



Georgia Department of Community Health

Validation of Performance Measures

for

WellCare of Georgia, Inc.

Measurement Period: Calendar Year 2010

Validation Period: State Fiscal Year 2011

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for **WellCare of Georgia, Inc.**

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

Table 1—WellCare Information	
CMO Name:	WellCare of Georgia, Inc.
CMO Location:	211 Perimeter Center Parkway, NW, Suite 800 Atlanta, GA 30346
CMO Contact:	Jesse Thomas, President, South Division
Contact Telephone Number:	(678) 327-0939 ext. 3080
Contact E-mail Address:	Jesse.Thomas@wellcare.com
Site Visit Date:	April 20 and 21, 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 WellCare		
	Performance Measure	Calculation by:
1.	Cesarean Delivery Rate— <i>AHRQ measure</i>	WellCare
2.	Low Birth Weight Rate— <i>AHRQ measure</i>	WellCare
3.	Asthma ED/Urgent Care Visits— <i>DCH-developed measure</i>	WellCare
4.	Diabetes Short-Term Complications Admission Rate— <i>AHRQ measure</i>	WellCare
5.	Asthma Admission Rate— <i>AHRQ measure</i>	WellCare

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

HSAG then prepared a document request letter that was submitted to **WellCare** outlining the steps in the performance measure validation process. The document request letter included a request for a completed Information Systems Capabilities Assessment Tool (ISCAT), or Appendix Z of the CMS protocol; source code for each performance measure; 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 **WellCare** during the pre-on-site phase.

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

Validation Team

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

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
Charles Chapin, MS, CHCA <i>Lead Auditor</i>	Certified HEDIS auditor, HEDIS knowledge, statistician, health care analyst, and computer programming
David Mabb, MS, CHCA <i>Associate Director/Audits</i>	Source code review management
Allen Iovannisci, MS, CHCA <i>Secondary Auditor</i>	Certified HEDIS auditor, HEDIS knowledge, data integration, systems review, and analysis
Dan Moore, MPA <i>Source Code Reviewer</i>	Source code review

Table 3—Validation Team	
Name / Role	Skills and Expertise
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 **WellCare**. In preparing the ISCAT document, HSAG removed questions that were already addressed in **WellCare**'s National Committee for Quality Assurance (NCQA) Roadmap. Upon receipt by HSAG, the ISCAT underwent a cursory review to ensure all sections were completed and all attachments were present. The validation team then reviewed all ISCAT documents, noting issues or items that needed further follow-up. The validation team used information included in the ISCAT to complete the review tools, as applicable.
- ◆ **NCQA's HEDIS 2011 Roadmap:** **WellCare** 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 **WellCare**. The validation team completed a line-by-line code review and observation of program logic flow to ensure compliance with State measure definitions during the on-site visit. Source code reviewers identified areas of deviation and shared them with the lead auditor to evaluate the impact of the deviation on the measure and assess the degree of bias (if any).
- ◆ **Supporting documentation:** HSAG requested any documentation that would provide reviewers with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. The validation team reviewed all supporting documentation, identifying issues or clarifications for further follow-up.

On-site Activities

HSAG conducted an on-site visit with **WellCare** on April 20-21, 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 **WellCare** staff members involved in the performance measure activities. The review

purpose, the required documentation, basic meeting logistics, and queries to be performed were discussed.

- ◆ **Evaluation of system compliance:** The evaluation included a review of the information systems assessment, focusing on the processing of claims and encounter data, patient data, and inpatient data.

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

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

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

Table 4—List of WellCare Interviewees	
Name	Title
Chuck Beeman	Senior Director of Information Technology (IT)/Informatics/Encounters
Bob Klopotek	Vice President, IT Core Systems
Tom Clegg	HEDIS Specialist
Deb Prosser	Manager, Quality Improvement
Amie Cook	Quality Improvement Project Manager
Linda Simmons	Director, Quality Improvement
James Johnson	Senior Manager, IT Operations (Georgia)
Sharon Nisbet	Senior Director, Medical Informatics
Gary Chu	Senior Project Manager

