



State of Georgia
Department of Community Health

2017 Validation of Performance Measures
for
Amerigroup Community Care

Measurement Period: Calendar Year 2016

Validation Period: January–June 2017

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Validation Overview

The Centers for Medicare & Medicaid Services (CMS) requires that states, through their contracts with managed care organizations (MCOs), measure and report on performance to assess the quality and appropriateness of care and services provided to members. 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 Georgia Department of Community Health (DCH), conducted the validation activities. The purpose of performance measure validation is to assess the accuracy of performance measure rates reported by the MCO and to determine the extent to which performance measures calculated by the MCO follow state specifications and reporting requirements. The state, its agent that is not an MCO, or an external quality review organization (EQRO) can perform this validation.

The Georgia Department of Community Health (DCH) is responsible for administering the Medicaid program and the Children's Health Insurance Program (CHIP) in the State of Georgia. The State refers to its CHIP program as PeachCare for Kids[®]. Both programs include fee-for-service (FFS) and managed care components and deliver services through a statewide provider network. The FFS program has been in place since the inception of Medicaid in Georgia. The DCH contracts with three privately owned managed care organizations, referred to by the State as care management organizations (CMOs), to deliver services to certain categories of members enrolled in the State's Medicaid and PeachCare for Kids[®] programs. Children in state custody, children receiving adoption assistance, and certain children in the juvenile justice system are enrolled in the Georgia Families 360^o (GF 360^o) managed care program. The Georgia Families (GF) program, implemented in 2006, serves all other Medicaid and PeachCare for Kids[®] managed care members not enrolled in the GF 360^o program. Approximately 1.3 million beneficiaries are enrolled in the GF program.¹

HSAG validated a set of performance measures identified by DCH that were calculated and reported by the CMOs for their GF population. The DCH identified the measurement period as calendar year (CY) 2016. HSAG conducted the validation in accordance with the CMS publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.²

¹ Georgia Department of Community Health. Medicaid Management Information System. Georgia Families Monthly Adjustment Summary Report June 2016.

² Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: Feb 19, 2017.

Care Management Organization (CMO) Information

Basic information about Amerigroup Community Care (Amerigroup) appears in Table 1, including the office location(s) involved in the 2017 validation of performance measures audit that covered the CY 2016 measurement period.

Table 1—Amerigroup Community Care Information

CMO Name:	Amerigroup Community Care
CMO Location:	303 Perimeter Center North, Ste. 400, Atlanta, GA 30346
On-site Location:	5800 Northampton Blvd., Norfolk, VA 23502
Audit Contact:	Donna McIntosh, MHA
Contact Telephone Number:	678.587.4892
Contact Email Address:	Donna.McIntosh@amerigroup.com
Site Visit Date:	March 2–3, 2017

Performance Measures Validated

HSAG validated rates for the following set of performance measures selected by DCH for validation. All performance measures but one were selected from CMS’ Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set),³ Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set),⁴ or the Agency for Healthcare Research and Quality’s (AHRQ’s) Quality Indicator measures. *Colorectal Cancer Screening*, a Healthcare Effectiveness Data and Information Set (HEDIS®)⁵ non-Medicaid measure, was also included as part of HSAG’s validation. The measurement period was identified by DCH as CY 2016 for all measures except the child core set dental measure. The dental measure was reported for federal fiscal year (FFY) 2016, which covered the time frame of October 1, 2015, through September 30, 2016, according to CMS requirements. Table 2 lists the performance measures that HSAG validated, the method required by DCH for data collection, and the specifications the CMO was required to use for each of the measures.

³ The Centers for Medicare & Medicaid Services. Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP, June 2016.

⁴ The Centers for Medicare & Medicaid Services. Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid, June 2016.

⁵ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Table 2—List of CY 2016 Performance Measures for Amerigroup Community Care

	Performance Measure	Method	Specifications
1.	<i>Antenatal Steroids</i>	Hybrid	Adult Core Set
2.	<i>Asthma in Younger Adults Admission Rate</i>	Admin	Adult Core Set
3.	<i>Behavioral Health Risk Assessment for Pregnant Women</i>	Hybrid	Child Core Set
4.	<i>Cesarean Delivery Rate</i>	Admin	AHRQ
5.	<i>Cesarean Section for Nulliparous Singleton Vertex</i>	Hybrid	Child Core Set
6.	<i>Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate</i>	Admin	Adult Core Set
7.	<i>Colorectal Cancer Screening*</i>	Hybrid	HEDIS*
8.	<i>Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk</i>	Admin	Child Core Set
9.	<i>Developmental Screening in the First Three Years of Life</i>	Hybrid	Child Core Set
10.	<i>Diabetes Short-Term Complications Admission Rate</i>	Admin	Adult Core Set
11.	<i>Elective Delivery</i>	Hybrid	Adult Core Set
12.	<i>Heart Failure Admission Rate</i>	Admin	Adult Core Set
13.	<i>Live Births Weighing Less Than 2,500 Grams</i>	Admin	Child Core Set
14.	<i>Plan All-Cause Readmissions Rate**</i>	Admin	Adult Core Set
15.	<i>Screening for Clinical Depression and Follow-up Plan</i>	Hybrid	Adult Core Set
16.	<i>Use of Opioids at High Dosage</i>	Admin	Adult Core Set

*The CMO reported this measure using the *HEDIS 2017, Volume 2: Technical Specifications for Health Plans* for the Commercial and Medicare populations, but applied the specifications to the Medicaid population.

**Risk adjustment was not required.

In addition to the AHRQ and the CMS adult and child core set measures audited by HSAG, DCH required Amerigroup to report a selected set of HEDIS measures to DCH. Amerigroup was required to contract with a National Committee for Quality Assurance (NCQA)-licensed audit organization and undergo an NCQA HEDIS Compliance Audit™. Final audited HEDIS measure results from NCQA’s Interactive Data Submission System (IDSS) were submitted to HSAG and provided to DCH. Appendix D displays the final audited HEDIS 2017 results for all required measures, covering the CY 2016 measurement period.

⁶ NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

Description of Validation Activities

Pre-Audit Strategy

HSAG conducted the validation activities as outlined in the CMS performance measure validation protocol. To complete the validation activities for Amerigroup, HSAG obtained a list of the performance 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 source code for each performance measure; a completed HEDIS 2017 Record of Administration, Data Management, and Processes (Roadmap); and any additional supporting documentation necessary to complete the audit. The letter also included an introduction to the medical record review validation (MRRV) process; a timetable for completion; and instructions for submission. HSAG responded to Roadmap-related questions received directly from Amerigroup during the pre-on-site phase.

Approximately one month prior to the on-site visit, HSAG provided Amerigroup with an agenda describing all on-site visit activities and indicating the type of staff needed for each session. HSAG also conducted a pre-on-site conference call with Amerigroup to discuss on-site logistics and expectations, important deadlines, outstanding Roadmap documentation, and any questions from Amerigroup regarding the process.

Validation Team

The HSAG Performance Measure Validation Team was composed of a lead auditor and several 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. Table 3 lists the validation team members, their roles, and their skills and expertise.

Table 3—Validation Team

Name and Role	Skills and Expertise
Mariyah Badani, JD, MBA, CHCA <i>Director, Audits/State & Corporate Services; Secondary Auditor</i>	Management of the audit department; Certified HEDIS Compliance Auditor (CHCA); multiple years of auditing experience, data integration, systems review, and analysis.
Allen Iovannisci, MS, CHCA <i>Lead Auditor</i>	CHCA; performance measure knowledge, data integration, systems review, and analysis.
Kim Elliott, PhD, CPHQ <i>Co-Auditor and Executive Director Audits/State & Corporate Services</i>	Leadership of audit department, multiple years of auditing experience of health systems, electronic health record systems, performance measurement, quality improvement, program management, quality of care, and program evaluation.

Name and Role	Skills and Expertise
Tammy Gianfrancisco <i>HEDIS Manager, Audits/State & Corporate Services</i>	Coordinator for the audit department; liaison between the audit team and clients; manages deliverables and timelines, and source code review activities.
Lynn Shelby, RN, BSN <i>Director, Case Review</i>	Knowledge of HEDIS and CMS measure specifications, clinical consulting, abstraction of medical record data, and oversight of the medical record over-read process.
Lori Cruz <i>Project Coordinator, Case Review</i>	Coordinator for the HEDIS MRRV process, liaison between the audit team and clients, maintains record tracking database, and manages deliverables and timelines.
Dan Moore, MPA <i>Source Code Reviewer</i>	Knowledge of HEDIS and CMS performance measure specifications; multiple years of experience reviewing various formats of source code/programming language to assess compliance with required specifications.

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:

- NCQA’s HEDIS 2017 Roadmap:** Amerigroup completed and submitted the required and relevant portions of its Roadmap for HSAG’s review. HSAG used responses from the Roadmap to complete the pre-on-site assessment of information systems.
- Medical record documentation:** Amerigroup completed the medical record section within the Roadmap. In addition, Amerigroup submitted the following documentation for review: medical record hybrid tools and instructions, training materials for medical record review (MRR) staff members, and policies and procedures outlining the processes for monitoring the accuracy of the reviews performed by the review staff members. To ensure the accuracy of the hybrid data being abstracted by the CMO, HSAG requested Amerigroup participate in the review of a convenience sample for selected hybrid measures. HSAG followed NCQA’s guidelines to validate the integrity of the MRR processes used by Amerigroup and then used the MRRV results to determine if the findings impacted the audit results for each performance measure rate.
- Source code (programming language) for performance measures:** Amerigroup contracted with a software vendor, Inovalon, to generate and calculate rates for the performance measures under review by HSAG. The source code review was conducted via multiple web-assisted sessions where Inovalon displayed the source code for each measure and explained its rate generation and data integration processes to HSAG’s source code review team.
- Supporting documentation:** HSAG requested 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. HSAG

reviewed all supporting documentation, identifying issues or areas needing clarification for further follow-up.

