



## Georgia Department of Community Health

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### Validation of Performance Measures

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*for*

### AMERIGROUP Community Care

Measurement Period: Calendar Year 2010

Validation Period: State Fiscal Year 2011

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**for AMERIGROUP Community Care**

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## Validation of Performance Measures for AMERIGROUP Community Care

### 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 **AMERIGROUP Community Care (AMERIGROUP)**. Information about **AMERIGROUP** appears in Table 1.

Table 1—AMERIGROUP Information	
<b>CMO Name:</b>	AMERIGROUP Community Care
<b>CMO Location:</b>	303 Perimeter Center North, Suite 400 Atlanta, GA 30346
<b>CMO Contact:</b>	Joanne Soubliis, Risk Control and Compliance Officer
<b>Contact Telephone Number:</b>	(678) 587-4876
<b>Contact E-mail Address:</b>	JSoubli@amerigroupcorp.com
<b>Site Visit Date:</b>	May 3 and 4, 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 AMERIGROUP**

	Performance Measure	Calculation by:
1.	Cesarean Delivery Rate— <i>AHRQ measure</i>	<b>AMERIGROUP</b>
2.	Low Birth Weight Rate— <i>AHRQ measure</i>	<b>AMERIGROUP</b>
3.	Asthma ED/Urgent Care Visits— <i>DCH-developed measure</i>	<b>AMERIGROUP</b>
4.	Diabetes Short-Term Complications Admission Rate— <i>AHRQ measure</i>	<b>AMERIGROUP</b>
5.	Asthma Admission Rate— <i>AHRQ measure</i>	<b>AMERIGROUP</b>

In addition, each CMO was required to report a selected set of Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) measures to DCH. The CMOs were required to contract with an NCQA-licensed audit organization and undergo a NCQA HEDIS Compliance Audit<sup>™</sup>. 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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HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA)  
HEDIS Compliance Audit<sup>™</sup> 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 **AMERIGROUP**, 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 **AMERIGROUP** 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 **AMERIGROUP** 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 **AMERIGROUP** approximately one week prior to the on-site visit. HSAG also conducted a pre-on-site conference call with **AMERIGROUP** 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 **AMERIGROUP**. Some team members, including the lead auditor, participated in the on-site meetings at **AMERIGROUP**; others conducted their work at HSAG’s offices. **AMERIGROUP**’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
Melissa C. Brashears, CPA, MBA <i>Executive Director, Audits</i>	Management of Audit Department, HEDIS knowledge, interviewing skills, financial data analysis, and certified public accountant
Wendy Talbot, MPH, CHCA <i>Lead Auditor</i>	Auditing expertise, project management, performance measure development, managed care operations
John Couzins, MPH, CHCA <i>Secondary Auditor</i>	Audit knowledge and experience, performance measure development, and statistical analysis
David Mabb, MS, CHCA <i>Associate Director/Audits</i>	Source code review management

**Table 3—Validation Team**

Name / Role	Skills and Expertise
Ron Holcomb, AS <i>Source Code Reviewer</i>	Source code review
Kelly Stewart, BA, HCSA <i>Project Coordinator</i>	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 **AMERIGROUP**. In preparing the ISCAT document, HSAG removed questions that were already addressed in **AMERIGROUP**'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:** **AMERIGROUP** 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 **AMERIGROUP**. 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 **AMERIGROUP** on May 3 and 4, 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 **AMERIGROUP** 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 **AMERIGROUP** 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 **AMERIGROUP** staff members who were involved with performance measure reporting. Table 4 lists key **AMERIGROUP** interviewees:

Table 4—List of AMERIGROUP Interviewees	
Name	Title
Lee Root	Chief Information Officer
Russ Esposito	Senior Vice President
Diana Cleary	Director of Security and Compliance
Jill Heine	Plan Compliance Officer, New Mexico
Rachelle Whitacre	Regulatory Market Manager
Joanne Soublis	Plan Compliance Officer, Georgia
Tawonna Ingram	Director, HEDIS
Angela Evans	Manager, Performance Reporting

**Table 4—List of AMERIGROUP Interviewees**

<b>Name</b>	<b>Title</b>
Gail Brown	Manager, Performance Reporting
Kim Turner	Assistant Vice President, Claims Operations
Leslie Langslow	Assistant Vice President, Claims Operations
Andre Payne	Vice President, Provider Relations
Fran Gary	Chief Operating Officer
Bridget McKenzie	Vice President, Healthcare Management Systems
Ester Mays	Director, Finance



## 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 **AMERIGROUP**, 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 **AMERIGROUP** 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 **AMERIGROUP**, 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 **AMERIGROUP** 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 **AMERIGROUP**. 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 **AMERIGROUP** was:

- Acceptable
- Not acceptable

## Validation Results

The validation team evaluated **AMERIGROUP**'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)***

**AMERIGROUP** required the submission of all data using standard codes and forms. Most data (90 percent) were submitted electronically. **AMERIGROUP** scanned paper claims. A keying vendor, Affiliated Computer Services (ACS), then processed the files. **AMERIGROUP** had good control procedures in place for monitoring data flow to and from ACS and between **AMERIGROUP** and the three clearinghouses. There were sufficient edit checks in place, and ongoing audits were performed to verify the completeness and accuracy of submitted and processed data. The validation team determined that inpatient facility claims data (which are used for the measures under validation) were complete and that **AMERIGROUP** was fully compliant with the processing of claims and encounter data. Hospitals in Georgia were paid based on fee for service, which mitigated the concern about incomplete facility data.