Table 4—List of WellCare Interviewees

Name	Title
Danny Sharpe	Manager, Data Warehouse
Brian Donnelly	Provider Network Connectivity Analyst
Jessica Belser	Senior Manager, Quality Improvement Analytics
Oscar Ruiz	Manager, Operational Audits
Claudius Conner	Director, Enrollment
Grover Edwards	Manager, Mailing Services and Electronic Data Interchange (EDI) Operations
Celina Pangelinan	Manager, Regional Operations/Claims
Nanette Fudge	Manager, Configuration
Melodie DiPierro	Operations Compliance
Dora Wilson	GA Market Chief Operating Officer
Carlissa Felton	Senior Security Administrator
Esther Morales	Vice President of Quality Improvement and Operations
Susan Swiontek	Manager, Claims Delegation
Lisa Sells	Director, Configurations
Gary Fitzgerald	Compliance and Regulatory (Illinois)
Kevin Rodriguez	Senior Compliance Auditor

Data Integration, Data Control, and Performance Measure Documentation

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

Data Integration

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

- Acceptable
- Not acceptable

Data Control

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

- Acceptable
- Not acceptable

Performance Measure Documentation

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

- Acceptable
- Not acceptable

Validation Results

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

Medical Service Data (Claims/Encounters)

WellCare had a sound transactional system and processes in place for inpatient claims. The transactional system, Peradigm, remained stable through 2010; there were no conversions or changes to either the system or **WellCare**'s processes. Detailed steps were in place to ensure data accuracy. Only standard codes and forms were accepted in Peradigm, and front-end processing included SNIP-level validation and edits. In addition, 97 percent of data were submitted electronically with MoveIt software used to automatically transfer the files from the FTP site. All files were logged and monitored by the EDI Operations Team. Data completeness for inpatient claims was not an issue at **WellCare** since all facilities were reimbursed based on fee for service.

Enrollment Data

WellCare had comprehensive systems in place to track, monitor, and verify its Medicaid and PeachCare for Kids enrollment data. Membership files were downloaded monthly and daily from the State in a Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant 834 format. An internal application, Enrollment to Fulfillment (E2F), was used to validate the member data and update Peradigm. Monthly reconciliation occurred between the enrollment data loaded into Peradigm and the State files. The State switched its fiscal agent to HP Enterprise Services (HP) in October 2010. The transition and implementation period went relatively smoothly and had no impact on measure reporting. The process had sufficient oversight. There were no major changes internally to the system or process during the reporting year, and the membership population remained stable.

Provider Data

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

Medical Record Review Process

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

Supplemental Data

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

Data Integration

WellCare extracted the claims and enrollment data directly from Paradigm for reporting. Statistical Analysis Software (SAS) was used to develop source code internally. The code was verified, tested, and updated when appropriate, and the process and step-by-step procedures were well documented. Only diagnosis-related groups (DRGs) were collected, and no coding issues arose due to medical severity diagnosis-related groups (MS-DRGs). The SAS analyst/programmer was highly skilled, experienced, and familiar with the AHRQ measure specifications. In addition, **WellCare** employed a HEDIS specialist in the Corporate Quality Improvement Department who assisted and verified all steps of the data integration process.

Performance Measure Specific Findings

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

Table 5—Key Review Results for WellCare		
	Performance Measures	Key Review Findings
1.	Cesarean Delivery Rate— <i>AHRQ measure</i>	No concerns identified
2.	Low Birth Weight Rate— <i>AHRQ measure</i>	No concerns identified
3.	Asthma ED/Urgent Care Visits— <i>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	
Fully Compliant (FC)	Indicates that the performance measure was fully compliant with DCH specifications.
Substantially Compliant (SC)	Indicates that the performance measure was substantially compliant with DCH specifications and had only minor deviations that did not significantly bias the reported rate.
Not Valid (NV)	Indicates that the performance measure deviated from DCH specifications such that the reported rate was significantly biased. This designation is also assigned to measures for which no rate was reported, although reporting of the rate was required.
Not Applicable (NA)	Indicates that the performance measure was not reported because the CMO did not have any Medicaid consumers who qualified for that denominator.

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

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

Table 7—Validation Findings for WellCare		
	Performance Measures	Validation Finding
1.	Cesarean Delivery Rate— <i>AHRQ measure</i>	Fully Compliant
2.	Low Birth Weight Rate— <i>AHRQ measure</i>	Fully Compliant
3.	Asthma ED/Urgent Care Visits— <i>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 WellCare of Georgia, Inc.

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

Appendix A. Data Integration and Control Findings for WellCare of Georgia, Inc.