- **Rate Review:** Upon receiving the calculated rates from Amerigroup, HSAG conducted a review on the reasonableness and integrity of the rates. The review included trending with prior rates and comparison of rates across all CMOs.

On-Site Activities

HSAG conducted an on-site visit with Amerigroup on March 2–3, 2017. HSAG collected information using several methods, including interviews, system demonstrations, 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 validation 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, focusing on the processing of claims and encounter data, provider data, patient data, and inpatient data. Additionally, the review evaluated the processes used to collect and calculate the performance measure rates, 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 Roadmap and supporting documentation:** The review included processes used for collecting, storing, validating, and reporting performance measure rates. This session was designed to be interactive with key Amerigroup staff members so that HSAG could obtain a complete picture of all the steps taken to generate the performance measure rates. The goal of the session was to obtain a confidence level as to the degree of compliance with written documentation compared to actual processes. 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 measure rates. HSAG performed primary source verification to further validate the output files, reviewed backup documentation on data integration, and addressed data control and security procedures. HSAG also reviewed preliminary rates during this session, if available.
- **Closing conference:** The closing conference included a summation of preliminary findings based on the review of the 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 displays a list of key Amerigroup interviewees:

Table 4—List of Amerigroup Community Care Interviewees

Name	Title
Stacy Williams	Manager, Business Information
Jiong Huang	Staff Vice President (VP), Quality Management
Tawonna Ingram	Manager II, Quality Management, Health Promotions & HEDIS
Angela Evans	Program Consultant, VP, Quality Management
Gail Brown	Program Consultant, VP, Quality Management
Harwanda Hancock-Rowel	Clinical Quality Program Manager
Leslie Langflow	Director II, Corporate
Jaye Buelow	System Analyst
Kathleen King	Manager, Provider Network
Lisa Tedrick	Pharmacy Benefit Administration
Amy Spaugh	Manager, Business Systems
Paul Ferrara	Manager, Enrollment
Jamie Giron	Business Analyst
Barbara Todd	Manager, Enrollment
Marcy White	Reimbursement Manager
Kelly Laniek	Manager
Erik Vasqueselles	Director
Ashley Ranganathan	Business Information Director
Rochelle Simmons	Medicaid Compliance
Geoff Welsh	Business Change Director
Jessica Bennett	Business Information Consultant
Warren Weiss	Business Analyst III
Leonard Newcomb	Provider Data Quality Manager

Data Integration, Data Control, and Performance Measure Documentation

There are several aspects crucial to the calculation of performance measure rates. These include data integration, data control, and documentation of performance measure rate 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 for calculating valid performance measure rates. 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, HSAG determined that the data integration processes in place at Amerigroup were:

- Acceptable
- Not acceptable

Data Control

Amerigroup's organizational infrastructure must support all necessary information systems; and its 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 Amerigroup used which included a review of disaster recovery procedures, data backup protocols, and related policies and procedures. Overall, HSAG 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 Roadmap, job logs, computer programming code, output files, work flow diagrams, narrative descriptions of performance measure calculations, and other related documentation. Overall, HSAG determined that the documentation of performance measure rate calculations by Amerigroup was:

- Acceptable
- Not acceptable

Validation Results

HSAG evaluated Amerigroup's data systems for the processing of each data type used for reporting DCH performance measure rates. General findings are indicated below.

Medical Service Data (Claims and Encounters)

Amerigroup continued to use the Facets claims system to capture most of the medical services required for reporting measures. In addition to Facets, Amerigroup used data provided by its pharmacy and dental vendors to supplement any medical claims. Specifically, pharmacy data were used to capture data for the *Use of Opioids at High Dosage* measure. Dental vendor encounters were used for the *Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk* measure. HSAG reviewed the multiple systems and processes used for each data source and found each to be compliant. Each system captured appropriate, standard coding schemes as required for reporting. Amerigroup used only standard claim forms for each service type (i.e., dental, professional, institutional, and pharmacy).

Most of Amerigroup's claims were submitted electronically through either clearinghouses or direct submitters. Paper claims, though small in quantity, were submitted to Amerigroup's optical character recognition (OCR) vendor and for scanning and conversion into a standard Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant 837 format.

Amerigroup appropriately monitored vendor data submissions and controls regularly to ensure data completion for measure production. Amerigroup's oversight of this process ensured that all relevant data are captured prior to measure production.

Amerigroup used an additional data source, the Georgia Medical Care Foundation (GMCF) birth file, to determine the eligible populations for three specific measures. The three measures for which Amerigroup used the GMCF file were *Antenatal Steroids*, *Elective Delivery*, and *Cesarean Section for Nulliparous Singleton Vertex*.

The on-site review by HSAG auditors did not reveal any concerns with how claims/encounters are captured and used for reporting.

Amerigroup was fully compliant regarding medical service data.

Enrollment Data

Amerigroup captured the State enrollment files daily and monthly and loaded them into Facets. Using the aid codes provided on the enrollment files, Amerigroup was able to identify and separate the GF 360° population from the Community Care population when reporting on each measure.

HSAG verified the aid codes and populations during the on-site audit and conducted primary source verification of distinct members to ensure the populations were separated.

Amerigroup's Facets system captured all relevant fields from the State's enrollment files and continued to monitor daily file updates, cancelations, and renewals.

Amerigroup was fully compliant with the enrollment process.

Provider Data

Amerigroup's provider system remained unchanged since the previous review. Amerigroup used the CACTUS (credentialing) and Facets (billing and payment) systems to store its provider data. The CMO had a systematic process to capture, review, and update provider credentialing and specialty data in both systems. The two systems were linked using Facets' common practitioner identifiers, and changes in provider data from Facets were automatically loaded into CACTUS, eliminating any potential manual data entry or merge errors. Amerigroup implemented daily, weekly, and monthly edit checks on provider data submitted via claims. Additionally, the CMO's audit team reviewed 25 percent of all completed records for accuracy and completeness each month. Amerigroup's oversight of its delegates contracted for credentialing and recredentialing activities also met industry standards.

Effective August 1, 2015, DCH implemented a centralized credentials verification organization (CVO), and most of the credentialing functions previously performed by Amerigroup were transitioned to the new CVO.

Although the State is now responsible for credentialing all providers in Georgia, HSAG still conducted primary source verification of the CACTUS and Facets systems to identify any issues across the two systems. As in past reviews, HSAG selected several records from numerator-compliant members in various measures to ensure the provider specialties matched the measure requirements. HSAG did not identify any issues with providers during this review. HSAG also reviewed a sample of provider specialties to ensure the specialties matched the credentialed providers' education and board certification. HSAG found Amerigroup to be compliant with the credentialing and assignment of individual providers at federally qualified health centers (FQHCs).

HSAG staff reviewed and approved the specialty mapping for Amerigroup and determined it to be compliant for the measure reporting.

Amerigroup was fully compliant with provider data reporting.

Medical Record Review Validation (MRRV)

HSAG reviewed Amerigroup's Information System (IS) 4 Roadmap pertaining to the policies and procedures for IS Standard 4.0. The Roadmap review found these policies and procedures to be consistent with the NCQA *HEDIS 2017, Volume 5, HEDIS Compliance Audit: Standards, Policies and Procedures*.

Amerigroup completed sampling according to HEDIS and non-HEDIS measure sampling guidelines and assigned measure-specific oversamples. Provider chase logic was reviewed and determined appropriate across the hybrid measures.

Amerigroup staff used Quality Spectrum Hybrid Reporter (QSHR) hybrid medical record abstraction tools. HSAG participated in a live vendor demonstration of the QSHR tools and instructions. All fields, edits, and dropdown boxes were reviewed for accuracy against the current year's Child Core Set Technical Specifications, Adult Core Set Technical Specifications, AHRQ Quality Indicator Technical Specifications, and NCQA's *HEDIS 2017, Volume 2: Technical Specifications for Health Plans*.

Amerigroup used internal staff members to conduct medical record reviews and quality assurance. Staff members were sufficiently qualified and trained in the current year's Child Core Set Technical Specifications, Adult Core Set Technical Specifications, AHRQ Quality Indicator Technical Specifications, *HEDIS 2017, Volume 2: Technical Specifications for Health Plans*, and the use of QSHR's abstraction tools to accurately conduct medical record reviews. HSAG reviewed Amerigroup's training abstraction manual and found no concerns.

Amerigroup maintained appropriate quality assurance of reviews, including over-reads of all abstractions resulting in a numerator positive or exclusions, and a random sample of numerator negatives.

Due to challenges encountered with the CMS and HEDIS measures during the 2015 MRRV, a convenience sample was required for the following measures:

- *Colorectal Cancer Screening (COL)*
- *Antenatal Steroids*
- *Elective Delivery*

Amerigroup passed the convenience sample process.