### ***Enrollment Data***

**AMERIGROUP** received electronic enrollment data monthly from the State's enrollment broker. These data were processed, reconciled, and loaded into Facets. **AMERIGROUP** performed validation checks to remove duplicate members and to ensure data were complete and accurate. **AMERIGROUP** received and processed all data in a timely manner, with no issues identified during the measurement period.

### ***Provider Data***

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

### ***Medical Record Review Process***

**AMERIGROUP** 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***

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

**Data Integration**

All of the performance measures were generated using data from Reporting MedFin, a data warehouse updated on the second day of each month with data from Facets. A team of **AMERIGROUP** staff members was responsible for generating the source code to run the measures. The code was internally reviewed and approved, and version control was monitored through a numbering system. The source code was still under review at the time of the on-site visit and was approved post-on-site. Primary source verification was performed on all of the measures during the on-site visit, and no issues were identified.

**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 AMERIGROUP		
	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>DCH-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	
<b>Fully Compliant (FC)</b>	Indicates that the performance measure was fully compliant with DCH specifications.
<b>Substantially Compliant (SC)</b>	Indicates that the performance measure was substantially compliant with DCH specifications and had only minor deviations that did not significantly bias the reported rate.
<b>Not Valid (NV)</b>	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.
<b>Not Applicable (NA)</b>	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 **AMERIGROUP** for each performance measure. For additional information regarding performance measure results, see Appendix C of this report.

Table 7—Validation Findings for AMERIGROUP		
	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>DCH-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 AMERIGROUP Community Care

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

## Appendix A. Data Integration and Control Findings for AMERIGROUP Community Care

### Documentation Worksheet

<b>CMO Name:</b>	AMERIGROUP Community Care
<b>On-Site Visit Date:</b>	May 3 and 4, 2011
<b>Reviewers:</b>	Wendy Talbot, MPH, CHCA, and John Couzins, MPH, CHCA

Data Integration and Control Element	Met	Not Met	N/A	Comments
<b>Accuracy of data transfers to assigned performance measure data repository</b>				
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"/>	
<b>Accuracy of file consolidations, extracts, and derivations</b>				
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"/>	
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"/>	
<b>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.</b>				
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
<b>Assurance of effective management of report production and of the reporting software.</b>				
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 AMERIGROUP Community Care

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



## Appendix B. Denominator and Numerator Validation Findings for AMERIGROUP Community Care

### Reviewer Worksheets

<b>CMO Name:</b>	AMERIGROUP Community Care
<b>On-Site Visit Date:</b>	May 3–4, 2011
<b>Reviewers:</b>	Wendy Talbot, MPH, CHCA, and John Couzins, MPH, CHCA

**Table B-1—Denominator Validation Findings for AMERIGROUP Community Care**

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"/>	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.	<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 AMERIGROUP Community Care				
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"/>	AMERIGROUP 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).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Appendix C. Performance Measure Results for **AMERIGROUP Community Care**

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

## Appendix C. Performance Measure Results for AMERIGROUP Community Care

### Indicator 1—Cesarean Delivery Rate

Table C-1—Indicator 1 for AMERIGROUP Community Care			
	Denominator	Numerator	Rate (per 100)
Cesarean Delivery Rate	13,706	4,508	32.89

The Cesarean Delivery rate remained relatively stable, with only a 0.36 percentage point drop from 2009 to 2010. The 2009 rate was 33.25, and there were 11,264 total deliveries.

### Indicator 2—Low Birth Weight Rate

Table C-2—Indicator 2 for AMERIGROUP Community Care			
	Denominator	Numerator	Rate (per 100)
Low Birth Weight Rate	15,000	1,172	7.81

The Low Birth Weight rate increased from 7.66 in 2009 to 7.81 in 2010, a total increase of 0.15 percentage points. This slight increase could be related to the increase in the number of newborns from 12,445 in 2009 to 15,000 in 2010.

### Indicator 3—Asthma Emergency Department/Urgent Care Visits

Table C-3—Indicator 3 for AMERIGROUP Community Care			
	Denominator	Numerator	Rate
Asthma ED/Urgent Care Visits	258,265	5,713	2.21%

The rate for the Asthma Emergency Department/Urgent Care Visit measure increased from 1.62% in 2009 to 2.21% in 2010. The increase in this rate was due to the clarification of the measure specifications and reporting timeframe. The denominator for this measure dropped from 340,876 in 2009 to 258,265 in 2010.

### Indicator 4—Diabetes Short-Term Complications Admission Rate

Table C-4—Indicator 4 for AMERIGROUP Community Care			
	Denominator	Numerator	Rate (per 100,000)
Diabetes Short-Term Complications Admission Rate	130,624	21	16.08

The Diabetes Short-Term Complications Admission rate increased from 14.02 admissions per 100,000 members for 2009 to 16.08 admissions per 100,000 members in 2010. This increase may be attributed to the clarification of the specifications and reporting requirements. The denominator for this measure dropped from 171,126 in 2009 to 130,624 in 2010, which would lead to an increase in the rate.

### Indicator 5—Asthma Admission Rate

Table C-5—Indicator 5 for AMERIGROUP Community Care			
	Denominator	Numerator	Rate (per 100,000)
Asthma Admission Rate	186,522	143	76.67

The Asthma Admission rate increased from 68.43 admissions per 100,000 members in 2009 to 76.67 admissions per 100,000 members in 2010. This increase may be attributed to the clarification of the specifications and reporting requirements. The denominator for this measure dropped from 249,887 members in 2009 to 186,522 members in 2010, which would lead to an increase in the rate.