Documentation Worksheet

CMO Name:	WellCare of Georgia, Inc.
On-Site Visit Date:	April 20–21, 2011
Reviewers:	Charles A. Chapin, MS, CHCA; and Allen Iovannisci, MS, CHCA

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

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

Appendix B. Denominator and Numerator Validation Findings for WellCare of Georgia, Inc.

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

Appendix B. Denominator and Numerator Validation Findings for WellCare of Georgia, Inc.

Reviewer Worksheets

CMO Name:	WellCare of Georgia, Inc.
On-Site Visit Date:	April 20–21, 2011
Reviewers:	Charles A. Chapin, MS, CHCA; and Allen Iovannisci, MS, CHCA

Table B-1—Denominator Validation Findings for WellCare of Georgia, Inc.

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 WellCare of Georgia, Inc.				
Audit Element	Met	Not Met	N/A	Comments
The CMO uses the appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO avoids or eliminates all double-counted members or numerator events.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any nonstandard codes used in determining the numerator are mapped to a standard coding scheme in a manner that is consistent, complete, and reproducible, as evidenced by a review of the programming logic or a demonstration of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WellCare did not use any 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 WellCare of Georgia, Inc.

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

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

Indicator 1—Cesarean Delivery Rate

Table C-1—Indicator 1 for WellCare of Georgia, Inc.			
	Denominator	Numerator	Rate (per 100)
Cesarean Delivery Rate	24,043	7,480	31.11

The Cesarean Delivery rate remained relatively stable. There was a slight increase of 0.65 over the prior 2009 rate of 30.46. The number of total deliveries decreased from 26,030 to 24,043, a 7.6 percent decline.

Indicator 2—Low Birth Weight Rate

Table C-2—Indicator 2 for WellCare of Georgia, Inc.			
	Denominator	Numerator	Rate (per 100)
Low Birth Weight Rate	26,761	2,016	7.53

The Low Birth Weight rate increased slightly from 6.89 in 2009 to 7.53 in 2010; an increase of 9.3 percent. However, the number of total births declined by 6 percent from 28,482 to 26,761 births.

Indicator 3—Asthma Emergency Department/Urgent Care Visits Rate

Table C-3—Indicator 3 for WellCare of Georgia, Inc.			
	Denominator	Numerator	Rate
Asthma ED/Urgent Care Visits Rate	679,972	8,628	1.27%

The Asthma Emergency Department/Urgent Care Visits rate remained relatively stable with just a slight decrease from 1.44 percent in 2009 to 1.27 percent in 2010, whereas the eligible denominator increased by 3.6 percent from 656,341 to 679,972 in the same time period.

Indicator 4—Diabetes Short-Term Complications Admission Rate

Table C-4—Indicator 4 for WellCare of Georgia, Inc.			
	Denominator	Numerator	Rate (per 100,000)
Diabetes Short-Term Complications Admission Rate	346,043	69	19.94

The Diabetes Short-Term Complications Admission rate declined substantially between 2009 and 2010, from 28.59 to 19.94 per 100,000, a decrease of 30 percent. This decrease may have been partially attributed to specifications clarification and programming changes made since the previous year’s submissions. The eligible denominator increased from 307,747 to 346,043 (38,296 additional members), while the numerators for this measure dropped from 88 to 69.

Indicator 5—Asthma Admission Rate

Table C-5—Indicator 5 for WellCare of Georgia, Inc.			
	Denominator	Numerator	Rate (per 100,000)
Asthma Admission Rate	513,091	520	101.35

The Asthma Admission rate decreased from 104.73 per 100,000 members in 2009 to 101.35 per 100,000 members in 2010. The decrease may have been partially due to clarification of the measure specifications and reporting timeframe. The number of asthma numerator cases varied only slightly between years (514 and 520, respectively), whereas the number of eligible members in the denominator increased by 22,290 members, a 4.5 percent increase.

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

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

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

For discussion purposes—CMO audited calendar year 2010 HEDIS performance measure results were not available at the time of this draft.

CMO Audited Calendar Year 2010 HEDIS Performance Measure Report—WellCare of Georgia, Inc.