Amerigroup passed the MRRV process for the following measures:

- *Non-HEDIS—Antenatal Steroids (PC03-AD)*
- *Non-HEDIS—Elective Delivery(PC01-AD)*
- *Non-HEDIS—Developmental Screening in the First Three Years of Life (DEV-CH)*
- *Non-HEDIS—Behavioral Health Risk Assessment for Pregnant Women (BHRA-CH)*
- *Non-HEDIS—Developmental Screening in the First Three Years of Life (DEV-CH)*
- *Non-HEDIS—Exclusions*

Table 5—MRRV Results for Amerigroup Community Care’s GF Population

Performance Measure	Initial Sample Size	Findings	Follow-up	Final Results
<i>Behavioral Health Risk Assessment for Pregnant Women (BHRA-CH)</i> medical record numerator positives	16	HSAG identified no errors.	None	Approved for reporting
<i>Developmental Screening in the First Three Years of Life (DEV-CH)</i> medical record numerator positives	16	HSAG identified no errors.	None	Approved for reporting
<i>Cesarean Section for Nulliparous Singleton Virus (NSV)</i> medical record numerator positives	10	HSAG identified errors and they were rectified by Amerigroup.	HSAG reviewed all records with the first sample; therefore, no additional records were reviewed.	Approved for reporting
NSV medical record exclusions	6	HSAG identified no errors.	None	Approved for reporting
<i>Elective Delivery (PC01-AD)</i> medical record numerator positives	1	HSAG identified no errors.	None	Approved for reporting
PC01-AD medical record exclusions	15	HSAG identified no errors.	None	Approved for reporting
<i>Antenatal Steroids (PC03-AD)</i> medical record numerator positives	16	HSAG identified no errors.	None	Approved for reporting

Supplemental Data

A standard supplemental data source was allowed for use for Amerigroup. The supplemental data were obtained from the state historical FFS file from the State of Georgia. Since this source was considered standard by the auditor, no proof of service verification was required. HSAG identified significant numerator positive hits for the *Colorectal Cancer Screening*, *Developmental Screening in the First Three Years of Life*, *Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk*, and *Screening for Clinical Depression and Follow-up Plan* measures. HSAG reviewed supplemental impact reports and found them to be compliant with the measure expectations.

Data Integration

Amerigroup used its internal Facets system along with the GMCF birth file to determine eligible populations for the *Antenatal Steroids*, *Elective Delivery*, and *Cesarean Section for Nulliparous Singleton Vertex* measures.

Amerigroup continued to use its internal relational database to store all incoming data. The internal data warehouse contained both internal and external data files used for reporting. Amerigroup also contracted with a vendor, Inovalon, to produce the performance measures under review. Amerigroup was responsible for loading and running the data monthly, as well as running the data for measure production and final rates. HSAG reviewed the source code for the measures under review and conducted primary source verification on all administrative measures. HSAG had no concerns following the review of these measures. Amerigroup maintained its quality review processes during the measurement year to ensure all data were loaded. Amerigroup continued to conduct monthly data runs for measures to monitor progress throughout the year—a best practice for ensuring accurate data management and measure production. Monthly measure production continued to assist Amerigroup with identifying issues, if any, early. If data errors were found, Amerigroup was able to easily retract and reload the data to correct the issues.

Amerigroup used Inovalon’s software to produce the final rates for the measures.

Amerigroup continued to have an excellent disaster recovery process in place and backed up data nightly.

HSAG reviewed Amerigroup’s performance measure rates and found no anomalies. HSAG had no issues with Amerigroup’s data integration processes for its GF population.

Performance Measure Specific Findings

Based on all validation activities, HSAG determined validation results for each performance measure rate. HSAG provided an audit result for each performance measure as defined in Table 6.

Table 6—Audit Results and Definitions for Performance Measures

Reportable (R)	The CMO followed the State’s specifications and produced a reportable rate or result for the measure.
Not Reportable (NR)	The calculated rate was materially biased.
Not Applicable (NA)	The CMO followed the State’s specifications, but the denominator was too small (<30) to report a valid rate.

According to the CMS protocol, the audit result for each performance measure rate is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be “Not Reportable.” It is possible for a single audit element to receive an audit result of “NR” when the impact of the error associated with that element biased the reported performance measure rate more than 5 percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, leading to an audit result of “R.”

Table 7 displays the key review findings and final audit results for Amerigroup for each performance measure rate. For additional information regarding performance measure rates, see Appendix C of this report.

Table 7—Key Review Findings and Audit Results for Amerigroup Community Care

Performance Measures		Key Review Findings	Audit Results
1.	<i>Antenatal Steroids</i>	Amerigroup used the GMCF file to determine gestational age for this measure. The entire eligible population was derived using the GMCF file, and the sample was derived from that eligible population.	R
2.	<i>Asthma in Younger Adults Admission Rate</i>	HSAG identified no concerns.	R
3.	<i>Behavioral Health Risk Assessment (For Pregnant Women)</i>	HSAG identified no concerns.	R
4.	<i>Cesarean Delivery Rate</i>	HSAG identified no concerns.	R
5.	<i>Cesarean Section for Nulliparous Singleton Vertex</i>	Amerigroup used the GMCF file to determine gestational age and parity for this measure. The entire eligible population was derived using the GMCF file, and the sample was derived from that eligible population.	R
6.	<i>Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate</i>	HSAG identified no concerns.	R
7.	<i>Colorectal Cancer Screening</i>	HSAG identified no concerns.	R
8.	<i>Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk</i>	HSAG identified no concerns.	R
9.	<i>Developmental Screening in the First Three Years of Life</i>	HSAG identified no concerns.	R
10.	<i>Diabetes Short-Term Complications Admission Rate</i>	HSAG identified no concerns.	R
11.	<i>Elective Delivery</i>	Amerigroup used the GMCF file to determine gestational age for this measure. The entire eligible population was derived using the GMCF file, and the sample was derived from that eligible population.	R
12.	<i>Heart Failure Admission Rate</i>	HSAG identified no concerns.	R
13.	<i>Live Births Weighing Less Than 2,500 Grams</i>	HSAG identified no concerns.	R

Performance Measures		Key Review Findings	Audit Results
14.	<i>Plan All-Cause Readmissions</i>	HSAG identified no concerns.	R
15.	<i>Screening for Clinical Depression and Follow-up Plan</i>	HSAG identified no concerns.	R
16.	<i>Use of Opioids at High Dosage</i>	HSAG identified no concerns.	R



Appendix A. Data Integration and Control Findings

Documentation Worksheet

CMO Name:	Amerigroup Community Care
On-Site Visit Date:	March 2–3, 2017
Reviewers:	Allen Iovannisci, MS, CHCA; Mariyah Badani, JD, MBA, CHCA

Table A-1—Data Integration and Control Findings for Amerigroup Community Care

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 measure rates 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 for 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 measure rates.				
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"/>	

Data Integration and Control Element	Met	Not Met	N/A	Comments
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"/>	
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

Reviewer Worksheets

CMO Name:	Amerigroup Community Care
On-Site Visit Date:	March 2–3, 2017
Reviewers:	Allen Iovannisci, MS, CHCA; Mariyah Badani, JD, MBA, 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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).	<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"/>	Nonstandard coding was not used.
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 Rate Submission File

Appendix C contains Amerigroup Community Care's final audited performance measure rate submission file.

State Fiscal Year (SFY) 2017 Performance Measure Rate Reporting Template for Georgia Care Management Organizations (CMOs)	
Date of Submission:	4/13/17
CMO Name:	Amerigroup_Georgia
Contact Name and Title:	Tawonna Ingram, Manager II Quality Management
Contact E-mail Address:	tawonna.ingram@amerigroup.com
Comments:	

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Amerigroup

Audit Review Table - To Be Completed by Auditor			
Measure #	Measure/Data Element	Audit Status	Comment
1	Antenatal Steroids (PC03-AD)	R	
2	Asthma in Younger Adults Admission Rate (PQI15-AD)	R	
3	Cesarean Delivery Rate (IQI-21)	R	
4	Cesarean Section for Nulliparous Singleton Vertex (PC02-CH)	R	
5	Chronic Obstructive Pulmonary Disease (COPD) and Asthma in Older Adults Admission Rate (PQI05-AD)	R	
6	Colorectal Cancer Screening (COL)	R	
7	Developmental Screening in the First Three Years of Life (DEV-CH)	R	
8	Diabetes Short-Term Complications Admission Rate (PQI01-AD)	R	
9	Elective Delivery (PC01-AD)	R	
10	Heart Failure Admission Rate (PQI08-AD)	R	
11	Live Births Weighing Less Than 2,500 Grams (LBW-CH)	R	
12	Maternity Care - Behavioral Health Risk Assessment (BHRA-CH)	R	
13	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH)	R	
14	Use of Opioids at High Dosage (OHD-AD)	R	
15	Screening for Clinical Depression and Follow-up Plan (CDF-AD)	R	
16	Plan All-Cause Readmissions Rate (PCR-AD)	R	

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Amerigroup

Antenatal Steroids (PC03-AD)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	H
Eligible Population	94
Denominator	94
Numerator Events by Administrative Data	0
Numerator Events by Medical Records	20
Numerator Total	20
Reported Rate	21.28%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Amerigroup

Asthma in Younger Adults Admission Rate (PQI15-AD)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	2016
Data Collection Methodology	A
Eligible Population (Total Member Months)	629,513
Numerator Events by Administrative Data	16
Reported Rate (Per 100,000 Member Months)	2.54