## Appendix D. **Final Audited HEDIS Results** for **AMERIGROUP Community Care**

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

## Appendix D. Final Audited HEDIS Results for AMERIGROUP Community Care

CMO Audited Calendar Year 2010 HEDIS Performance Measure Report—AMERIGROUP Community Care			
Measure	Numerator	Denominator	CMO Rate
Well-Child Visits in the First 15 Months of Life—Zero Visits <sup>1</sup>	8	428	1.87% Hybrid
Well-Child Visits in the First 15 Months of Life—One Visit	6	428	1.40% Hybrid
Well-Child Visits in the First 15 Months of Life—Two Visits	22	428	5.14% Hybrid
Well-Child Visits in the First 15 Months of Life—Three Visits	29	428	6.78% Hybrid
Well-Child Visits in the First 15 Months of Life—Four Visits	50	428	11.68% Hybrid
Well-Child Visits in the First 15 Months of Life—Five Visits	56	428	13.08% Hybrid
Well-Child Visits in the First 15 Months of Life—Six or More Visits	257	428	60.05% Hybrid
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	316	450	70.22% Hybrid
Adolescent Well-Care Visits	197	432	45.60% Hybrid
Children’s and Adolescents’ Access to Primary Care Providers—Ages 12–24 Months	9,490	9,807	96.77%
Children’s and Adolescents’ Access to Primary Care Providers—Ages 25 Months–6 Years	39,382	42,976	91.64%
Children’s and Adolescents’ Access to Primary Care Providers—Ages 7–11 Years	24,224	26,110	92.78%
Children’s and Adolescents’ Access to Primary Care Providers—Ages 12–19 Years	26,321	29,269	89.93%
Adults’ Access to Preventive/Ambulatory Health Services—Ages 20–44 Years	8,739	10,250	85.26%
Childhood Immunization Status—Combo 3	324	432	75.00% Hybrid
Lead Screening in Children	284	432	65.74% Hybrid

<b>CMO Audited Calendar Year 2010 HEDIS Performance Measure Report—AMERIGROUP Community Care</b>			
<b>Measure</b>	<b>Numerator</b>	<b>Denominator</b>	<b>CMO Rate</b>
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Total)	121	424	28.54% Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition (Total)	207	424	48.82% Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity (Total)	131	424	30.90% Hybrid
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase	943	2,069	45.58%
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	212	363	58.40%
Annual Dental Visit—Ages 2–3 Years	8,294	17,536	47.30%
Annual Dental Visit—Ages 4–6 Years	20,040	26,031	76.99%
Annual Dental Visit—Ages 7–10 Years	26,113	32,978	79.18%
Annual Dental Visit—Ages 11–14 Years	20,797	29,131	71.39%
Annual Dental Visit—Ages 15–18 Years	13,661	22,629	60.37%
Annual Dental Visit—Ages 19–21 Years	394	952	41.39%
Annual Dental Visit—Total	89,299	129,257	69.09%
Cervical Cancer Screening	256	364	70.33% Hybrid
Breast Cancer Screening	484	914	52.95%
Comprehensive Diabetes Care—HbA1c Testing	469	573	81.85% Hybrid
Comprehensive Diabetes Care—HbA1c Poor Control <sup>1</sup>	301	573	52.53% Hybrid
Comprehensive Diabetes Care—HbA1c Good Control <8.0	219	573	38.22% Hybrid
Comprehensive Diabetes Care—HbA1c Good Control <7.0	146	489	29.86% Hybrid



<b>CMO Audited Calendar Year 2010 HEDIS Performance Measure Report—AMERIGROUP Community Care</b>			
<b>Measure</b>	<b>Numerator</b>	<b>Denominator</b>	<b>CMO Rate</b>
Comprehensive Diabetes Care—Eye Exam	270	573	47.12% Hybrid
Comprehensive Diabetes Care—LDL-C Screening	405	573	70.68% Hybrid
Comprehensive Diabetes Care—LDL-C Level	163	573	28.45% Hybrid
Comprehensive Diabetes Care—Medical Attention to Nephropathy	406	573	70.86% Hybrid
Comprehensive Diabetes Care—Blood Pressure Control <140/80	193	573	33.68% Hybrid
Comprehensive Diabetes Care—Blood Pressure Control <140/90	321	573	56.02% Hybrid
Use of Appropriate Medications for People with Asthma—Ages 5-11 Years	2,020	2,189	92.28%
Use of Appropriate Medications for People with Asthma—Ages 12-50 Years	1,188	1,324	89.73%
Use of Appropriate Medications for People with Asthma—Total	3,208	3,513	91.32%
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up	769	1,085	70.88%
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up	506	1,085	46.64%
Inpatient Utilization—General Hospital/Acute Care	Rates reported in Appendix E		
Prenatal and Postpartum Care—Timeliness of Prenatal Care	390	431	90.49% Hybrid
Prenatal and Postpartum Care—Postpartum Care	283	431	65.66% Hybrid
Frequency of Ongoing Prenatal Care—< 21 Percent	26	431	6.03% Hybrid
Frequency of Ongoing Prenatal Care—21–40 Percent	18	431	4.18% Hybrid
Frequency of Ongoing Prenatal Care—41–60 Percent	26	431	6.03% Hybrid
Frequency of Ongoing Prenatal Care—61–80 Percent	48	431	11.14% Hybrid