Measure	Numerator	Denominator	CMO Rate
Well-Child Visits in the First 15 Months of Life—Zero Visits ¹	11	411	2.68% Hybrid
Well-Child Visits in the First 15 Months of Life—One Visit	11	411	2.68% Hybrid
Well-Child Visits in the First 15 Months of Life—Two Visits	12	411	2.92% Hybrid
Well-Child Visits in the First 15 Months of Life—Three Visits	26	411	6.33% Hybrid
Well-Child Visits in the First 15 Months of Life—Four Visits	38	411	9.25% Hybrid
Well-Child Visits in the First 15 Months of Life—Five Visits	70	411	17.03% Hybrid
Well-Child Visits in the First 15 Months of Life—Six or More Visits	243	411	59.12% Hybrid
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	266	411	64.72% Hybrid
Adolescent Well-Care Visits	156	411	37.96% Hybrid
Children’s and Adolescents’ Access to Primary Care Providers—Ages 12–24 Months	22,313	23,093	96.62%
Children’s and Adolescents’ Access to Primary Care Providers—Ages 25 Months–6 Years	96,317	105,715	91.11%
Children’s and Adolescents’ Access to Primary Care Providers—Ages 7–11 Years	54,164	58,972	91.85%
Children’s and Adolescents’ Access to Primary Care Providers—Ages 12–19 Years	55,454	62,308	89.00%
Adults’ Access to Preventive/Ambulatory Health Services—Ages 20–44 Years	20,238	23,688	85.44%
Childhood Immunization Status—Combo 3	297	411	72.26% Hybrid
Lead Screening in Children	300	411	72.99% Hybrid

CMO Audited Calendar Year 2010 HEDIS Performance Measure Report—WellCare of Georgia, Inc.

Measure	Numerator	Denominator	CMO Rate
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Total)	125	411	30.41% Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition (Total)	201	411	48.91% Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity (Total)	127	411	30.90% Hybrid
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase	2,665	6,459	41.26%
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	696	1,336	52.10%
Annual Dental Visit—Ages 2–3 Years	19888	43,742	45.47%
Annual Dental Visit—Ages 4–6 Years	47,337	63,423	74.64%
Annual Dental Visit—Ages 7–10 Years	56,028	72,067	77.74%
Annual Dental Visit—Ages 11–14 Years	42,803	60,685	70.53%
Annual Dental Visit—Ages 15–18 Years	28,117	46,772	60.12%
Annual Dental Visit—Ages 19–21 Years	1,116	2,723	40.98%
Annual Dental Visit—Total	195,289	289,412	67.48%
Cervical Cancer Screening	301	411	73.24% Hybrid
Breast Cancer Screening	1,259	2,358	53.39%
Comprehensive Diabetes Care—HbA1c Testing	449	548	82.30% Hybrid
Comprehensive Diabetes Care—HbA1c Poor Control ¹	285	548	52.01% Hybrid
Comprehensive Diabetes Care—HbA1c Good Control <8.0	215	548	39.23% Hybrid
Comprehensive Diabetes Care—HbA1c Good Control <7.0	129	434	29.72% Hybrid

CMO Audited Calendar Year 2010 HEDIS Performance Measure Report—WellCare of Georgia, Inc.			
Measure	Numerator	Denominator	CMO Rate
Comprehensive Diabetes Care—Eye Exam	261	548	47.63% Hybrid
Comprehensive Diabetes Care—LDL-C Screening	410	548	74.82% Hybrid
Comprehensive Diabetes Care—LDL-C Level	135	548	24.64% Hybrid
Comprehensive Diabetes Care—Medical Attention to Nephropathy	392	548	71.53% Hybrid
Comprehensive Diabetes Care—Blood Pressure Control <140/80	183	548	33.39% Hybrid
Comprehensive Diabetes Care—Blood Pressure Control <140/90	312	548	56.93% Hybrid
Use of Appropriate Medications for People with Asthma—Ages 5-11 Years	3,651	3,948	92.48%
Use of Appropriate Medications for People with Asthma—Ages 12-50 Years	2,068	2,231	88.72%
Use of Appropriate Medications for People with Asthma—Total	5,719	6,279	91.08%
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up	1,301	1,763	73.79%
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up	952	1,763	54.00%
Inpatient Utilization—General Hospital/Acute Care	Rates reported in Appendix E		
Prenatal and Postpartum Care—Timeliness of Prenatal Care	348	411	84.67% Hybrid
Prenatal and Postpartum Care—Postpartum Care	260	411	63.26% Hybrid
Frequency of Ongoing Prenatal Care—< 21 Percent	66	411	16.06% Hybrid
Frequency of Ongoing Prenatal Care—21–40 Percent	17	411	4.14% Hybrid
Frequency of Ongoing Prenatal Care—41–60 Percent	17	411	4.14% Hybrid
Frequency of Ongoing Prenatal Care—61–80 Percent	52	411	12.65% Hybrid

