rate—*AHRQ measure*	No concerns identified
5. Asthma Admission Rate—*AHRQ measure*	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—*AHRQ measure*	Fully Compliant
2.	Low Birth Weight Rate—*AHRQ measure*	Fully Compliant
3.	Asthma ED/Urgent Care Visits—*DCH-developed measure*	Fully Compliant
4.	Diabetes Short-Term Complications Admission Rate—*AHRQ measure*	Fully Compliant
5.	Asthma Admission Rate—*AHRQ measure*	Fully Compliant

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

Documentation Worksheet

CMO Name:	Peach State Health Plan
On-Site Visit Date:	May 5, 2011
Reviewers:	Patience Hoag, RHIT, CHCA, CCS, CCS-P, CPHQ, and Melissa C. Brashears, MBA, CPA

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.	☒	☐	☐	
Samples of data from the performance measure data repository are complete and accurate.	☒	☐	☐	
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.	☒	☐	☐	
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	☒	☐	☐	
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance measure database.	☒	☐	☐	
Computer program reports or documentation reflect vendor coordination activities, and no data necessary to performance measure reporting are lost or inappropriately modified during transfer.	☒	☐	☐	
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.	☒	☐	☐	
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	☒	☐	☐	

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.	☒	☐	☐	
Prescribed data cutoff dates are followed.	☒	☐	☐	
The CMO retains copies of files or databases used for performance measure reporting in case results need to be reproduced.	☒	☐	☐	
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.	☒	☐	☐	
The CMO's processes and documentation comply with the CMO standards associated with reporting program specifications, code review, and testing.	☒	☐	☐	

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

Reviewer Worksheets

CMO Name:	Peach State Health Plan
On-Site Visit Date:	May 5, 2011
Reviewers:	Patience Hoag, RHIT, CHCA, CCS, CCS-P, CPHQ, and Melissa C. Brashears, MBA, CPA

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.	☒	☐	☐	
Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance measures.	☒	☐	☐	
The CMO correctly calculates member months and member years if applicable to the performance measure.	☐	☐	☒	Calculations of member months and years 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.	☒	☐	☐	
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.).	☒	☐	☐	
Exclusion criteria included in the performance measure specifications are followed.	☒	☐	☐	
Systems or methods used by the CMO to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	☒	☐	☐	

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.	☒	☐	☐	
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.	☒	☐	☐	
The CMO avoids or eliminates all double-counted members or numerator events.	☒	☐	☐	
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.	☐	☐	☒	Peach State did not use any nonstandard 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).	☒	☐	☐	

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

Indicator 1—Cesarean Delivery Rate

Table C-1—Indicator 1 *for* Peach State Health Plan			
	Denominator	**Numerator**	**Rate (per 100)**
Cesarean Delivery Rate	17,430	5,476	31.42

The rate for the Cesarean Delivery Rate measure decreased slightly from the previous year, from 33.16 per 100 deliveries to 31.42 per 100 deliveries. This decrease may be attributed to corrected programming, eliminating duplication of members which may have increased rates for previous years' submissions.

Indicator 2—Low Birth Weight Rate

Table C-2—Indicator 2 *for* Peach State Health Plan			
	Denominator	**Numerator**	**Rate (per 100)**
Low Birth Weight Rate	19,374	1,443	7.45

The rate for the Low Birth Weight Rate measure fell from 8.19 per 100 births in 2009 to 7.45 per 100 births, bringing it closer to other CMO performance rates. This decrease may be attributed to corrected programming, eliminating duplication of members which may have increased rates for previous years' submissions. In addition, transfer codes were updated in the programming language, which may also have helped to decrease the rate.

Indicator 3—Asthma Emergency Department/Urgent Care Visits

Table C-3—Indicator 3 *for* Peach State Health Plan			
	Denominator	**Numerator**	**Rate**
Asthma ED/Urgent Care Visits	371,921	4,845	1.30%

The rate for the Asthma Emergency Department/Urgent Care Visit measure decreased slightly, from 1.40 percent in CY 2009 to 1.30 percent in CY 2010. Performance is now very comparable to other CMO rates for this measure.