CMO Audited Calendar Year 2010 HEDIS Performance Measure Report—AMERIGROUP Community Care			
Measure	Numerator	Denominator	CMO Rate
Frequency of Ongoing Prenatal Care—81+ Percent	313	431	72.62% Hybrid
Weeks of Pregnancy at Time of Enrollment— < 0 Weeks	1,217	15,607	7.80%
Weeks of Pregnancy at Time of Enrollment— < 1–12 Weeks	1,114	15,607	7.14%
Weeks of Pregnancy at Time of Enrollment— < 13–27 Weeks	9,472	15,607	60.69%
Weeks of Pregnancy at Time of Enrollment— < 28 or More Weeks	2,544	15,607	16.30%
Weeks of Pregnancy at Time of Enrollment—Unknown	1,260	15,607	8.07%
Weeks of Pregnancy at Time of Enrollment—Total	15,607	15,607	100.00%
Appropriate Treatment For Children With Upper Respiratory Infection (URI) <sup>2</sup>	3,959	20,208	80.41%
Mental Health Utilization	Rates reported in Appendix E		
Call Abandonment <sup>1</sup>	1,415	162,680	0.87%
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	1,117,323		361.48
Ambulatory Care—ED Visits	179,563		58.09

<sup>1</sup> Note: Lower rate is better

<sup>2</sup> 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 2010 HEDIS Utilization Measure Results for AMERIGROUP Community Care

Appendix E, which follows this page, contains **AMERIGROUP**'s audited CY 2010 HEDIS utilization measure results.

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

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

AMERIGROUP Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None)

Age	Member Months
<1	240,494
1-9	1,403,044
10-19	1,053,196
20-44	359,422
45-64	34,688
65-74	104
75-84	13
85+	5
Unknown	0
<b>Total</b>	<b>3,090,966</b>

**Total Inpatient**

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1464	6.09	10789	44.86	7.37
1-9	1177	0.84	4275	3.05	3.63
10-19	3523	3.35	10876	10.33	3.09
20-44	14612	40.65	43233	120.28	2.96
45-64	448	12.92	2324	67.00	5.19
65-74	3	28.85	10	96.15	3.33
75-84	0	0.00	0	0.00	NA
85+	0	0.00	0	0.00	NA
Unknown	0		0		NA
<b>Total</b>	<b>21,227</b>	<b>6.87</b>	<b>71,507</b>	<b>23.13</b>	<b>3.37</b>

**Medicine**

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1132	4.71	5169	21.49	4.57
1-9	905	0.65	2655	1.89	2.93
10-19	462	0.44	1641	1.56	3.55
20-44	615	1.71	2461	6.85	4.00
45-64	252	7.26	1131	32.60	4.49
65-74	2	19.23	7	67.31	3.50
75-84	0	0.00	0	0.00	NA
85+	0	0.00	0	0.00	NA
Unknown	0		0		NA
<b>Total</b>	<b>3,368</b>	<b>1.09</b>	<b>13,064</b>	<b>4.23</b>	<b>3.88</b>

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

<b>Surgery</b>					
<b>Age</b>	<b>Discharge s</b>	<b>Discharge s / 1,000 Member Months</b>	<b>Days</b>	<b>Days / 1,000 Members Months</b>	<b>Average Length of Stay</b>
<1	332	1.38	5620	23.37	16.93
1-9	272	0.19	1620	1.15	5.96
10-19	285	0.27	1800	1.71	6.32
20-44	538	1.50	3173	8.83	5.90
45-64	185	5.33	1171	33.76	6.33
65-74	1	9.62	3	28.85	3.00
75-84	0	0.00	0	0.00	NA
85+	0	0.00	0	0.00	NA
Unknown	0		0		NA
<b>Total</b>	<b>1,613</b>	<b>0.52</b>	<b>13,387</b>	<b>4.33</b>	<b>8.30</b>
<b>Maternity*</b>					
<b>Age</b>	<b>Discharge s</b>	<b>Discharge s / 1,000 Member Months</b>	<b>Days</b>	<b>Days / 1,000 Members Months</b>	<b>Average Length of Stay</b>
10-19	2776	2.64	7435	7.06	2.68
20-44	13459	37.45	37599	104.61	2.79
45-64	11	0.32	22	0.63	2.00
Unknown	0		0		NA
<b>Total</b>	<b>16,246</b>	<b>11.22</b>	<b>45,056</b>	<b>31.13</b>	<b>2.77</b>
*The maternity category is calculated using member months for members 10-64 years.					

**Department of Community Health, State of Georgia**  
 Audited CY 2010 HEDIS Utilization Measure Results for AMERIGROUP  
 Mental Health Utilization: Total (MPTA)