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Amerigroup

Cesarean Delivery Rate (IQI-21)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	A
Eligible Population	14,582
Numerator Events by Administrative Data	4,213
Reported Rate	28.89%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Amerigroup

Cesarean Section for Nulliparous Singleton Vertex (PC02-CH)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	H
Eligible Population	11,606
Denominator	479
Numerator Events by Administrative Data	0
Numerator Events by Medical Records	8
Numerator Total	8
Reported Rate	1.67%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Amerigroup

Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)				
Data Element	General Measure Data	Ages 40-64	Ages 65+	All Ages
Reporting Year	SFY 2017			
Measurement Period	CY 2016			
Data Collection Methodology	A			
Eligible Population (Total Member Months)		145,293	71	145,364
Numerator Events by Administrative Data		32	0	32
Reported Rate (Per 100,000 Member Months)		22.02	0.00	22.01

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Amerigroup

Developmental Screening in the First Three Years of Life (DEV-CH)					
Data Element	General Measure Data	Age 1	Age 2	Age 3	Total (Ages 1-3)
Reporting Year	SFY 2017				
Measurement Period	CY 2016				
Data Collection Methodology	H				
Eligible Population		17,739	8,015	11,173	36,927
Denominator		144	144	144	432
Numerator Events by Administrative Data		61	70	53	184
Numerator Events by Medical Records		21	22	24	67
Numerator Total		82	92	77	251
Reported Rate		56.94%	63.89%	53.47%	58.10%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Amerigroup

Diabetes Short-Term Complications Admission Rate (PQI01-AD)				
Data Element	General Measure Data	Ages 18-64	Ages 65+	All Ages
Reporting Year	SFY 2017			
Measurement Period	CY 2016			
Data Collection Methodology	A			
Eligible Population (Total Member Months)		774,806	71	774,877
Numerator Events by Administrative Data		111	0	111
Reported Rate (Per 100,000 Member Months)		14.33	0.00	14.32

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Amerigroup

Elective Delivery (PC01-AD)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	H
Eligible Population	929
Denominator	601
Numerator Events by Administrative Data	40
Numerator Events by Medical Records	1
Numerator Total	41
Reported Rate	6.82%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Amerigroup

Heart Failure Admission Rate (PQ108-AD)				
Data Element	General Measure Data	Ages 18-64	Ages 65+	All Ages
Reporting Year	SFY 2017			
Measurement Period	CY 2016			
Data Collection Methodology	A			
Eligible Population (Total Member Months)		774,806	71	774,877
Numerator Events by Administrative Data		42	0	42
Reported Rate (Per 100,000 Member Months)		5.42	0.00	5.42

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Amerigroup

Live Births Weighing Less Than 2,500 Grams (LBW-CH)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	A
Eligible Population	14,325
Numerator Events by Administrative Data	1,239
Reported Rate	8.65%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Amerigroup

Maternity Care - Behavioral Health Risk Assessment (BHRA-CH)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	H
Eligible Population	15,257
Denominator	453
Numerator Events by Administrative Data	0
Numerator Events by Medical Records	86
Numerator Total	86
Reported Rate	18.98%

Appendix C: Department of Community Health, State of Georgia
 Validated CY 2016 Performance Measures for Amerigroup

Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	Federal Fiscal Year (FFY) 2016*
Data Collection Methodology	A
Eligible Population	31,369
Numerator Events by Administrative Data	8,304
Reported Rate	26.47%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Amerigroup

Use of Opioids at High Dosage (OHD-AD)				
Data Element	General Measure Data	Ages 19-64	Ages 65+	All Ages
Reporting Year	SFY 2017			
Measurement Period	CY 2016			
Data Collection Methodology	A			
Eligible Population		4,537	0	4,537
Denominator		4,537	0	4,537
Numerator Events by Administrative Data		88	0	88
Reported Rate (Per 1,000 members)		19.40	#DIV/0!	19.40

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Amerigroup

Screening for Clinical Depression and Follow-up Plan (CDF-AD)			
Reporting Age Group	Ages 18-64	Ages 65+	All Ages
Reporting Year	SFY 2017	SFY 2017	SFY 2017
Measurement Period	CY 2016	CY 2016	CY 2016
Data Collection Methodology	H	H	H
Eligible Population	65,106	12	65,118
Exclusions	45	0	45
Denominator	387	0	387
Numerator Events by Administrative Data	7	0	7
Numerator Events by Medical Records	50	0	50
Numerator Total	57	0	57
Reported Rate	14.73%	NA	14.73%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Amerigroup

Colorectal Cancer Screening (COL)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	H
Eligible Population	1054
Number of Numerator Events by Administrative Data in Eligible Population (before exclusions)	426
Current Year's Administrative Rate (before exclusions)	40.42%
Minimum Required Sample Size (MRSS) or Other Sample Size	411
Oversampling Rate	5%
Final Sample Size (FSS)	432
Number of Numerator Events by Administrative Data in FSS	184
Administrative Rate on FSS	42.59%
Number of Original Sample Records Excluded Because of Valid Data Errors	0
Number of Administrative Data Records Excluded	1
Number of Medical Records Excluded	0
Number of Employee/Dependent Medical Records Excluded	0

Appendix C: Department of Community Health, State of Georgia
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Colorectal Cancer Screening (COL)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	H
Records Added from the Oversample List	0
Denominator	431
Numerator Events by Administrative Data	184
Numerator Events by Medical Records	22
Reported Rate	47.80%

Appendix C: Department of Community Health, State of Georgia
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Plan All-Cause Readmissions Rate (PCR-AD)			
Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
18-44	1,319	167	12.66%
45-54	262	27	10.31%
55-64	78	8	10.26%
Total	1,659	202	12.18%
Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
65-74	0	0	0.00%
75-84	0	0	0.00%
85+	0	0	0.00%
Total	0	0	0.00%



Appendix D. HEDIS Interactive Data Submission System Data

Appendix D contains Amerigroup Community Care's reported IDSS data from its NCQA HEDIS Compliance Audit.

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup

Audit Review Table				
AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)				
Measurement Year - 2016; Date & Timestamp - 6/8/2017 10:38:54 AM				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Prevention and Screening				
Adult BMI Assessment (aba)		81.02%	R	Reportable
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)				
<i>BMI Percentile</i>		75.00%	R	Reportable
<i>Counseling for Nutrition</i>		70.60%	R	Reportable
<i>Counseling for Physical Activity</i>		65.28%	R	Reportable
Childhood Immunization Status (cis)				
<i>DTaP</i>		83.56%	R	Reportable
<i>IPV</i>		89.81%	R	Reportable
<i>MMR</i>		92.82%	R	Reportable
<i>HiB</i>		91.90%	R	Reportable
<i>Hepatitis B</i>		95.37%	R	Reportable
<i>VZV</i>		90.97%	R	Reportable
<i>Pneumococcal Conjugate</i>		84.72%	R	Reportable
<i>Hepatitis A</i>		92.13%	R	Reportable
<i>Rotavirus</i>		74.07%	R	Reportable
<i>Influenza</i>		35.88%	R	Reportable
<i>Combination #2</i>		78.24%	R	Reportable
<i>Combination #3</i>		74.31%	R	Reportable
<i>Combination #4</i>		74.07%	R	Reportable
<i>Combination #5</i>		61.81%	R	Reportable
<i>Combination #6</i>		32.87%	R	Reportable
<i>Combination #7</i>		61.81%	R	Reportable
<i>Combination #8</i>		32.64%	R	Reportable
<i>Combination #9</i>		28.47%	R	Reportable
<i>Combination #10</i>		28.47%	R	Reportable
Immunizations for Adolescents (ima)				

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 Amerigroup

Audit Review Table				
<i>Meningococcal</i>		91.44%	R	Reportable
<i>Tdap</i>		90.97%	R	Reportable
<i>HPV</i>		19.68%	R	Reportable
<i>Combination #1</i>		89.12%	R	Reportable
<i>Combination #2</i>		19.21%	R	Reportable
Lead Screening in Children (lsc)		78.70%	R	Reportable
Breast Cancer Screening (bcs)		70.66%	R	Reportable
Cervical Cancer Screening (ccs)		66.75%	R	Reportable
Chlamydia Screening in Women (chl)				
<i>16-20 Years</i>		57.35%	R	Reportable
<i>21-24 Years</i>		65.87%	R	Reportable
<i>Total</i>		58.98%	R	Reportable
Effectiveness of Care: Respiratory Conditions				
Appropriate Testing for Children with Pharyngitis (cwp)	Y	80.76%	R	Reportable
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)		35.00%	R	Reportable
Pharmacotherapy Management of COPD Exacerbation (pce)	Y			
<i>Systemic Corticosteroid</i>		66.67%	R	Reportable
<i>Bronchodilator</i>		75.36%	R	Reportable
Medication Management for People With Asthma (mma)	Y			
<i>5-11 Years: Medication Compliance 50%</i>		42.62%	R	Reportable
<i>5-11 Years: Medication Compliance 75%</i>		19.72%	R	Reportable
<i>12-18 Years: Medication Compliance 50%</i>		44.62%	R	Reportable
<i>12-18 Years: Medication Compliance 75%</i>		18.41%	R	Reportable
<i>19-50 Years: Medication Compliance 50%</i>		46.98%	R	Reportable
<i>19-50 Years: Medication Compliance 75%</i>		24.83%	R	Reportable
<i>51-64 Years: Medication Compliance 50%</i>		75.00%	NA	Small Denominator
<i>51-64 Years: Medication Compliance 75%</i>		60.71%	NA	Small Denominator
<i>Total: Medication Compliance 50%</i>		43.77%	R	Reportable
<i>Total: Medication Compliance 75%</i>		19.77%	R	Reportable
Asthma Medication Ratio (amr)	Y			

