



State of Georgia
Department of Community Health

2016 Validation of Performance Measures
for
**Amerigroup Community Care
Georgia Families 360° Population**

Measurement Period: Calendar Year 2015

Validation Period: January–June 2016

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Validation of Performance Measures

Validation Overview

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 and managed care components. The DCH contracts with three privately owned managed care organizations, referred to by the State as care management organizations (CMOs), to deliver services to members who are enrolled in the State’s Medicaid and CHIP programs. Children in state custody, children receiving adoption assistance, and certain children in the juvenile justice system are enrolled in the Georgia Families 360° (GF 360°) managed care program. The Georgia Families (GF) program serves all other Medicaid and CHIP managed care members not enrolled in the GF 360° program. Approximately 1.3 million beneficiaries are enrolled in the GF program.¹

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. HSAG validated a set of performance measures identified by DCH that were calculated and reported by Amerigroup for its GF 360° population. The DCH identified the measurement period as calendar year (CY) 2015. HSAG conducted the validation in accordance with the Centers for Medicare & Medicaid Services (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

Care Management Organization (CMO) Information

Basic information about Amerigroup appears in Table 1, including the office location(s) involved in the 2016 validation of performance measures audit that covered the CY 2015 measurement period.

Table 1—Amerigroup Community Care Information

CMO Name:	Amerigroup Community Care
CMO Location:	303 Perimeter Center North, Ste. 400 Atlanta, GA 30346

¹ Georgia Department of Community Health. “Georgia Families Monthly Adjustment Summary Report, Report Period: 12/2015.”

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, 2016.

On-site Location:	5800 Northampton Blvd. Norfolk, VA 23502
Audit Contact:	Donna McIntosh, MHA Plan Compliance Officer
Contact Telephone Number:	678.587.4892
Contact Email Address:	Donna.mcintosh@amerigroup.com
Site Visit Date:	March 10–11, 2016

Performance Measures Validated

For the GF 360° population, HSAG validated rates for the following set of performance measures selected by DCH for validation. All performance measures 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. The measurement period was identified by DCH as CY 2015 for all measures except the two child core set dental measures. The dental measures were reported for federal fiscal year (FFY) 2015, which covered the time frame of October 1, 2014, through September 30, 2015, 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.

Table 2—List of CY 2015 GF 360° Performance Measures for Amerigroup Community Care

	Performance Measure	Method	Specifications
1.	Antenatal Steroids	Hybrid	Adult Core Set
2.	Asthma in Younger Adults Admission Rate	Admin	Adult Core Set
3.	Care Transition—Timely Transmission of Transition Record	Hybrid	Adult Core Set
4.	Cesarean Delivery Rate	Admin	AHRQ
5.	Cesarean Section for Nulliparous Singleton Vertex	Hybrid	Child Core Set
6.	Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk	Admin	Child Core Set

³ The Centers for Medicare & Medicaid Services. Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP, March 2015.

⁴ The Centers for Medicare & Medicaid Services. Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid, April 2015.

Performance Measure		Method	Specifications
7.	Developmental Screening in the First Three Years of Life	Hybrid	Child Core Set
8.	Diabetes Short-Term Complications Admission Rate	Admin	Adult Core Set
9.	Elective Delivery	Hybrid	Adult Core Set
10.	Heart Failure Admission Rate	Admin	Adult Core Set
11.	Live Births Weighing Less Than 2,500 Grams	Admin	Child Core Set
12.	Maternity Care—Behavioral Health Risk Assessment	Hybrid	Child Core Set
13.	Percentage of Eligibles Who Received Preventive Dental Services	Admin	Child Core Set
14.	Plan All-Cause Readmissions	Admin	Adult Core Set
15.	Screening for Clinical Depression and Follow-up Plan	Hybrid	Adult Core Set

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 Healthcare Effectiveness Data and Information Set (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 2016 results for all required measures, covering the CY 2015 measurement period. HSAG will use these results in addition to the measures HSAG validated as data sources for the annual EQR technical report, to be completed in 2017.

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (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’s GF 360° population, 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 2016 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 two weeks 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</i>	Management of 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.
Tammy Gianfrancesco <i>Project Leader and Source Code Review Manager, Audits</i>	Coordinator for the audit department, liaison between the audit team and clients, manages deliverables and timelines, and coordinates source code review activities.