<b>Mental Health Utilization: Total (MPTA)</b>												
<b>AMERIGROUP Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None)</b>												
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	1039599	1006024	2,045,623	1039599	1006024	2,045,623	1039599	1006024	2,045,623	1039599	1006024	2,045,623
13-17	276831	276230	553,061	276831	276230	553,061	276831	276230	553,061	276831	276230	553,061
18-64	80879	411257	492,136	80879	411257	492,136	80879	411257	492,136	80879	411257	492,136
65+	26	96	122	26	96	122	26	96	122	26	96	122
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1,397,335</b>	<b>1,693,607</b>	<b>3,090,942</b>	<b>1,397,335</b>	<b>1,693,607</b>	<b>3,090,942</b>	<b>1,397,335</b>	<b>1,693,607</b>	<b>3,090,942</b>	<b>1,397,335</b>	<b>1,693,607</b>	<b>3,090,942</b>
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	6658	7.69%	151	0.17%	50	0.06%	6642	7.67%			
	F	3715	4.43%	71	0.08%	16	0.02%	3705	4.42%			
	<b>Total</b>	<b>10,373</b>	<b>6.08%</b>	<b>222</b>	<b>0.13%</b>	<b>66</b>	<b>0.04%</b>	<b>10,347</b>	<b>6.07%</b>			
13-17	M	2944	12.76%	213	0.92%	61	0.26%	2902	12.58%			
	F	2537	11.02%	274	1.19%	55	0.24%	2490	10.82%			
	<b>Total</b>	<b>5,481</b>	<b>11.89%</b>	<b>487</b>	<b>1.06%</b>	<b>116</b>	<b>0.25%</b>	<b>5,392</b>	<b>11.70%</b>			
18-64	M	533	7.91%	88	1.31%	12	0.18%	505	7.49%			
	F	3360	9.80%	383	1.12%	75	0.22%	3228	9.42%			
	<b>Total</b>	<b>3,893</b>	<b>9.49%</b>	<b>471</b>	<b>1.15%</b>	<b>87</b>	<b>0.21%</b>	<b>3,733</b>	<b>9.10%</b>			
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%			
	<b>Total</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>			
Unknown	M	0	NA	0	NA	0	NA	0	NA			
	F	0	NA	0	NA	0	NA	0	NA			
	<b>Total</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>NA</b>			
<b>Total</b>	<b>M</b>	<b>10,135</b>	<b>8.70%</b>	<b>452</b>	<b>0.39%</b>	<b>123</b>	<b>0.11%</b>	<b>10,049</b>	<b>8.63%</b>			
	<b>F</b>	<b>9,612</b>	<b>6.81%</b>	<b>728</b>	<b>0.52%</b>	<b>146</b>	<b>0.10%</b>	<b>9,423</b>	<b>6.68%</b>			
	<b>Total</b>	<b>19,747</b>	<b>7.67%</b>	<b>1,180</b>	<b>0.46%</b>	<b>269</b>	<b>0.10%</b>	<b>19,472</b>	<b>7.56%</b>			

**Department of Community Health, State of Georgia**  
 Audited CY 2010 HEDIS Utilization Measure Results for AMERIGROUP  
 Antibiotic Utilization: Total (ABXA)

**Antibiotic Utilization: Total (ABXA)**  
 AMERIGROUP Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None)

Pharmacy Benefit Member Months			
Age	Male	Female	Total
0-9	835101	808413	1,643,514
10-17	481329	473841	955,170
18-34	59047	313117	372,164
35-49	18270	85208	103,478
50-64	3562	12932	16,494
65-74	8	96	104
75-84	13	0	13
85+	5	0	5
Unknown	0	0	0
<b>Total</b>	<b>1,397,335</b>	<b>1,693,607</b>	<b>3,090,942</b>

Antibiotic Utilization								
Age	Sex	Total Antibiotic Scripts	Average Scripts PMPY for Antibiotics	Total Days Supplied for All Antibiotic Scripts	Average Days Supplied per Antibiotic Scrip	Total Number of Scripts for Antibiotics of Concern	Average Scripts PMPY for Antibiotics of Concern	Percentage of Antibiotics of Concern of all Antibiotic Scripts
0-9	M	99864	1.43	944769	9.46	45178	0.65	45.24%
	F	95293	1.41	908880	9.54	39648	0.59	41.61%
	<b>Total</b>	<b>195,157</b>	<b>1.42</b>	<b>1,853,649</b>	<b>9.50</b>	<b>84,826</b>	<b>0.62</b>	<b>43.47%</b>
10-17	M	27806	0.69	280776	10.10	12212	0.30	43.92%
	F	36254	0.92	347833	9.59	14907	0.38	41.12%
	<b>Total</b>	<b>64,060</b>	<b>0.80</b>	<b>628,609</b>	<b>9.81</b>	<b>27,119</b>	<b>0.34</b>	<b>42.33%</b>
18-34	M	3943	0.80	39192	9.94	1532	0.31	38.85%
	F	53175	2.04	418035	7.86	17797	0.68	33.47%
	<b>Total</b>	<b>57,118</b>	<b>1.84</b>	<b>457,227</b>	<b>8.00</b>	<b>19,329</b>	<b>0.62</b>	<b>33.84%</b>
35-49	M	2010	1.32	18677	9.29	874	0.57	43.48%
	F	14470	2.04	120357	8.32	6009	0.85	41.53%
	<b>Total</b>	<b>16,480</b>	<b>1.91</b>	<b>139,034</b>	<b>8.44</b>	<b>6,883</b>	<b>0.80</b>	<b>41.77%</b>
50-64	M	382	1.29	3792	9.93	153	0.52	40.05%
	F	1996	1.85	17194	8.61	1036	0.96	51.90%
	<b>Total</b>	<b>2,378</b>	<b>1.73</b>	<b>20,986</b>	<b>8.83</b>	<b>1,189</b>	<b>0.87</b>	<b>50.00%</b>
65-74	M	1	1.50	7	7.00	1	1.50	100.00%
	F	24	3.00	321	13.38	7	0.88	29.17%
	<b>Total</b>	<b>25</b>	<b>2.88</b>	<b>328</b>	<b>13.12</b>	<b>8</b>	<b>0.92</b>	<b>32.00%</b>
75-84	M	1	0.92	10	10.00	1	0.92	100.00%
	F	0	NA	0	NA	0	NA	NA
	<b>Total</b>	<b>1</b>	<b>0.92</b>	<b>10</b>	<b>10.00</b>	<b>1</b>	<b>0.92</b>	<b>100.00%</b>
85+	M	0	0.00	0	NA	0	0.00	NA
	F	0	NA	0	NA	0	NA	NA
	<b>Total</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>0.00</b>	<b>NA</b>
Unknown	M	0	NA	0	NA	0	NA	NA
	F	0	NA	0	NA	0	NA	NA
	<b>Total</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>NA</b>	<b>NA</b>
<b>Total</b>	<b>M</b>	<b>134,007</b>	<b>1.15</b>	<b>1,287,223</b>	<b>9.61</b>	<b>59,951</b>	<b>0.51</b>	<b>44.74%</b>
	<b>F</b>	<b>201,212</b>	<b>1.43</b>	<b>1,812,620</b>	<b>9.01</b>	<b>79,404</b>	<b>0.56</b>	<b>39.46%</b>
	<b>Total</b>	<b>335,219</b>	<b>1.30</b>	<b>3,099,843</b>	<b>9.25</b>	<b>139,355</b>	<b>0.54</b>	<b>41.57%</b>