CMO Audited Calendar Year 2010 HEDIS Performance Measure Report—WellCare of Georgia, Inc.			
Measure	Numerator	Denominator	CMO Rate
Frequency of Ongoing Prenatal Care—81+ Percent	259	411	63.02% Hybrid
Weeks of Pregnancy at Time of Enrollment— < 0 Weeks	3,176	28,468	11.16%
Weeks of Pregnancy at Time of Enrollment— < 1–12 Weeks	3,166	28,468	11.12%
Weeks of Pregnancy at Time of Enrollment— < 13–27 Weeks	16,954	28,468	59.55%
Weeks of Pregnancy at Time of Enrollment— < 28 or More Weeks	4,353	28,468	15.29%
Weeks of Pregnancy at Time of Enrollment—Unknown	819	28,468	2.88%
Weeks of Pregnancy at Time of Enrollment—Total	28,468	28,468	100.00%
Appropriate Treatment For Children With Upper Respiratory Infection (URI) ²	11,043	49,000	77.46%
Mental Health Utilization	Rates reported in Appendix E		
Call Abandonment ¹	9,081	529,400	1.72%
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	2,425,505		371.71
Ambulatory Care—ED Visits	402,380		61.66

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. Audited CY 2010 HEDIS Utilization Measure Results for WellCare of Georgia, Inc.

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

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

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

WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)

Age	Member Months
<1	499,327
1-9	3,154,264
10-19	2,099,490
20-44	705,385
45-64	66,691
65-74	183
75-84	2
85+	1
Unknown	0
Total	6,525,343

Total Inpatient

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	3482	6.97	23920	47.90	6.87
1-9	3830	1.21	11389	3.61	2.97
10-19	7608	3.62	22777	10.85	2.99
20-44	27185	38.54	75661	107.26	2.78
45-64	1099	16.48	5163	77.42	4.70
65-74	1	5.46	5	27.32	5.00
75-84	0	0.00	0	0.00	NA
85+	0	0.00	0	0.00	NA
Unknown	0		0		NA
Total	43,205	6.62	138,915	21.29	3.22

Medicine

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	2721	5.45	12276	24.59	4.51
1-9	2943	0.93	7589	2.41	2.58
10-19	1287	0.61	3965	1.89	3.08
20-44	1734	2.46	5670	8.04	3.27
45-64	592	8.88	2199	32.97	3.71
65-74	1	5.46	5	27.32	5.00
75-84	0	0.00	0	0.00	NA
85+	0	0.00	0	0.00	NA
Unknown	0		0		NA
Total	9,278	1.42	31,704	4.86	3.42

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

Surgery					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	761	1.52	11644	23.32	15.30
1-9	887	0.28	3800	1.20	4.28
10-19	841	0.40	3909	1.86	4.65
20-44	1604	2.27	6462	9.16	4.03
45-64	483	7.24	2888	43.30	5.98
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	4,576	0.70	28,703	4.40	6.27
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	5480	2.61	14903	7.10	2.72
20-44	23847	33.81	63529	90.06	2.66
45-64	24	0.36	76	1.14	3.17
Unknown	0		0		NA
Total	29,351	10.22	78,508	27.34	2.67
*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 WellCare
 Mental Health Utilization: Total (MPTA)