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Audit Review Table					
	5-11 Years		77.08%	R	Reportable
	12-18 Years		67.52%	R	Reportable
	19-50 Years		45.37%	R	Reportable
	51-64 Years		54.29%	R	Reportable
	Total		71.66%	R	Reportable
Effectiveness of Care: Cardiovascular					
Controlling High Blood Pressure (cbp)			47.43%	R	Reportable
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)		Y	70.00%	NA	Small Denominator
Statin Therapy for Patients With Cardiovascular Disease (spc)		Y			
<i>Received Statin Therapy: 21-75 Years (Male)</i>			79.17%	NA	Small Denominator
<i>Statin Adherence 80%: 21-75 Years (Male)</i>			47.37%	NA	Small Denominator
<i>Received Statin Therapy: 40-75 Years (Female)</i>			65.52%	R	Reportable
<i>Statin Adherence 80%: 40-75 Years (Female)</i>			36.84%	R	Reportable
<i>Received Statin Therapy: Total</i>			69.51%	R	Reportable
<i>Statin Adherence 80%: Total</i>			40.35%	R	Reportable
Effectiveness of Care: Diabetes					
Comprehensive Diabetes Care (cdc)					
<i>Hemoglobin A1c (HbA1c) Testing</i>			86.07%	R	Reportable
<i>HbA1c Poor Control (>9.0%)</i>			51.58%	R	Reportable
<i>HbA1c Control (<8.0%)</i>			38.64%	R	Reportable
<i>HbA1c Control (<7.0%)</i>			29.14%	R	Reportable
<i>Eye Exam (Retinal) Performed</i>			45.27%	R	Reportable
<i>Medical Attention for Nephropathy</i>			90.88%	R	Reportable
<i>Blood Pressure Control (<140/90 mm Hg)</i>			55.72%	R	Reportable
Statin Therapy for Patients With Diabetes (spd)		Y			
<i>Received Statin Therapy</i>			52.94%	R	Reportable
<i>Statin Adherence 80%</i>			44.74%	R	Reportable
Effectiveness of Care: Musculoskeletal Conditions					
Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)		Y	73.33%	R	Reportable
Effectiveness of Care: Behavioral Health					
Antidepressant Medication Management (amm)		Y			

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Audit Review Table				
<i>Effective Acute Phase Treatment</i>		50.53%	R	Reportable
<i>Effective Continuation Phase Treatment</i>		30.95%	R	Reportable
Follow-Up Care for Children Prescribed ADHD Medication (add)	Y			
<i>Initiation Phase</i>		46.10%	R	Reportable
<i>Continuation and Maintenance (C&M) Phase</i>		62.79%	R	Reportable
Follow-Up After Hospitalization for Mental Illness (fuh)	Y			
<i>30-Day Follow-Up</i>		67.43%	R	Reportable
<i>7-Day Follow-Up</i>		49.09%	R	Reportable
Follow-Up After Emergency Department Visit for Mental Illness (fum)	Y			
<i>30-Day Follow-Up</i>		55.54%	R	Reportable
<i>7-Day Follow-Up</i>		41.02%	R	Reportable
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (fua)	Y			
<i>30-Day Follow-Up: 13-17 Years</i>		6.86%	R	Reportable
<i>7-Day Follow-Up: 13-17 Years</i>		4.90%	R	Reportable
<i>30-Day Follow-Up: 18+ Years</i>		13.68%	R	Reportable
<i>7-Day Follow-Up: 18+ Years</i>		9.77%	R	Reportable
<i>30-Day Follow-Up: Total</i>		11.98%	R	Reportable
<i>7-Day Follow-Up: Total</i>		8.56%	R	Reportable
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (ssd)	Y	83.66%	R	Reportable
Diabetes Monitoring for People With Diabetes and Schizophrenia (smd)		37.93%	NA	Small Denominator
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (smc)		0.00%	NA	Small Denominator
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (saa)	Y	38.46%	R	Reportable
Metabolic Monitoring for Children and Adolescents on Antipsychotics (apm)	Y			
<i>1-5 Years</i>		12.20%	R	Reportable

Appendix D: Department of Community Health, State of Georgia
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 Amerigroup

Audit Review Table					
	6-11 Years		19.29%	R	Reportable
	12-17 Years		28.77%	R	Reportable
	Total		24.95%	R	Reportable
Effectiveness of Care: Medication Management					
Annual Monitoring for Patients on Persistent Medications (mpm)	Y				
	ACE Inhibitors or ARBs		90.59%	R	Reportable
	Digoxin		33.33%	NA	Small Denominator
	Diuretics		88.49%	R	Reportable
	Total		89.45%	R	Reportable
Effectiveness of Care: Overuse/Appropriateness					
Non-Recommended Cervical Cancer Screening in Adolescent Females (ncs)			1.82%	R	Reportable
Appropriate Treatment for Children With URI (uri)	Y		88.32%	R	Reportable
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (aab)	Y		28.85%	R	Reportable
Use of Imaging Studies for Low Back Pain (lbp)			73.88%	R	Reportable
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (apc)	Y				
	1-5 Years		0.00%	NA	Small Denominator
	6-11 Years		2.02%	R	Reportable
	12-17 Years		3.58%	R	Reportable
	Total		2.91%	R	Reportable
Access/Availability of Care					
Adults' Access to Preventive/Ambulatory Health Services (aap)					
	20-44 Years		78.59%	R	Reportable
	45-64 Years		87.12%	R	Reportable
	65+ Years		66.67%	NA	Small Denominator
	Total		80.02%	R	Reportable

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup

Audit Review Table				
Children and Adolescents' Access to Primary Care Practitioners (cap)				
12-24 Months		97.12%	R	Reportable
25 Months - 6 Years		89.71%	R	Reportable
7-11 Years		92.06%	R	Reportable
12-19 Years		89.51%	R	Reportable
Annual Dental Visit (adv)	Y			
2-3 Years		45.54%	R	Reportable
4-6 Years		74.81%	R	Reportable
7-10 Years		78.00%	R	Reportable
11-14 Years		71.73%	R	Reportable
15-18 Years		60.43%	R	Reportable
19-20 Years		36.44%	R	Reportable
Total		68.44%	R	Reportable
Initiation and Engagement of AOD Dependence Treatment (iet)	Y			
Initiation of AOD Treatment: 13-17 Years		46.76%	R	Reportable
Engagement of AOD Treatment: 13-17 Years		14.12%	R	Reportable
Initiation of AOD Treatment: 18+ Years		37.26%	R	Reportable
Engagement of AOD Treatment: 18+ Years		8.33%	R	Reportable
Initiation of AOD Treatment: Total		39.02%	R	Reportable
Engagement of AOD Treatment: Total		9.40%	R	Reportable
Prenatal and Postpartum Care (ppc)				
Timeliness of Prenatal Care		81.25%	R	Reportable
Postpartum Care		68.98%	R	Reportable
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (app)	Y			
1-5 Years		57.14%	NA	Small Denominator
6-11 Years		73.54%	R	Reportable
12-17 Years		69.55%	R	Reportable
Total		70.80%	R	Reportable
Utilization				
Frequency of Ongoing Prenatal Care (fpc)				
<21 Percent		10.65%	R	Reportable
21-40 Percent		7.41%	R	Reportable

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Audit Review Table					
	41-60 Percent		9.49%	R	Reportable
	61-80 Percent		13.89%	R	Reportable
	81+ Percent		58.56%	R	Reportable
Well-Child Visits in the First 15 Months of Life (w15)					
	0 Visits		1.06%	R	Reportable
	1 Visit		3.70%	R	Reportable
	2 Visits		1.32%	R	Reportable
	3 Visits		5.56%	R	Reportable
	4 Visits		5.29%	R	Reportable
	5 Visits		11.38%	R	Reportable
	6+ Visits		71.69%	R	Reportable
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)					
			74.20%	R	Reportable
Adolescent Well-Care Visits (awc)					
			56.71%	R	Reportable
Frequency of Selected Procedures (fsp)					
				R	Reportable
Ambulatory Care: Total (amba)					
				R	Reportable
Ambulatory Care: Dual Eligibles (ambb)					
				NR	Not Reported
Ambulatory Care: Disabled (ambc)					
				NR	Not Reported
Ambulatory Care: Other (ambd)					
				NR	Not Reported
Inpatient Utilization--General Hospital/Acute Care: Total (ipua)					
				R	Reportable
Inpatient Utilization--General Hospital/Acute Care: Dual Eligibles (ipub)					
				NR	Not Reported
Inpatient Utilization--General Hospital/Acute Care: Disabled (ipuc)					
				NR	Not Reported
Inpatient Utilization--General Hospital/Acute Care: Other (ipud)					
				NR	Not Reported
Identification of Alcohol and Other Drug Services: Total (iada)					
	Y			R	Reportable
Identification of Alcohol and Other Drug Services: Dual Eligibles (iadb)					
	N			NB	No Benefit
Identification of Alcohol and Other Drug Services: Disabled (iadc)					
	N			NB	No Benefit