Indicator 4—Diabetes Short-Term Complications Admission Rate

Table C-4—Indicator 4 *for* Peach State Health Plan			
	Denominator	**Numerator**	**Rate (per 100,000)**
Diabetes Short-Term Complications Admission Rate	186,456	39	20.92

The rate for the Diabetes Short-Term Complications Admission Rate measure fell from 34.58 admissions per 100,000 members in 2009 to 20.92 admissions per 100,000 members in 2010. This decrease may be attributed to corrected programming, eliminating duplication of members which may have increased rates for previous years' submissions. In addition, transfer codes were updated in the programming language, which may also have helped to decrease the rate.

Indicator 5—Asthma Admission Rate

Table C-5—Indicator 5 *for* Peach State Health Plan			
	Denominator	**Numerator**	**Rate (per 100,000)**
Asthma Admission Rate	279,747	319	114.03

The rate for the Asthma Admission Rate measure fell from 136.89 admissions per 100,000 members in 2009 to 114.03 admissions per 100,000 members in 2010. This decrease may be attributed to corrected programming, eliminating duplication of members which may have increased rates for previous years' submissions. In addition, transfer codes were updated in the programming language, which may also have helped to decrease the rate.

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

CMO Audited Calendar Year 2010 HEDIS Performance Measure Report—Peach State Health Plan			
Measure	**Numerator**	**Denominator**	**CMO Rate**
Well-Child Visits in the First 15 Months of Life—Zero Visits[1]	19	432	4.40% Hybrid
Well-Child Visits in the First 15 Months of Life—One Visit	14	432	3.24% Hybrid
Well-Child Visits in the First 15 Months of Life—Two Visits	13	432	3.01% Hybrid
Well-Child Visits in the First 15 Months of Life—Three Visits	30	432	6.94% Hybrid
Well-Child Visits in the First 15 Months of Life—Four Visits	49	432	11.34% Hybrid
Well-Child Visits in the First 15 Months of Life—Five Visits	74	432	17.13% Hybrid
Well-Child Visits in the First 15 Months of Life—Six or More Visits	233	432	53.94% Hybrid
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	295	431	68.45% Hybrid
Adolescent Well-Care Visits	165	432	38.19% Hybrid
Children's and Adolescents' Access to Primary Care Providers—Ages 12–24 Months	12,796	13,483	94.90%
Children's and Adolescents' Access to Primary Care Providers—Ages 25 Months–6 Years	52,981	58,442	90.66%
Children's and Adolescents' Access to Primary Care Providers—Ages 7–11 Years	30,065	33,178	90.62%
Children's and Adolescents' Access to Primary Care Providers—Ages 12–19 Years	31,783	36,106	88.03%
Adults' Access to Preventive/Ambulatory Health Services—Ages 20–44 Years	10,405	12,338	84.33%
Childhood Immunization Status—Combo 3	332	431	77.03% Hybrid
Lead Screening in Children	295	431	68.45% Hybrid