Mental Health Utilization: Total (MPTA)												
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, 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	2257582	2208649	4,466,231	2257582	2208649	4,466,231	2257582	2208649	4,466,231	2257582	2208649	4,466,231
13-17	534856	552892	1,087,748	534856	552892	1,087,748	534856	552892	1,087,748	534856	552892	1,087,748
18-64	158159	813019	971,178	158159	813019	971,178	158159	813019	971,178	158159	813019	971,178
65+	26	160	186	26	160	186	26	160	186	26	160	186
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	2,950,623	3,574,720	6,525,343	2,950,623	3,574,720	6,525,343	2,950,623	3,574,720	6,525,343	2,950,623	3,574,720	6,525,343
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	14328	7.62%	173	0.09%	2513	1.34%	14055	7.47%			
	F	8445	4.59%	107	0.06%	1255	0.68%	8318	4.52%			
	Total	22,773	6.12%	280	0.08%	3,768	1.01%	22,373	6.01%			
13-17	M	5435	12.19%	318	0.71%	1146	2.57%	5300	11.89%			
	F	5206	11.30%	476	1.03%	1063	2.31%	5039	10.94%			
	Total	10,641	11.74%	794	0.88%	2,209	2.44%	10,339	11.41%			
18-64	M	1167	8.85%	108	0.82%	300	2.28%	1076	8.16%			
	F	7415	10.94%	637	0.94%	2201	3.25%	6910	10.20%			
	Total	8,582	10.60%	745	0.92%	2,501	3.09%	7,986	9.87%			
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	20,930	8.51%	599	0.24%	3,959	1.61%	20,431	8.31%			
	F	21,066	7.07%	1,220	0.41%	4,519	1.52%	20,267	6.80%			
	Total	41,996	7.72%	1,819	0.33%	8,478	1.56%	40,698	7.48%			

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

Antibiotic Utilization: Total (ABXA)
 WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)

Pharmacy Benefit Member Months			
Age	Male	Female	Total
0-9	1848596	1804995	3,653,591
10-17	943842	956546	1,900,388
18-34	117595	625460	743,055
35-49	33808	163350	197,158
50-64	6756	24209	30,965
65-74	26	157	183
75-84	0	2	2
85+	0	1	1
Unknown	0	0	0
Total	2,950,623	3,574,720	6,525,343

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	255608	1.66	2376816	9.30	118313	0.77	46.29%
	F	245431	1.63	2310248	9.41	106187	0.71	43.27%
	Total	501,039	1.65	4,687,064	9.35	224,500	0.74	44.81%
10-17	M	62983	0.80	628652	9.98	28122	0.36	44.65%
	F	83992	1.05	784812	9.34	34947	0.44	41.61%
	Total	146,975	0.93	1,413,464	9.62	63,069	0.40	42.91%
18-34	M	9311	0.95	90159	9.68	3639	0.37	39.08%
	F	115617	2.22	914758	7.91	38839	0.75	33.59%
	Total	124,928	2.02	1,004,917	8.04	42,478	0.69	34.00%
35-49	M	3951	1.40	36293	9.19	1759	0.62	44.52%
	F	29988	2.20	251190	8.38	13043	0.96	43.49%
	Total	33,939	2.07	287,483	8.47	14,802	0.90	43.61%
50-64	M	792	1.41	7716	9.74	381	0.68	48.11%
	F	4024	1.99	35413	8.80	1989	0.99	49.43%
	Total	4,816	1.87	43,129	8.96	2,370	0.92	49.21%
65-74	M	0	0.00	0	NA	0	0.00	NA
	F	23	1.76	211	9.17	14	1.07	60.87%
	Total	23	1.51	211	9.17	14	0.92	60.87%
75-84	M	0	NA	0	NA	0	NA	NA
	F	1	6.00	7	7.00	1	6.00	100.00%
	Total	1	6.00	7	7.00	1	6.00	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	332,645	1.35	3,139,636	9.44	152,214	0.62	45.76%
	F	479,076	1.61	4,296,639	8.97	195,020	0.65	40.71%
	Total	811,721	1.49	7,436,275	9.16	347,234	0.64	42.78%