**Department of Community Health, State of Georgia**  
 Audited CY 2010 HEDIS Utilization Measure Results for AMERIGROUP  
 Antibiotic Utilization: Total (ABXA)

Antibiotics of Concern Utilization															
Age	Sex	Total Quinolone Scripts	Average Scripts PMPY for Quinolones	Total Cephalosporin 2nd-4th Generation Scripts	Average Scripts PMPY for Cephalosporins 2nd-4th Generation	Total Azithromycin and Clarithromycin Scripts	Average Scripts PMPY for Azithromycins and Clarithromycins	Total Amoxicillin/Clavulanate Scripts	Average Scripts PMPY for Amoxicillin/Clavulanates	Total Ketolides Scripts	Average Scripts PMPY for Ketolides	Total Clindamycin Scripts	Average Scripts PMPY for Clindamycins	Total Misc. Antibiotics of Concern Scripts	Average Scripts PMPY for Misc. Antibiotics of Concern
0-9	M	43	0.00	10411	0.15	17229	0.25	16397	0.24	0	0.00	1092	0.02	6	0.00
	F	70	0.00	9394	0.14	15116	0.22	14002	0.21	0	0.00	1051	0.02	15	0.00
	<b>Total</b>	<b>113</b>	<b>0.00</b>	<b>19,805</b>	<b>0.14</b>	<b>32,345</b>	<b>0.24</b>	<b>30,399</b>	<b>0.22</b>	<b>0</b>	<b>0.00</b>	<b>2,143</b>	<b>0.02</b>	<b>21</b>	<b>0.00</b>
10-17	M	260	0.01	1648	0.04	6147	0.15	3416	0.09	0	0.00	737	0.02	4	0.00
	F	657	0.02	2113	0.05	7538	0.19	3631	0.09	0	0.00	965	0.02	3	0.00
	<b>Total</b>	<b>917</b>	<b>0.01</b>	<b>3,761</b>	<b>0.05</b>	<b>13,685</b>	<b>0.17</b>	<b>7,047</b>	<b>0.09</b>	<b>0</b>	<b>0.00</b>	<b>1,702</b>	<b>0.02</b>	<b>7</b>	<b>0.00</b>
18-34	M	220	0.04	92	0.02	737	0.15	318	0.06	1	0.00	160	0.03	4	0.00
	F	4101	0.16	1070	0.04	8317	0.32	2588	0.10	0	0.00	1705	0.07	16	0.00
	<b>Total</b>	<b>4,321</b>	<b>0.14</b>	<b>1,162</b>	<b>0.04</b>	<b>9,054</b>	<b>0.29</b>	<b>2,906</b>	<b>0.09</b>	<b>1</b>	<b>0.00</b>	<b>1,865</b>	<b>0.06</b>	<b>20</b>	<b>0.00</b>
35-49	M	249	0.16	30	0.02	319	0.21	165	0.11	0	0.00	108	0.07	3	0.00
	F	1791	0.25	304	0.04	2456	0.35	936	0.13	0	0.00	511	0.07	11	0.00
	<b>Total</b>	<b>2,040</b>	<b>0.24</b>	<b>334</b>	<b>0.04</b>	<b>2,775</b>	<b>0.32</b>	<b>1,101</b>	<b>0.13</b>	<b>0</b>	<b>0.00</b>	<b>619</b>	<b>0.07</b>	<b>14</b>	<b>0.00</b>
50-64	M	42	0.14	6	0.02	60	0.20	35	0.12	0	0.00	10	0.03	0	0.00
	F	379	0.35	43	0.04	404	0.37	150	0.14	0	0.00	59	0.05	1	0.00
	<b>Total</b>	<b>421</b>	<b>0.31</b>	<b>49</b>	<b>0.04</b>	<b>464</b>	<b>0.34</b>	<b>185</b>	<b>0.13</b>	<b>0</b>	<b>0.00</b>	<b>69</b>	<b>0.05</b>	<b>1</b>	<b>0.00</b>
65-74	M	1	1.50	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	F	2	0.25	0	0.00	5	0.63	0	0.00	0	0.00	0	0.00	0	0.00
	<b>Total</b>	<b>3</b>	<b>0.35</b>	<b>0</b>	<b>0.00</b>	<b>5</b>	<b>0.58</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
75-84	M	1	0.92	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	<b>Total</b>	<b>1</b>	<b>0.92</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
85+	M	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	<b>Total</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
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
	<b>Total</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>NA</b>
<b>Total</b>	<b>M</b>	<b>816</b>	<b>0.01</b>	<b>12,187</b>	<b>0.10</b>	<b>24,492</b>	<b>0.21</b>	<b>20,331</b>	<b>0.17</b>	<b>1</b>	<b>0.00</b>	<b>2,107</b>	<b>0.02</b>	<b>17</b>	<b>0.00</b>
	<b>F</b>	<b>7,000</b>	<b>0.05</b>	<b>12,924</b>	<b>0.09</b>	<b>33,836</b>	<b>0.24</b>	<b>21,307</b>	<b>0.15</b>	<b>0</b>	<b>0.00</b>	<b>4,291</b>	<b>0.03</b>	<b>46</b>	<b>0.00</b>
	<b>Total</b>	<b>7,816</b>	<b>0.03</b>	<b>25,111</b>	<b>0.10</b>	<b>58,328</b>	<b>0.23</b>	<b>41,638</b>	<b>0.16</b>	<b>1</b>	<b>0.00</b>	<b>6,398</b>	<b>0.02</b>	<b>63</b>	<b>0.00</b>