CMO Audited Calendar Year 2010 HEDIS Performance Measure Report—Peach State Health Plan			
Measure	**Numerator**	**Denominator**	**CMO Rate**
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Total)	125	431	29.00% Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition (Total)	196	431	45.48% Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity (Total)	138	431	32.02% Hybrid
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase	1,093	2,611	41.86%
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	260	464	56.03%
Annual Dental Visit—Ages 2–3 Years	9,473	24,447	38.75%
Annual Dental Visit—Ages 4–6 Years	25,142	34,854	72.14%
Annual Dental Visit—Ages 7–10 Years	28,942	38,398	75.37%
Annual Dental Visit—Ages 11–14 Years	22,125	32,986	67.07%
Annual Dental Visit—Ages 15–18 Years	14,165	25,694	55.13%
Annual Dental Visit—Ages 19–21 Years	549	1,532	35.84%
Annual Dental Visit—Total	100,396	157,911	63.58%
Cervical Cancer Screening	297	431	68.91% Hybrid
Breast Cancer Screening	640	1,246	51.36%
Comprehensive Diabetes Care—HbA1c Testing	458	631	72.58% Hybrid
Comprehensive Diabetes Care—HbA1c Poor Control[1]	379	631	60.06% Hybrid
Comprehensive Diabetes Care—HbA1c Good Control <8.0	213	631	33.76% Hybrid
Comprehensive Diabetes Care—HbA1c Good Control <7.0	127	525	24.19% Hybrid

CMO Audited Calendar Year 2010 HEDIS Performance Measure Report—Peach State Health Plan			
Measure	**Numerator**	**Denominator**	**CMO Rate**
Comprehensive Diabetes Care—Eye Exam	189	411	45.99% Hybrid
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	442	631	70.05% Hybrid
Comprehensive Diabetes Care—Blood Pressure Control <140/80	152	631	24.09% Hybrid
Comprehensive Diabetes Care—Blood Pressure Control <140/90	277	631	43.90% Hybrid
Use of Appropriate Medications for People with Asthma—Ages 5-11 Years	2,358	2,588	91.11%
Use of Appropriate Medications for People with Asthma—Ages 12-50 Years	1,331	1,522	87.45%
Use of Appropriate Medications for People with Asthma—Total	3,689	4,110	89.76%
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up	654	898	72.83%
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up	473	898	52.67%
Inpatient Utilization—General Hospital/Acute Care	Rates reported in Appendix E		
Prenatal and Postpartum Care—Timeliness of Prenatal Care	357	430	83.02% Hybrid
Prenatal and Postpartum Care—Postpartum Care	261	430	60.70% Hybrid
Frequency of Ongoing Prenatal Care—< 21 Percent	52	430	12.09% Hybrid
Frequency of Ongoing Prenatal Care—21–40 Percent	25	430	5.81% Hybrid
Frequency of Ongoing Prenatal Care—41–60 Percent	27	430	6.28% Hybrid
Frequency of Ongoing Prenatal Care—61–80 Percent	49	430	11.40% Hybrid

CMO Audited Calendar Year 2010 HEDIS Performance Measure Report—Peach State Health Plan			
Measure	**Numerator**	**Denominator**	**CMO Rate**
Frequency of Ongoing Prenatal Care—81+ Percent	277	430	64.42% Hybrid
Weeks of Pregnancy at Time of Enrollment— < 0 Weeks	49	431	11.37%
Weeks of Pregnancy at Time of Enrollment— < 1–12 Weeks	55	431	12.76%
Weeks of Pregnancy at Time of Enrollment— < 13–27 Weeks	246	431	57.08%
Weeks of Pregnancy at Time of Enrollment— < 28 or More Weeks	71	431	16.47%
Weeks of Pregnancy at Time of Enrollment—Unknown	10	431	2.32%
Weeks of Pregnancy at Time of Enrollment—Total	431	431	100.00%
Appropriate Treatment For Children With Upper Respiratory Infection (URI)[2]	5,854	27,822	78.96%
Mental Health Utilization	Rates reported in Appendix E		
Call Abandonment[1]	2,934	243,049	1.21%
Antibiotic Utilization	Rates reported in Appendix E		
Race/Ethnicity Diversity of Membership	Rates reported in Appendix E		
Language Diversity of Membership	Rates reported in Appendix E		
Ambulatory Care—Outpatient	1,236,614		343.36
Ambulatory Care—ED Visits	196,867		54.66

[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, which follows this page, contains **Peach State**'s audited CY 2010 HEDIS utilization measure results.