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

Antibiotics of Concern Utilization															
Age	Sex	Total Quinolone Scrips	Average Scrips PMPY for Quinolones	Total Cephalosporin 2nd-4th Generation Scrips	Average Scrips PMPY for Cephalosporins 2nd-4th Generation	Total Azithromycin and Clarithromycin Scrips	Average Scrips PMPY for Azithromycins and Clarithromycins	Total Amoxicillin/Clavulanate Scrips	Average Scrips PMPY for Amoxicillin/Clavulanates	Total Ketolides Scrips	Average Scrips PMPY for Ketolides	Total Clindamycin Scrips	Average Scrips PMPY for Clindamycins	Total Misc. Antibiotics of Concern Scrips	Average Scrips PMPY for Misc. Antibiotics of Concern
0-9	M	82	0.00	32467	0.21	44213	0.29	39134	0.25	0	0.00	2378	0.02	39	0.00
	F	134	0.00	30513	0.20	39477	0.26	33796	0.22	0	0.00	2251	0.01	16	0.00
	Total	216	0.00	62,980	0.21	83,690	0.27	72,930	0.24	0	0.00	4,629	0.02	55	0.00
10-17	M	590	0.01	4366	0.06	14041	0.18	7654	0.10	0	0.00	1455	0.02	16	0.00
	F	1501	0.02	5593	0.07	17427	0.22	8599	0.11	0	0.00	1820	0.02	7	0.00
	Total	2,091	0.01	9,959	0.06	31,468	0.20	16,253	0.10	0	0.00	3,275	0.02	23	0.00
18-34	M	629	0.06	262	0.03	1583	0.16	762	0.08	0	0.00	400	0.04	3	0.00
	F	9519	0.18	2350	0.05	17839	0.34	5581	0.11	0	0.00	3527	0.07	23	0.00
	Total	10,148	0.16	2,612	0.04	19,422	0.31	6,343	0.10	0	0.00	3,927	0.06	26	0.00
35-49	M	520	0.18	101	0.04	656	0.23	301	0.11	0	0.00	174	0.06	7	0.00
	F	4034	0.30	740	0.05	5241	0.39	1934	0.14	0	0.00	1057	0.08	37	0.00
	Total	4,554	0.28	841	0.05	5,897	0.36	2,235	0.14	0	0.00	1,231	0.07	44	0.00
50-64	M	123	0.22	21	0.04	136	0.24	54	0.10	0	0.00	33	0.06	14	0.02
	F	707	0.35	109	0.05	774	0.38	273	0.14	0	0.00	119	0.06	7	0.00
	Total	830	0.32	130	0.05	910	0.35	327	0.13	0	0.00	152	0.06	21	0.01
65-74	M	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	F	5	0.38	0	0.00	3	0.23	4	0.31	0	0.00	2	0.15	0	0.00
	Total	5	0.33	0	0.00	3	0.20	4	0.26	0	0.00	2	0.13	0	0.00
75-84	M	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	F	1	6.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	Total	1	6.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
85+	M	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	F	0	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	1,944	0.01	37,217	0.15	60,629	0.25	47,905	0.19	0	0.00	4,440	0.02	79	0.00
	F	15,901	0.05	39,305	0.13	80,761	0.27	50,187	0.17	0	0.00	8,776	0.03	90	0.00
	Total	17,845	0.03	76,522	0.14	141,390	0.26	98,092	0.18	0	0.00	13,216	0.02	169	0.00

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

All Other Antibiotics Utilization																	
Age	Sex	Total Absorbable Sulfonamide Scraps	Average Scraps PMPY for Absorbable Sulfonamides	Total Aminoglycoside Scraps	Average Scraps PMPY for Aminoglycosides	Total 1st Generation Cephalosporin Scraps	Average Scraps PMPY for 1st Generation Cephalosporins	Total Lincosamide Scraps	Average Scraps PMPY for Lincosamides	Total Macrolides (not azith. or clarith.) Scraps	Average Scraps PMPY for Macrolides (not azith. or clarith.)	Total Penicillin Scraps	Average Scraps PMPY for Penicillins	Total Tetracycline Scraps	Average Scraps PMPY for Tetracyclines	Total Misc. Antibiotic Scraps	Average Scraps PMPY for Misc. Antibiotics
0-9	M	12389	0.08	31	0.00	15683	0.10	0	0.00	487	0.00	108417	0.70	47	0.00	241	0.00
	F	18589	0.12	36	0.00	15465	0.10	0	0.00	433	0.00	103904	0.69	35	0.00	782	0.01
	Total	30,978	0.10	67	0.00	31,148	0.10	0	0.00	920	0.00	212,321	0.70	82	0.00	1,023	0.00
10-17	M	4729	0.06	26	0.00	6570	0.08	0	0.00	300	0.00	18314	0.23	4626	0.06	296	0.00
	F	8909	0.11	39	0.00	7213	0.09	0	0.00	387	0.00	22870	0.29	5073	0.06	4554	0.06
	Total	13,638	0.09	65	0.00	13,783	0.09	0	0.00	687	0.00	41,184	0.26	9,699	0.06	4,850	0.03
18-34	M	963	0.10	1	0.00	879	0.09	0	0.00	92	0.01	2527	0.26	1038	0.11	172	0.02
	F	10697	0.21	2	0.00	8048	0.15	0	0.00	906	0.02	22001	0.42	8174	0.16	26950	0.52
	Total	11,660	0.19	3	0.00	8,927	0.14	0	0.00	998	0.02	24,528	0.40	9,212	0.15	27,122	0.44
35-49	M	411	0.15	8	0.00	367	0.13	0	0.00	43	0.02	924	0.33	311	0.11	128	0.05
	F	3173	0.23	15	0.00	1969	0.14	0	0.00	262	0.02	5415	0.40	2099	0.15	4012	0.29
	Total	3,584	0.22	23	0.00	2,336	0.14	0	0.00	305	0.02	6,339	0.39	2,410	0.15	4,140	0.25
50-64	M	107	0.19	0	0.00	63	0.11	0	0.00	3	0.01	166	0.29	46	0.08	26	0.05
	F	390	0.19	0	0.00	317	0.16	0	0.00	36	0.02	707	0.35	272	0.13	313	0.16
	Total	497	0.19	0	0.00	380	0.15	0	0.00	39	0.02	873	0.34	318	0.12	339	0.13
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	2	0.15	0	0.00	2	0.15	0	0.00	0	0.00	2	0.15	0	0.00	3	0.23
	Total	2	0.13	0	0.00	2	0.13	0	0.00	0	0.00	2	0.13	0	0.00	3	0.20
75-84	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
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	18,599	0.08	66	0.00	23,562	0.10	0	0.00	925	0.00	130,348	0.53	6,068	0.02	863	0.00
	F	41,760	0.14	92	0.00	33,014	0.11	0	0.00	2,024	0.01	154,899	0.52	15,653	0.05	36,614	0.12
	Total	60,359	0.11	158	0.00	56,576	0.10	0	0.00	2,949	0.01	285,247	0.52	21,721	0.04	37,477	0.07