**Department of Community Health, State of Georgia**  
 Audited CY 2010 HEDIS Utilization Measure Results for AMERIGROUP  
 Antibiotic Utilization: Total (ABXA)

All Other Antibiotics Utilization																	
Age	Sex	Total Absorbable Sulfonamide Scrrips	Average Scrrips PMPY for Absorbable Sulfonamides	Total Aminoglycoside Scrrips	Average Scrrips PMPY for Aminoglycosides	Total 1st Generation Cephalosporin Scrrips	Average Scrrips PMPY for 1st Generation Cephalosporins	Total Lincosamide Scrrips	Average Scrrips PMPY for Lincosamides	Total Macrolides (not azith. or clarith.) Scrrips	Average Scrrips PMPY for Macrolides (not azith. or clarith.)	Total Penicillin Scrrips	Average Scrrips PMPY for Penicillins	Total Tetracycline Scrrips	Average Scrrips PMPY for Tetracyclines	Total Misc. Antibiotic Scrrips	Average Scrrips PMPY for Misc. Antibiotics
0-9	M	4152	0.06	6	0.00	6250	0.09	0	0.00	180	0.00	43915	0.63	31	0.00	152	0.00
	F	6105	0.09	3	0.00	6402	0.10	0	0.00	137	0.00	42541	0.63	18	0.00	439	0.01
	<b>Total</b>	<b>10,257</b>	<b>0.07</b>	<b>9</b>	<b>0.00</b>	<b>12,652</b>	<b>0.09</b>	<b>0</b>	<b>0.00</b>	<b>317</b>	<b>0.00</b>	<b>86,456</b>	<b>0.63</b>	<b>49</b>	<b>0.00</b>	<b>591</b>	<b>0.00</b>
10-17	M	1905	0.05	12	0.00	3008	0.07	0	0.00	153	0.00	8420	0.21	1943	0.05	153	0.00
	F	3588	0.09	3	0.00	3217	0.08	0	0.00	158	0.00	9993	0.25	2453	0.06	1935	0.05
	<b>Total</b>	<b>5,493</b>	<b>0.07</b>	<b>15</b>	<b>0.00</b>	<b>6,225</b>	<b>0.08</b>	<b>0</b>	<b>0.00</b>	<b>311</b>	<b>0.00</b>	<b>18,413</b>	<b>0.23</b>	<b>4,396</b>	<b>0.06</b>	<b>2,088</b>	<b>0.03</b>
18-34	M	377	0.08	1	0.00	363	0.07	0	0.00	39	0.01	1087	0.22	472	0.10	72	0.01
	F	4599	0.18	1	0.00	3669	0.14	0	0.00	402	0.02	10033	0.38	3636	0.14	13038	0.50
	<b>Total</b>	<b>4,976</b>	<b>0.16</b>	<b>2</b>	<b>0.00</b>	<b>4,032</b>	<b>0.13</b>	<b>0</b>	<b>0.00</b>	<b>441</b>	<b>0.01</b>	<b>11,120</b>	<b>0.36</b>	<b>4,108</b>	<b>0.13</b>	<b>13,110</b>	<b>0.42</b>
35-49	M	231	0.15	0	0.00	160	0.11	0	0.00	26	0.02	481	0.32	172	0.11	66	0.04
	F	1434	0.20	0	0.00	1024	0.14	0	0.00	128	0.02	2622	0.37	1060	0.15	2193	0.31
	<b>Total</b>	<b>1,665</b>	<b>0.19</b>	<b>0</b>	<b>0.00</b>	<b>1,184</b>	<b>0.14</b>	<b>0</b>	<b>0.00</b>	<b>154</b>	<b>0.02</b>	<b>3,103</b>	<b>0.36</b>	<b>1,232</b>	<b>0.14</b>	<b>2,259</b>	<b>0.26</b>
50-64	M	39	0.13	0	0.00	48	0.16	0	0.00	4	0.01	92	0.31	35	0.12	11	0.04
	F	191	0.18	1	0.00	177	0.16	0	0.00	15	0.01	309	0.29	101	0.09	166	0.15
	<b>Total</b>	<b>230</b>	<b>0.17</b>	<b>1</b>	<b>0.00</b>	<b>225</b>	<b>0.16</b>	<b>0</b>	<b>0.00</b>	<b>19</b>	<b>0.01</b>	<b>401</b>	<b>0.29</b>	<b>136</b>	<b>0.10</b>	<b>177</b>	<b>0.13</b>
65-74	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	10	1.25	0	0.00	4	0.50	0	0.00	0	0.00	2	0.25	1	0.13	0	0.00
	<b>Total</b>	<b>10</b>	<b>1.15</b>	<b>0</b>	<b>0.00</b>	<b>4</b>	<b>0.46</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>2</b>	<b>0.23</b>	<b>1</b>	<b>0.12</b>	<b>0</b>	<b>0.00</b>
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	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	<b>Total</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
85+	M	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	<b>Total</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
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
	<b>Total</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>NA</b>
<b>Total</b>	M	6,704	0.06	19	0.00	9,829	0.08	0	0.00	402	0.00	53,995	0.46	2,653	0.02	454	0.00
	F	15,927	0.11	8	0.00	14,493	0.10	0	0.00	840	0.01	65,500	0.46	7,269	0.05	17,771	0.13
	<b>Total</b>	<b>22,631</b>	<b>0.09</b>	<b>27</b>	<b>0.00</b>	<b>24,322</b>	<b>0.09</b>	<b>0</b>	<b>0.00</b>	<b>1,242</b>	<b>0.00</b>	<b>119,495</b>	<b>0.46</b>	<b>9,922</b>	<b>0.04</b>	<b>18,225</b>	<b>0.07</b>