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Audit Review Table				
Identification of Alcohol and Other Drug Services: Other (iadd)	N		NB	No Benefit
Mental Health Utilization: Total (mpta)	Y		R	Reportable
Mental Health Utilization: Dual Eligibles (mptb)	N		NB	No Benefit
Mental Health Utilization: Disabled (mptc)	N		NB	No Benefit
Mental Health Utilization: Other (mptd)	N		NB	No Benefit
Antibiotic Utilization: Total (abxa)	Y		R	Reportable
Antibiotic Utilization: Dual Eligibles (abxb)	N		NB	No Benefit
Antibiotic Utilization: Disabled (abxc)	N		NB	No Benefit
Antibiotic Utilization: Other (abxd)	N		NB	No Benefit
Standardized Healthcare-Associated Infection Ratio (hai)			R	Reportable
Health Plan Descriptive Information				
Board Certification (bcr)			UN	Unaudited
Enrollment by Product Line: Total (enpa)			R	Reportable
Enrollment by Product Line: Dual Eligibles (enpb)			NR	Not Reported
Enrollment by Product Line: Disabled (enpc)			NR	Not Reported
Enrollment by Product Line: Other (enpd)			NR	Not Reported
Enrollment by State (ebs)			R	Reportable
Language Diversity of Membership (ldm)			R	Reportable
Race/Ethnicity Diversity of Membership (rdm)			R	Reportable
Total Membership (t1m)			R	Reportable
Measures Collected using Electronic Clinical Data Systems				
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (dms)				
<i>Inclusion in ECDS: Total</i>			NR	Not Reported
<i>Utilization of PHQ-9: Total</i>			NR	Not Reported
Depression and Remission or Response for Adolescents and Adults (drr)				
<i>EDCS Coverage: Total</i>			NR	Not Reported
<i>Follow-up PHQ-9: Total</i>			NR	Not Reported
<i>Depression Remission: Total</i>			NR	Not Reported
<i>Depression Response: Total</i>			NR	Not Reported

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Standardize Healthcare-Associated Infection Ratio (HAI)							
AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)							
Classification	Number of Contracted Hospitals with Reportable SIR	Total Inpatient Discharges	Percentage of Total Discharges From High SIR Hospitals	Percentage of Total Discharges From Moderate SIR Hospitals	Percentage of Total Discharges From Low SIR Hospitals	Percentage of Total Discharges From Hospitals With Unavailable SIR	Plan-Weighted SIR
HAI-1: Central line-associated blood stream infection (CLABSI)	111	41908	0.1891	0.0449	0.3997	0.3663	0.5646
HAI-2: Catheter-associated urinary tract infection (CAUTI)	111	41908	0.1648	0.0794	0.4171	0.3387	0.6715
HAI-5: MRSA bloodstream infection (MRSA)	111	41908	0.1697	0.0936	0.3167	0.4199	0.8554
HAI-6: Clostridium difficile intestinal infection (CDIFF)	111	41908	0.2399	0.1070	0.2993	0.3538	0.6018

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Frequency of Selected Procedures (FSP)				
AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)				
Age	Male	Female	Total	
0-9	1,047,628	1,020,974	2,068,603	
10-19	736,410	758,321	1,494,731	
15-44		813,791		
20-44	54,834	499,752		
30-64	58,009			
45-64	17,154	59,558		
Procedure	Age	Sex	Number of Procedures	Procedures / 1,000 Member Months
Bariatric Weight Loss Surgery	0-19	Male	0	0.00
		Female	1	0.00
	20-44	Male	1	0.02
		Female	54	0.11
	45-64	Male	0	0.00
		Female	10	0.17
Tonsillectomy	0-9	Male & Female	1497	0.72
	10-19	Male & Female	400	0.27
Hysterectomy, Abdominal	15-44	Female	110	0.14
	45-64	Female	17	0.29
Hysterectomy, Vaginal	15-44	Female	132	0.16
	45-64	Female	18	0.30
Cholecystectomy, Open	30-64	Male	0	0.00
	15-44	Female	17	0.02
	45-64	Female	1	0.02
Cholecystectomy (laparoscopic)	30-64	Male	21	0.36
	15-44	Female	485	0.60
	45-64	Female	47	0.79
Back Surgery	20-44	Male	16	0.29
		Female	73	0.15
	45-64	Male	7	0.41
		Female	33	0.55
Mastectomy	15-44	Female	38	0.05
	45-64	Female	37	0.62
Lumpectomy	15-44	Female	115	0.14
	45-64	Female	42	0.71

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Ambulatory Care: Total (AMBA)				
AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)				
Age	Member Months			
<1	268,214			
1-9	1,800,389			
10-19	1,494,731			
20-44	554,586			
45-64	76,712			
65-74	71			
75-84	0			
85+	0			
Unknown	0			
Total	4,194,703			
Age	Outpatient Visits		ED Visits	
	Visits	Visits/ 1,000 Member Months	Visits	Visits/ 1,000 Member Months
<1	204856	763.78	25148	93.76
1-9	531417	295.17	85939	47.73
10-19	301952	202.01	52249	34.96
20-44	191261	344.87	61107	110.18
45-64	43923	572.57	5842	76.15
65-74	38	535.21	1	14.08
75-84	0		0	
85+	0		0	
Unknown	0		0	
Total	1,273,447	303.58	230,286	54.90

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Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)					
AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)					
Age	Member Months				
<1	268,214				
1-9	1,800,389				
10-19	1,494,731				
20-44	554,586				
45-64	76,712				
65-74	71				
75-84	0				
85+	0				
Unknown	0				
Total	4,194,703				
Total Inpatient					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1548	5.77	12908	48.13	8.34
1-9	1509	0.84	5474	3.04	3.63
10-19	2718	1.82	8843	5.92	3.25
20-44	14729	26.56	44536	80.30	3.02
45-64	618	8.06	3044	39.68	4.93
65-74	0	0.00	0	0.00	
75-84	0		0		
85+	0		0		
Unknown	0		0		
Total	21,122	5.04	74,805	17.83	3.54
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	1571	1.05	4417	2.96	2.81
20-44	12960	23.37	36616	66.02	2.83

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Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)					
45-64	10	0.13	28	0.37	2.80
Unknown	0		0		
Total	14,541	6.84	41,061	19.31	2.82
*The maternity category is calculated using member months for members 10-64 years.					
Surgery					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	341	1.27	6903	25.74	20.24
1-9	421	0.23	2331	1.29	5.54
10-19	461	0.31	2278	1.52	4.94
20-44	829	1.49	4564	8.23	5.51
45-64	285	3.72	1823	23.76	6.40
65-74	0	0.00	0	0.00	
75-84	0		0		
85+	0		0		
Unknown	0		0		
Total	2,337	0.56	17,899	4.27	7.66
Medicine					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1207	4.50	6005	22.39	4.98
1-9	1088	0.60	3143	1.75	2.89
10-19	686	0.46	2148	1.44	3.13
20-44	940	1.69	3356	6.05	3.57
45-64	323	4.21	1193	15.55	3.69
65-74	0	0.00	0	0.00	
75-84	0		0		
85+	0		0		
Unknown	0		0		
Total	4,244	1.01	15,845	3.78	3.73

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Identification of Alcohol and Other Drug Services: Total (IADA)												
AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: 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	1320852	1295249	2,616,101	1320852	1295249	2,616,101	1320852	1295249	2,616,101	1320852	1295249	2,616,101
13-17	399447	404376	803,823	399447	404376	803,823	399447	404376	803,823	399447	404376	803,823
18-24	67824	182224	250,048	67824	182224	250,048	67824	182224	250,048	67824	182224	250,048
25-34	23571	246887	270,458	23571	246887	270,458	23571	246887	270,458	23571	246887	270,458
35-64	44332	209869	254,201	44332	209869	254,201	44332	209869	254,201	44332	209869	254,201
65+	40	31	71	40	31	71	40	31	71	40	31	71
Unknown	0	0	0	0	0	0	0	0	0	0	0	0

Total	1,856,066	2,338,636	4,194,702	1,856,066	2,338,636	4,194,702	1,856,066	2,338,636	4,194,702	1,856,066	2,338,636	4,194,702	
Age	Sex	Any Services		Inpatient		Intensive		Outpatient/ED		Number	Percent	Number	Percent
		Number	Percent	Number	Percent	Number	Percent	Number	Percent				
0-12	M	49	0.04%	12	0.01%	3	0.00%	37	0.03%	83	0.04%	18	0.01%
	F	34	0.03%	6	0.01%	0	0.00%	28	0.03%				
	Total	83	0.04%	18	0.01%	3	0.00%	65	0.03%				
13-17	M	517	1.55%	81	0.24%	16	0.05%	458	1.38%	859	1.28%	178	0.27%
	F	342	1.01%	97	0.29%	15	0.04%	257	0.76%				
	Total	859	1.28%	178	0.27%	31	0.05%	715	1.07%				
18-24	M	127	2.25%	33	0.58%	6	0.11%	108	1.91%	618	2.97%	198	0.95%
	F	491	3.23%	165	1.09%	7	0.05%	371	2.44%				
	Total	618	2.97%	198	0.95%	13	0.06%	479	2.30%				
25-34	M	181	9.21%	40	2.04%	7	0.36%	160	8.15%	1,548	6.87%	433	1.92%
	F	1367	6.64%	393	1.91%	47	0.23%	1117	5.43%				
	Total	1,548	6.87%	433	1.92%	54	0.24%	1,277	5.67%				
35-64	M	323	8.74%	66	1.79%	10	0.27%	291	7.88%	1,453	6.86%	301	1.42%
	F	1130	6.46%	235	1.34%	33	0.19%	998	5.71%				
	Total	1,453	6.86%	301	1.42%	43	0.20%	1,289	6.08%				
65+	M	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	F	0	0.00%	0	0.00%	0	0.00%	0	0.00%				
	Total	0	0.00%	0	0.00%	0	0.00%	0	0.00%				
Unknown	M	0		0		0		0		0		0	
	F	0		0		0		0					
	Total	0		0		0		0					
Total	M	1,197	0.77%	232	0.15%	42	0.03%	1,054	0.68%	4,561	1.30%	1,128	0.32%
	F	3,364	1.73%	896	0.46%	102	0.05%	2,771	1.42%				
	Total	4,561	1.30%	1,128	0.32%	144	0.04%	3,825	1.09%				