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

Race/Ethnicity Diversity of Membership (RDM)

WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, 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	0	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)	767612	Total unduplicated membership during the measurement year (this number represents the total number of members regardless of data collection method)	767612
Direct number and percentage of members	0.00%	Indirect (e.g. surname analysis/geo-coding) number and percentage of members	0.00%
CMS/State databases percentage of members	1.0000		
Other Percentage of Members	0.0000		

Department of Community Health, State of Georgia
 Audited CY 2010 HEDIS Utilization Measure Results for WellCare
 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%	4951	8.58%	357677	51.56%	0	NR	362,628	47.24%
Black or African American	0	0.00%	30790	53.33%	304726	43.93%	0	NR	335,516	43.71%
American-Indian and Alaska Native	0	0.00%	512	0.89%	0	0.00%	0	NR	512	0.07%
Asian	0	0.00%	13656	23.65%	0	0.00%	0	NR	13,656	1.78%
Native Hawaiian and Other Pacific Islanders	0	0.00%	2	0.00%	0	0.00%	0	NR	2	0.00%
Some Other Race	0	0.00%	7824	13.55%	0	0.00%	0	NR	7,824	1.02%
Two or More Races	0	0.00%	0	0.00%	5	0.00%	0	NR	5	0.00%
Unknown	16206	100.00%	0	0.00%	31263	4.51%	0	NR	47,469	6.18%
Declined	0	0.00%	0	0.00%	0	0.00%	0	NR	0	0.00%
Total	16,206	100.00%	57,735	100.00%	693,671	100.00%	0	NR	767,612	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	.9382		Percentage of members for whom the organization has race information through indirect data collection methods	0.0000						
Percentage of members for whom the organization has ethnicity information through direct data collection methods	.09633		Percentage of members for whom the organization has ethnicity information through indirect data collection methods	0.0000						

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

Language Diversity of Membership (LDM)			
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, 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	0
Preferred Language for Written Materials*	0	0	0
Other Language Needs*	0	0	0
*Enter percentage as a value between 0 and 1.			
Spoken Language Preferred for Health Care			
	Number	Percentage	
English	709841	92.47%	
Non-English	51744	6.74%	
Unknown	6027	0.79%	
Declined	0	0.00%	
Total: this should sum to 100%	767,612	100.00%	
Language Preferred for Written Materials			
	Number	Percentage	
English	0	0.00%	
Non-English	0	0.00%	
Unknown	767612	100.00%	
Declined	0	0.00%	
Total: this should sum to 100%	767,612	100.00%	
Other Languages Needs			
	Number	Percentage	
English	0	0.00%	
Non-English	0	0.00%	
Unknown	767612	100.00%	
Declined	0	0.00%	
Total: this should sum to 100%	767,612	100.00%	