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	324,750
1-9	1,716,641
10-19	1,138,320
20-44	387,138
45-64	34,484
65-74	148
75-84	28
85+	4
Unknown	0
Total	3,601,513

Total Inpatient					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1915	5.90	14902	45.89	7.78
1-9	2151	1.25	6945	4.05	3.23
10-19	4199	3.69	12345	10.84	2.94
20-44	15703	40.56	44981	116.19	2.86
45-64	450	13.05	2017	58.49	4.48
65-74	0	0.00	0	0.00	NA
75-84	0	0.00	0	0.00	NA
85+	0	0.00	0	0.00	NA
Unknown	0		0		NA
Total	24,418	6.78	81,190	22.54	3.33

Medicine					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1495	4.60	6582	20.27	4.40
1-9	1664	0.97	4494	2.62	2.70
10-19	639	0.56	1873	1.65	2.93
20-44	753	1.95	3015	7.79	4.00
45-64	238	6.90	929	26.94	3.90
65-74	0	0.00	0	0.00	NA
75-84	0	0.00	0	0.00	NA
85+	0	0.00	0	0.00	NA
Unknown	0		0		NA
Total	4,789	1.33	16,893	4.69	3.53

Surgery					

Department of Community Health, State of Georgia
Audited CY 2010 HEDIS Utilization Measure Results for Peach State
Inpatient Utilization - General Hospital/Acute Care: Total (IPUA)

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	420	1.29	8320	25.62	19.81
1-9	487	0.28	2451	1.43	5.03
10-19	401	0.35	1916	1.68	4.78
20-44	596	1.54	3474	8.97	5.83
45-64	200	5.80	1047	30.36	5.24
65-74	0	0.00	0	0.00	NA
75-84	0	0.00	0	0.00	NA
85+	0	0.00	0	0.00	NA
Unknown	0		0		NA
Total	2,104	0.58	17,208	4.78	8.18
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	3159	2.78	8556	7.52	2.71
20-44	14354	37.08	38492	99.43	2.68
45-64	12	0.35	41	1.19	3.42
Unknown	0		0		NA
Total	17,525	11.23	47,089	30.19	2.69

*The maternity category is calculated using member months for members 10-64 years.

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	1251670	1226158	2,477,828	1251670	1226158	2,477,828	1251670	1226158	2,477,828	1251670	1226158	2,477,828
13-17	290889	301275	592,164	290889	301275	592,164	290889	301275	592,164	290889	301275	592,164
18-64	77969	453372	531,341	77969	453372	531,341	77969	453372	531,341	77969	453372	531,341
65+	59	121	180	59	121	180	59	121	180	59	121	180
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	1,620,587	1,980,926	3,601,513	1,620,587	1,980,926	3,601,513	1,620,587	1,980,926	3,601,513	1,620,587	1,980,926	3,601,513

Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial		Outpatient/ED	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-12	M	7149	6.85%	87	0.08%	89	0.09%	7144	6.85%
	F	4026	3.94%	41	0.04%	37	0.04%	4016	3.93%
	Total	11,175	5.41%	128	0.06%	126	0.06%	11,160	5.40%
13-17	M	3013	12.43%	164	0.68%	85	0.35%	2991	12.34%
	F	2726	10.86%	258	1.03%	90	0.36%	2700	10.75%
	Total	5,739	11.63%	422	0.86%	175	0.35%	5,691	11.53%
18-64	M	514	7.91%	65	1.00%	19	0.29%	497	7.65%
	F	3468	9.18%	301	0.80%	71	0.19%	3388	8.97%
	Total	3,982	8.99%	366	0.83%	90	0.20%	3,885	8.77%
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	10,676	7.91%	316	0.23%	193	0.14%	10,632	7.87%
	F	10,220	6.19%	600	0.36%	198	0.12%	10,104	6.12%
	Total	20,896	6.96%	916	0.31%	391	0.13%	20,736	6.91%