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Mental Health Utilization: Total (MPTA)												
AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)												
Age	Member Months (Any)			Member Months (Inpatient)			Member Months (Intensive)			Member Months (Outpatient/ED)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-12	1320852	1295249	2,616,101	1320852	1295249	2,616,101	1320852	1295249	2,616,101	1320852	1295249	2,616,101
13-17	399447	404376	803,823	399447	404376	803,823	399447	404376	803,823	399447	404376	803,823
18-64	135727	638980	774,707	135727	638980	774,707	135727	638980	774,707	135727	638980	774,707
65+	40	31	71	40	31	71	40	31	71	40	31	71
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	1,856,066	2,338,636	4,194,702	1,856,066	2,338,636	4,194,702	1,856,066	2,338,636	4,194,702	1,856,066	2,338,636	4,194,702
Age	Sex	Any Services		Inpatient		Intensive		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	10598	9.63%	180	0.16%	65	0.06%	10587	9.62%			
	F	6788	6.29%	150	0.14%	32	0.03%	6770	6.27%			
	Total	17,386	7.97%	330	0.15%	97	0.04%	17,357	7.96%			
13-17	M	4627	13.90%	317	0.95%	69	0.21%	4572	13.73%			
	F	5020	14.90%	633	1.88%	128	0.38%	4923	14.61%			
	Total	9,647	14.40%	950	1.42%	197	0.29%	9,495	14.17%			
18-64	M	915	8.09%	128	1.13%	20	0.18%	857	7.58%			
	F	6516	12.24%	532	1.00%	103	0.19%	6310	11.85%			
	Total	7,431	11.51%	660	1.02%	123	0.19%	7,167	11.10%			
65+	M	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
	F	1	38.71%	0	0.00%	0	0.00%	1	38.71%			
	Total	1	16.90%	0	0.00%	0	0.00%	1	16.90%			
Unknown	M	0		0		0		0				
	F	0		0		0		0				
	Total	0		0		0		0				
Total	M	16,140	10.43%	625	0.40%	154	0.10%	16,016	10.35%			
	F	18,325	9.40%	1,315	0.67%	263	0.13%	18,004	9.24%			
	Total	34,465	9.86%	1,940	0.55%	417	0.12%	34,020	9.73%			

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Pharmacy Benefit Member Months			
Age	Male	Female	Total
0-9	1047628	1020974	2,068,602
10-17	672671	678651	1,351,322
18-34	91395	429111	520,506
35-49	35745	182190	217,935
50-64	8587	27679	36,266
65-74	40	31	71
75-84	0	0	0
85+	0	0	0
Unknown	0	0	0
Total	1,856,066	2,338,636	4,194,702

Antibiotic Utilization								
Age	Sex	Total Antibiotic Scripts	Average Scripts PMPY for Antibiotics	Total Days Supply for All Antibiotic Scripts	Average Days Supply 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	94132	1.08	919031	9.76	37271	0.43	39.59%
	F	90317	1.06	888516	9.84	33639	0.40	37.25%
	Total	184,449	1.07	1,807,547	9.80	70,910	0.41	38.44%
10-17	M	27626	0.49	284670	10.30	10846	0.19	39.26%
	F	36632	0.65	365416	9.98	13596	0.24	37.12%
	Total	64,258	0.57	650,086	10.12	24,442	0.22	38.04%
18-34	M	4134	0.54	38915	9.41	1733	0.23	41.92%
	F	52202	1.46	407139	7.80	18318	0.51	35.09%
	Total	56,336	1.30	446,054	7.92	20,051	0.46	35.59%
35-49	M	2644	0.89	24109	9.12	1259	0.42	47.62%
	F	23599	1.55	196054	8.31	10187	0.67	43.17%
	Total	26,243	1.44	220,163	8.39	11,446	0.63	43.62%

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Antibiotic Utilization: Total (ABXA)															
50-64	M	650	0.91	5979	9.20	295	0.41	45.38%							
	F	3379	1.46	29355	8.69	1665	0.72	49.27%							
	Total	4,029	1.33	35,334	8.77	1,960	0.65	48.65%							
65-74	M	4	1.20	28	7.00	3	0.90	75.00%							
	F	0	0.00	0	0	0	0.00								
	Total	4	0.68	28	7.00	3	0.51	75.00%							
75-84	M	0		0		0									
	F	0		0		0									
	Total	0		0		0									
85+	M	0		0		0									
	F	0		0		0									
	Total	0		0		0									
Unknown	M	0		0		0									
	F	0		0		0									
	Total	0		0		0									
Total	M	129,190	0.84	1,272,732	9.85	51,407	0.33	39.79%							
	F	206,129	1.06	1,886,480	9.15	77,405	0.40	37.55%							
	Total	335,319	0.96	3,159,212	9.42	128,812	0.37	38.41%							
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	56	0.00	10694	0.12	12080	0.14	12752	0.15	0	0.00	1678	0.02	11	0.00
	F	80	0.00	10398	0.12	10330	0.12	11304	0.13	0	0.00	1523	0.02	4	0.00
	Total	136	0.00	21,092	0.12	22,410	0.13	24,056	0.14	0	0.00	3,201	0.02	15	0.00
10-17	M	214	0.00	1729	0.03	4687	0.08	3196	0.06	0	0.00	1016	0.02	4	0.00
	F	502	0.01	2208	0.04	5880	0.10	3652	0.06	0	0.00	1349	0.02	5	0.00
	Total	716	0.01	3,937	0.03	10,567	0.09	6,848	0.06	0	0.00	2,365	0.02	9	0.00
18-34	M	209	0.03	113	0.01	726	0.10	413	0.05	0	0.00	272	0.04	0	0.00
	F	3188	0.09	1138	0.03	7985	0.22	3391	0.09	0	0.00	2596	0.07	20	0.00
	Total	3,397	0.08	1,251	0.03	8,711	0.20	3,804	0.09	0	0.00	2,868	0.07	20	0.00
35-49	M	293	0.10	92	0.03	416	0.14	269	0.09	0	0.00	187	0.06	2	0.00
	F	2428	0.16	684	0.05	3706	0.24	2048	0.13	0	0.00	1307	0.09	14	0.00
	Total	2,721	0.15	776	0.04	4,122	0.23	2,317	0.13	0	0.00	1,494	0.08	16	0.00
50-64	M	89	0.12	16	0.02	92	0.13	69	0.10	0	0.00	28	0.04	1	0.00
	F	468	0.20	115	0.05	563	0.24	310	0.13	0	0.00	200	0.09	9	0.00
	Total	557	0.18	131	0.04	655	0.22	379	0.13	0	0.00	228	0.06	10	0.00
65-74	M	1	0.30	0	0.00	1	0.30	1	0.30	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	Total	1	0.17	0	0.00	1	0.17	1	0.17	0	0.00	0	0.00	0	0.00
75-84	M	0		0		0		0		0		0		0	
	F	0		0		0		0		0		0		0	
	Total	0		0		0		0		0		0		0	
85+	M	0		0		0		0		0		0		0	
	F	0		0		0		0		0		0		0	
	Total	0		0		0		0		0		0		0	
Unknown	M	0		0		0		0		0		0		0	
	F	0		0		0		0		0		0		0	
	Total	0		0		0		0		0		0		0	
Total	M	862	0.01	12,644	0.08	18,002	0.12	16,700	0.11	0	0.00	3,181	0.02	18	0.00
	F	6,666	0.03	14,543	0.07	28,464	0.15	20,705	0.11	0	0.00	6,975	0.04	52	0.00
	Total	7,528	0.02	27,187	0.08	46,466	0.13	37,405	0.11	0	0.00	10,156	0.03	70	0.00