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

**Race/Ethnicity Diversity of Membership (RDM)**

AMERIGROUP Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 10188, 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	373232	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)	373232	Total unduplicated membership during the measurement year (this number represents the total number of members regardless of data collection method)	373232
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	1		
Other Percentage of Members	0		

**Department of Community Health, State of Georgia**  
 Audited CY 2010 HEDIS Utilization Measure Results for AMERIGROUP  
 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	0	0.00%	2350	100.00%	166234	46.35%	0	NR	168,584	45.17%
Black or African American	0	0.00%	0	0.00%	169256	47.19%	0	NR	169,256	45.35%
American-Indian and Alaska Native	0	0.00%	0	0.00%	219	0.06%	0	NR	219	0.06%
Asian	0	0.00%	0	0.00%	5466	1.52%	0	NR	5,466	1.46%
Native Hawaiian and Other Pacific Islanders	0	0.00%	0	0.00%	365	0.10%	0	NR	365	0.10%
Some Other Race	0	0.00%	0	0.00%	5520	1.54%	0	NR	5,520	1.48%
Two or More Races	0	0.00%	0	0.00%	0	0.00%	0	NR	0	0.00%
Unknown	12194	100.00%	0	0.00%	11628	3.24%	0	NR	23,822	6.38%
Declined	0	0.00%	0	0.00%	0	0.00%	0	NR	0	0.00%
<b>Total</b>	<b>12,194</b>	<b>100.00%</b>	<b>2,350</b>	<b>100.00%</b>	<b>358,688</b>	<b>100.00%</b>	<b>0</b>	<b>NR</b>	<b>373,232</b>	<b>100.00%</b>
<b>Direct/Indirect Percentage of plan members</b>										
<b>Measure</b>	<b>Percentage</b>	<b>Measure</b>	<b>Percentage</b>							
Percentage of members for whom the organization has race information through direct data collection methods	0.936173747159943	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	0.0389677198096626	Percentage of members for whom the organization has ethnicity information through indirect data collection methods	0							

**Department of Community Health, State of Georgia**  
 Audited CY 2010 HEDIS Utilization Measure Results for AMERIGROUP  
 Language Diversity of Membership (LDM)

<b>Language Diversity of Membership (LDM)</b>			
<b>AMERIGROUP Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None)</b>			
<b>Percentage of Members With Known Language Value from Each Data Source</b>			
<b>Category</b>	<b>Health Plan Direct</b>	<b>CMS/State Databases</b>	<b>Other Third-Party Source</b>
<b>Spoken Language Preferred for Health Care*</b>	0	1	0
<b>Preferred Language for Written Materials*</b>	0	1	0
<b>Other Language Needs*</b>	0	0	1
*Enter percentage as a value between 0 and 1.			

<b>Spoken Language Preferred for Health Care</b>		
	<b>Number</b>	<b>Percentage</b>
<b>English</b>	324773	87.02%
<b>Non-English</b>	35763	9.58%
<b>Unknown</b>	12696	3.40%
<b>Declined</b>	0	0.00%
<b>Total: this should sum to 100%</b>	373,232	100.00%
<b>Language Preferred for Written Materials</b>		
	<b>Number</b>	<b>Percentage</b>
<b>English</b>	324773	87.02%
<b>Non-English</b>	35763	9.58%
<b>Unknown</b>	12696	3.40%
<b>Declined</b>	0	0.00%
<b>Total: this should sum to 100%</b>	373,232	100.00%
<b>Other Languages Needs</b>		
	<b>Number</b>	<b>Percentage</b>
<b>English</b>	0	0.00%
<b>Non-English</b>	0	0.00%
<b>Unknown</b>	373232	100.00%
<b>Declined</b>	0	0.00%
<b>Total: this should sum to 100%</b>	373,232	100.00%