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	1033567	1007824	2,041,391
10-17	508992	519609	1,028,601
18-34	59571	355643	415,214
35-49	15276	84704	99,980
50-64	3122	13025	16,147
65-74	33	115	148
75-84	26	2	28
85+	0	4	4
Unknown	0	0	0
Total	1,620,587	1,980,926	3,601,513

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 Anitbiotics of Concern	Percentage of Antibiotics of Concern of all Antibiotic Scrips
0-9	M	128294	1.49	1186889	9.25	58719	0.68	45.77%
	F	121744	1.45	1140775	9.37	51738	0.62	42.50%
	Total	250,038	1.47	2,327,664	9.31	110,457	0.65	44.18%
10-17	M	29172	0.69	289328	9.92	13439	0.32	46.07%
	F	39762	0.92	365979	9.20	16628	0.38	41.82%
	Total	68,934	0.80	655,307	9.51	30,067	0.35	43.62%
18-34	M	3958	0.80	38427	9.71	1665	0.34	42.07%
	F	59915	2.02	459738	7.67	19286	0.65	32.19%
	Total	63,873	1.85	498,165	7.80	20,951	0.61	32.80%
35-49	M	1647	1.29	14469	8.79	741	0.58	44.99%
	F	14057	1.99	117114	8.33	5869	0.83	41.75%
	Total	15,704	1.88	131,583	8.38	6,610	0.79	42.09%
50-64	M	389	1.50	3556	9.14	190	0.73	48.84%
	F	2038	1.88	17025	8.35	1053	0.97	51.67%
	Total	2,427	1.80	20,581	8.48	1,243	0.92	51.22%
65-74	M	4	1.45	29	7.25	2	0.73	50.00%
	F	9	0.94	66	7.33	5	0.52	55.56%
	Total	13	1.05	95	7.31	7	0.57	53.85%
75-84	M	1	0.46	10	10.00	1	0.46	100.00%
	F	0	0.00	0	NA	0	0.00	NA
	Total	1	0.43	10	10.00	1	0.43	100.00%
85+	M	0	NA	0	NA	0	NA	NA
	F	0	0.00	0	NA	0	0.00	NA
	Total	0	0.00	0	NA	0	0.00	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	163,465	1.21	1,532,708	9.38	74,757	0.55	45.73%
	F	237,525	1.44	2,100,697	8.84	94,579	0.57	39.82%
	Total	400,990	1.34	3,633,405	9.06	169,336	0.56	42.23%

		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	49	0.00	10641	0.12	23734	0.28	22698	0.26	0	0.00	1595	0.02	2	0.00
	F	83	0.00	9841	0.12	20928	0.25	19457	0.23	0	0.00	1417	0.02	12	0.00
	Total	132	0.00	20,482	0.12	44,662	0.26	42,155	0.25	0	0.00	3,012	0.02	14	0.00
10-17	M	238	0.01	1243	0.03	6836	0.16	4325	0.10	0	0.00	790	0.02	7	0.00
	F	699	0.02	1597	0.04	8586	0.20	4736	0.11	0	0.00	1005	0.02	5	0.00
	Total	937	0.01	2,840	0.03	15,422	0.18	9,061	0.11	0	0.00	1,795	0.02	12	0.00
18-34	M	270	0.05	48	0.01	803	0.16	400	0.08	0	0.00	142	0.03	2	0.00
	F	4470	0.15	821	0.03	9328	0.31	2796	0.09	0	0.00	1865	0.06	6	0.00
	Total	4,740	0.14	869	0.03	10,131	0.29	3,196	0.09	0	0.00	2,007	0.06	8	0.00
35-49	M	209	0.16	13	0.01	328	0.26	138	0.11	0	0.00	53	0.04	0	0.00
	F	1938	0.27	168	0.02	2369	0.34	900	0.13	0	0.00	490	0.07	4	0.00
	Total	2,147	0.26	181	0.02	2,697	0.32	1,038	0.12	0	0.00	543	0.07	4	0.00
50-64	M	65	0.25	1	0.00	65	0.25	38	0.15	0	0.00	18	0.07	3	0.01
	F	347	0.32	19	0.02	458	0.42	166	0.15	0	0.00	63	0.06	0	0.00
	Total	412	0.31	20	0.01	523	0.39	204	0.15	0	0.00	81	0.06	3	0.00
65-74	M	1	0.36	0	0.00	1	0.36	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	4	0.42	0	0.00	0	0.00	1	0.10	0	0.00
	Total	1	0.08	0	0.00	5	0.41	0	0.00	0	0.00	1	0.08	0	0.00
75-84	M	1	0.46	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	1	0.43	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	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
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	833	0.01	11,946	0.09	31,767	0.24	27,599	0.20	0	0.00	2,598	0.02	14	0.00
	F	7,537	0.05	12,446	0.08	41,673	0.25	28,055	0.17	0	0.00	4,841	0.03	27	0.00
	Total	8,370	0.03	24,392	0.08	73,440	0.24	55,654	0.19	0	0.00	7,439	0.02	41	0.00