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup

Antibiotic Utilization: Total (ABXA)																	
All Other Antibiotics Utilization																	
Age	Sex	Total Absorbable Sulfonamide Scrips	Average Scrips PMPY for Absorbable Sulfonamides	Total Aminoglycoside Scrips	Average Scrips PMPY for Aminoglycosides	Total 1st Generation Cephalosporin Scrips	Average Scrips PMPY for 1st Generation Cephalosporins	Total Lincosamide Scrips	Average Scrips PMPY for Lincosamides	Total Macrolides (not azith. or clarith.) Scrips	Average Scrips PMPY for Macrolides (not azith. or clarith.)	Total Penicillin Scrips	Average Scrips PMPY for Penicillins	Total Tetracycline Scrips	Average Scrips PMPY for Tetracyclines	Total Misc. Antibiotic Scrips	Average Scrips PMPY for Misc. Antibiotics
0-9	M	3123	0.04	7	0.00	6122	0.07	0	0.00	44	0.00	47391	0.54	19	0.00	155	0.00
	F	4448	0.05	6	0.00	6619	0.08	0	0.00	37	0.00	45173	0.53	11	0.00	384	0.00
	Total	7,571	0.04	13	0.00	12,741	0.07	0	0.00	81	0.00	92,564	0.54	30	0.00	539	0.00
10-17	M	1575	0.03	1	0.00	2905	0.05	0	0.00	23	0.00	10366	0.18	1702	0.03	208	0.00
	F	3068	0.05	4	0.00	3287	0.06	0	0.00	40	0.00	12851	0.23	2049	0.04	1737	0.03
	Total	4,643	0.04	5	0.00	6,192	0.05	0	0.00	63	0.00	23,217	0.21	3,751	0.03	1,945	0.02
18-34	M	398	0.05	5	0.00	365	0.05	0	0.00	1	0.00	1275	0.17	269	0.04	88	0.01
	F	4138	0.12	0	0.00	3903	0.11	0	0.00	74	0.00	10481	0.29	1281	0.04	14007	0.39
	Total	4,536	0.10	5	0.00	4,268	0.10	0	0.00	75	0.00	11,756	0.27	1,550	0.04	14,095	0.32
35-49	M	302	0.10	0	0.00	229	0.08	0	0.00	11	0.00	628	0.21	103	0.03	112	0.04
	F	2197	0.14	0	0.00	1650	0.11	0	0.00	43	0.00	4547	0.30	697	0.05	4278	0.28
	Total	2,499	0.14	0	0.00	1,879	0.10	0	0.00	54	0.00	5,175	0.28	800	0.04	4,390	0.24
50-64	M	50	0.07	0	0.00	74	0.10	0	0.00	3	0.00	161	0.22	38	0.05	29	0.04
	F	373	0.16	0	0.00	286	0.12	0	0.00	1	0.00	582	0.25	115	0.05	357	0.15
	Total	423	0.14	0	0.00	360	0.12	0	0.00	4	0.00	743	0.25	153	0.05	386	0.13
65-74	M	0	0.00	0	0.00	1	0.30	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	Total	0	0.00	0	0.00	1	0.17	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
75-84	M	0		0		0		0		0		0		0		0	
	F	0		0		0		0		0		0		0		0	
	Total	0		0		0		0		0		0		0		0	
85+	M	0		0		0		0		0		0		0		0	
	F	0		0		0		0		0		0		0		0	
	Total	0		0		0		0		0		0		0		0	
Unknown	M	0		0		0		0		0		0		0		0	
	F	0		0		0		0		0		0		0		0	
	Total	0		0		0		0		0		0		0		0	
Total	M	5,448	0.04	13	0.00	9,696	0.06	0	0.00	82	0.00	59,821	0.39	2,131	0.01	592	0.00
	F	14,224	0.07	10	0.00	15,745	0.08	0	0.00	195	0.00	73,634	0.38	4,153	0.02	20,763	0.11
	Total	19,672	0.06	23	0.00	25,441	0.07	0	0.00	277	0.00	133,455	0.38	6,284	0.02	21,355	0.06

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup

Enrollment by Product Line: Total (ENPA)			
AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care			
(Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None)			
Age	Male Member Months	Female Member Months	Total Member Months
<1	135741	132473	268,214
1-4	406407	390571	796,978
5-9	505485	497942	1,003,427
10-14	443302	444282	887,584
15-17	229369	234369	463,738
18-19	63739	79670	143,409
0-19 Subtotal	1,784,043	1,779,307	3,563,350
0-19 Subtotal: Percent	96.12%	76.08%	84.95%
20-24	4085	102554	106,639
25-29	9894	130729	140,623
30-34	13677	116186	129,863
35-39	15073	93906	108,979
40-44	12105	56414	68,519
20-44 Subtotal	54,834	499,789	554,623
20-44 Subtotal: Percent	2.95%	21.37%	13.22%
45-49	8567	31898	40,465
50-54	5422	17011	22,433
55-59	2410	7538	9,948
60-64	762	3166	3,928
45-64 Subtotal	17,161	59,613	76,774
45-64 Subtotal: Percent	0.92%	2.55%	1.83%
65-69	35	8	43
70-74	5	23	28
75-79	0	0	0
80-84	0	0	0
85-89	0	0	0
>=90	0	0	0
>=65 Subtotal	40	31	71
>=65 Subtotal: Percent	0.00%	0.00%	0.00%
Age Unknown	0	0	0
Total	1,856,078	2,338,740	4,194,818

Appendix D: Department of Community Health, State of Georgia
HEDIS Interactive Data Submission System Data for
Amerigroup

Enrollment by State (EBS)	
AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)	
State	Number
Alabama	6
Alaska	0
Arizona	0
Arkansas	0
California	1
Colorado	0
Connecticut	0
Delaware	1
District of Columbia	0
Florida	11
Georgia	350179
Hawaii	0
Idaho	0
Illinois	0
Indiana	0
Iowa	0
Kansas	0
Kentucky	0
Louisiana	5
Maine	0
Maryland	0
Massachusetts	0
Michigan	3
Minnesota	0
Mississippi	2
Missouri	1
Montana	0
Nebraska	0
Nevada	0
New Hampshire	0

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup

Enrollment by State (EBS)	
New Jersey	2
New Mexico	0
New York	0
North Carolina	1
North Dakota	0
Ohio	6
Oklahoma	0
Oregon	0
Pennsylvania	1
Rhode Island	0
South Carolina	4
South Dakota	0
Tennessee	6
Texas	2
Utah	0
Vermont	0
Virginia	1
Washington	0
West Virginia	1
Wisconsin	0
Wyoming	0
American Samoa	0
Federated States of Micronesia	0
Guam	0
Commonwealth of Northern Marianas	0
Puerto Rico	0
Virgin Islands	0
Other	1
Total	350,234

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup

Language Diversity of Membership (LDM)			
AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)			
Percentage of Members With Known Language Value from Each Data			
Category	Health Plan Direct	CMS/State Databases	Other Third-Party Source
Spoken Language Preferred for Health Care*	0.0000	1.0000	0.0000
Preferred Language for Written Materials*	0.0000	0.9990	0.0010
Other Language Needs*	0.0000	0.0000	1.0000
*Enter percentage as a value between 0 and 1.			
Spoken Language Preferred for Health Care			
	Number	Percentage	
English	419040	88.58%	
Non-English	50149	10.60%	
Unknown	3875	0.82%	
Declined	0	0.00%	
Total*	473,064	100.00%	
Language Preferred for Written Materials			
	Number	Percentage	
English	418793	88.53%	
Non-English	50397	10.65%	
Unknown	3874	0.82%	
Declined	0	0.00%	
Total*	473,064	100.00%	
Other Language Needs			
	Number	Percentage	
English	0	0.00%	
Non-English	0	0.00%	
Unknown	473064	100.00%	
Declined	0	0.00%	
Total*	473,064	100.00%	
*Should sum to 100%.			

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup

Race/Ethnicity Diversity of Membership (RDM)										
AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)										
Race/Ethnicity Diversity of Membership										
Total Unduplicated Membership During the Measurement Year	473064									
Percentage of Members for Whom the Organization Has Race/Ethnicity Information by Data Collection										
Direct Data Collection Method			Indirect Data Collection Method		Unknown					
Race	Direct Total	96.73%	Indirect Total*	0.0000	Total*	0.0327				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.9673								
	Other*	0.0000								
Ethnicity	Direct Total	1.49%	Indirect Total*	0.0000	Total*	0.9851				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.0149								
	Other*	0.0000								
*Enter percentage as a value between 0 and 1.										
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%	557	100.00%	225136	48.31%	0		225,693	47.71%
Black or African American	0	0.00%	0	0.00%	212444	45.59%	0		212,444	44.91%
American-Indian and Alaska Native	0	0.00%	0	0.00%	711	0.15%	0		711	0.15%
Asian	0	0.00%	0	0.00%	8174	1.75%	0		8,174	1.73%
Native Hawaiian and Other Pacific Islanders	0	0.00%	0	0.00%	550	0.12%	0		550	0.12%
Some Other Race	0	0.00%	0	0.00%	10009	2.15%	0		10,009	2.12%
Two or More Races	0	0.00%	0	0.00%	0	0.00%	0		0	0.00%
Unknown	6473	100.00%	0	0.00%	9010	1.93%	0		15,483	3.27%
Declined	0	0.00%	0	0.00%	0	0.00%	0		0	0.00%
Total	6,473	100.00%	557	100.00%	466,034	100.00%	0		473,064	100.00%

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup

Total Membership (TLM)	
AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)	
Product/Product Line	Total Number of Members*
HMO (total)	8,892,577
Medicaid	6231244
Commercial	1642370
Medicare (cost or risk)	476316
Marketplace	542647
Other	0
PPO (total)	28,104,671
Medicaid	177458
Commercial	26057134
Medicare (cost or risk)	455300
Marketplace	1414779
Other	0
POS (total)	1,600,786
Medicaid	0
Commercial	1417376
Medicare (cost or risk)	0
Marketplace	183410
Other	0
FFS (total)	862,423
Medicaid	25249
Commercial	331068
Medicare (cost or risk)	506106
Other	0
EPO (total)	365,933
Commercial	365141
Marketplace	0
Other	792
Total	39,826,390
*Total number of members in each category as of	