All Other Antibiotics Utilization																	
Age	Sex	Total Absorbable Sulfonamide Scrips	Average Scrips PMPY for Absorbable Sulfonamides	Total Amino-glycoside Scrips	Average Scrips PMPY for Amino-glycosides	Total 1st Generation Cephalo-sporin Scrips	Average Scrips PMPY for 1st Generation Cephalo-sporins	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	6550	0.08	7	0.00	6203	0.07	0	0.00	215	0.00	56374	0.65	18	0.00	208	0.00
	F	9358	0.11	9	0.00	6296	0.07	0	0.00	148	0.00	53804	0.64	10	0.00	381	0.00
	Total	15,908	0.09	16	0.00	12,499	0.07	0	0.00	363	0.00	110,178	0.65	28	0.00	589	0.00
10-17	M	2120	0.05	10	0.00	2520	0.06	0	0.00	155	0.00	8568	0.20	2164	0.05	196	0.00
	F	4365	0.10	1	0.00	2791	0.06	0	0.00	174	0.00	10933	0.25	2305	0.05	2565	0.06
	Total	6,485	0.08	11	0.00	5,311	0.06	0	0.00	329	0.00	19,501	0.23	4,469	0.05	2,761	0.03
18-34	M	351	0.07	12	0.00	333	0.07	0	0.00	43	0.01	990	0.20	453	0.09	111	0.02
	F	5117	0.17	8	0.00	4034	0.14	0	0.00	419	0.01	10484	0.35	4031	0.14	16536	0.56
	Total	5,468	0.16	20	0.00	4,367	0.13	0	0.00	462	0.01	11,474	0.33	4,484	0.13	16,647	0.48
35-49	M	147	0.12	0	0.00	153	0.12	0	0.00	23	0.02	407	0.32	104	0.08	72	0.06
	F	1468	0.21	0	0.00	1021	0.14	0	0.00	127	0.02	2464	0.35	855	0.12	2253	0.32
	Total	1,615	0.19	0	0.00	1,174	0.14	0	0.00	150	0.02	2,871	0.34	959	0.12	2,325	0.28
50-64	M	37	0.14	0	0.00	27	0.10	0	0.00	1	0.00	72	0.28	35	0.13	27	0.10
	F	189	0.17	0	0.00	178	0.16	0	0.00	16	0.01	320	0.29	100	0.09	182	0.17
	Total	226	0.17	0	0.00	205	0.15	0	0.00	17	0.01	392	0.29	135	0.10	209	0.16
65-74	M	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	2	0.73	0	0.00	0	0.00
	F	1	0.10	0	0.00	0	0.00	0	0.00	0	0.00	3	0.31	0	0.00	0	0.00
	Total	1	0.08	0	0.00	0	0.00	0	0.00	0	0.00	5	0.41	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	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
85+	M	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	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	9,205	0.07	29	0.00	9,236	0.07	0	0.00	437	0.00	66,413	0.49	2,774	0.02	614	0.00
	F	20,498	0.12	18	0.00	14,320	0.09	0	0.00	884	0.01	78,008	0.47	7,301	0.04	21,917	0.13
	Total	29,703	0.10	47	0.00	23,556	0.08	0	0.00	1,321	0.00	144,421	0.48	10,075	0.03	22,531	0.08

Race/Ethnicity Diversity of Membership (RDM)

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

Eligible Population			
Race/Ethnicity Percentage of Data Collected Using Direct Data Collection Methods		**Race/Ethnicity Percentage of Data Collected Using Indirect Data Collection Methods**	
Direct number of members	431025	Indirect number of members	0
Total unduplicated membership during the measurement year (this number represents the total number of members regardless of data collection method)	431025	**Total unduplicated membership during the measurement year (this number represents the total number of members regardless of data collection method)**	431025
Direct number and percentage of members	100.00%	Indirect (e.g. surname analysis/geo-coding) number and percentage of members	0.00%
CMS/State databases percentage of members	0		
Other Percentage of Members	1		

Department of Community Health, State of Georgia
Audited CY 2010 HEDIS Utilization Measure Results for Peach State
Race/Ethnicity Diversity of Membership (RDM)

Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	36863	73.51%	109978	30.90%	1395	5.58%	0	NR	148,236	34.39%
Black or African American	841	1.68%	222990	62.66%	2071	8.29%	0	NR	225,902	52.41%
American-Indian and Alaska Native	70	0.14%	200	0.06%	9	0.04%	0	NR	279	0.06%
Asian	193	0.38%	11021	3.10%	65	0.26%	0	NR	11,279	2.62%
Native Hawaiian and Other Pacific Islanders	153	0.31%	159	0.04%	8	0.03%	0	NR	320	0.07%
Some Other Race	11952	23.83%	2147	0.60%	132	0.53%	0	NR	14,231	3.30%
Two or More Races	0	0.00%	0	0.00%	0	0.00%	0	NR	0	0.00%
Unknown	77	0.15%	9391	2.64%	21310	85.27%	0	NR	30,778	7.14%
Declined	0	0.00%	0	0.00%	0	0.00%	0	NR	0	0.00%
Total	50,149	100.00%	355,886	100.00%	24,990	100.00%	0	NR	431,025	100.00%

Direct/Indirect Percentage of plan members			
Measure	Percentage	Measure	Percentage
Percentage of members for whom the organization has race information through direct data collection methods	0.928593469056319	Percentage of members for whom the organization has race information through indirect data collection methods	0
Percentage of members for whom the organization has ethnicity information through direct data collection methods	0.942021924482339	Percentage of members for whom the organization has ethnicity information through indirect data collection methods	0

Language Diversity of Membership (LDM)

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

Percentage of Members With Known Language Value from Each Data Source

Category	Health Plan Direct	CMS/State Databases	Other Third-Party Source
Spoken Language Preferred for Health Care*	0	0	1
Preferred Language for Written Materials*	0	0	1
Other Language Needs*	0	0	1
*Enter percentage as a value between 0 and 1.			

Spoken Language Preferred for Health Care

	Number	Percentage
English	378109	87.71%
Non-English	37246	8.64%
Unknown	15738	3.65%
Declined	0	0.00%
Total: this should sum to 100%	431,093	100.00%

Language Preferred for Written Materials

	Number	Percentage
English	378109	87.71%
Non-English	37246	8.64%
Unknown	15738	3.65%
Declined	0	0.00%
Total: this should sum to 100%	431,093	100.00%

Other Languages Needs

	Number	Percentage
English	378109	87.71%
Non-English	37246	8.64%
Unknown	15738	3.65%
Declined	0	0.00%
Total: this should sum to 100%	431,093	100.00%