Name and Role	Skills and Expertise
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 medical record review (MRR) 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 specifications and source code/programming language.

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 2016 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 MRR section within the Roadmap. In addition, Amerigroup submitted the following documentation for review: medical record hybrid tools and instructions, training materials for 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 CMOs, 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 a Web-assisted session 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.

On-Site Activities

HSAG conducted an on-site visit with Amerigroup on March 10–11, 2016. 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 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 the 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 measure rates. 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 Roadmap and the on-site visit, and revisited the documentation requirements for any post-visit activities.

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

Table 4—List of Amerigroup Community Care Interviewees

Name	Title
Gail Brown	Program Consultant
Angela Evans	Program Consultant
Jiong Huang	Vice President, Data Management

Name	Title
Geoff Welsh	Director, Business Information
Cindy Brieger	Manager, Clinical Quality
Stacy Williams	Manager, Business Information
Harwanda Hancock-Rowell	Clinical Quality Program Manager
Judy Jusinski	Manager II, Quality Management
Debra Robinson	Director, Healthcare Management Services (HCMS)
Tawonna Ingram	Manager II, Quality Management
Rochelle Simmons	Medicaid Compliance Analyst
Donna McIntosh	Director, Medicaid Compliance
Joyce LeTourneau	Manager, Operations
Paul Ferrara	Manager, Operations
Jamie Giron	Business Analyst
Lallina Morgan	Claims Auditor
Amy Sparghn	Manager, Business System Implementation
Sheryl Miltenberger	Manager I, Quality Management
Kelly Ann Logan	Manager, Claims
Pam Booth	Manager, Claims
Sandy Dutchio	Manager, Claims
Erik Vazquetelles	Director, Electronic Data Interchange (EDI) Claims
Maurice Bady	Manager, Claims
Jaye Buelow	System Analyst Advisor
Alza Maher	System Analyst, Data Management
Susan Laskoski	System Analyst, Data Management
Shilin Wang	Developer Advisor, Data Management
Oliver Esteban	Business Analyst
Amy Martinez	Director, Credentialing
LeAnn Kerry-Winston	Director, System Support
Lynn Vermueller	Business Consultant
Akshay Ranganthar	Director, Business Information
Bing Zhu	Program Consultant

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 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 calculations by Amerigroup was:

- Acceptable
- Not acceptable

Validation Results

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

Medical Service Data (Claims/Encounters)

Amerigroup continued to use the Facets system to process claims during 2015. The majority of providers continued to be reimbursed on a fee-for-service (FFS) basis and submitted claims with industry-standard codes for all services; nonstandard coding was not used. Greater than 95 percent of all claims were submitted electronically with little to no paper. Paper claims continued to be submitted through trading partners and converted into electronic format. The scanning vendor used optical character recognition (OCR) for translation into an electronic 837 claims format. Amerigroup staff completed little to no manual claims processing. Paper claims, once scanned, were electronically sent to Amerigroup for processing. All claims, regardless of submission type, are subject to adjudication processes. Facets has appropriate edits in place to ensure claims meet Health Insurance Portability and Accountability Act of 1996 (HIPAA) and measure requirements.

Amerigroup conducted monthly audits on a random sample of claims to ensure submission accuracy. Since Amerigroup's providers were reimbursed on a FFS basis, issues with obtaining complete and timely claims data were unlikely. HSAG reviewed the outstanding incurred but not reported (IBNR) report and found that the majority (greater than 95 percent) of all claims were, in fact, received within 30 days for the measurement year. This ensured that any outstanding claims would not have a significant impact on reporting.

HSAG conducted an audit of the Facets system to ensure ICD-9 codes were terminated on September 30, 2015, and ICD-10 codes were implemented on October 1, 2015⁵. During the review, HSAG tested each code type and verified that the ICD-10 migration was implemented appropriately.

There were no other updates or changes to the process from the previous year's review.

HSAG had no concerns with Amerigroup's claims and encounter processes for its GF 360° population.

Enrollment Data

Amerigroup received daily files directly from the State. The daily files were processed within 24 hours of receipt and loaded into Facets for claims processing. Monthly files were reconciled against the daily files to ensure all data were complete and accurate. Amerigroup did not report any backlogs of data

⁵ ICD-9=International Classification of Diseases, Ninth Revision; ICD-10=International Classification of Diseases, Tenth Revision.

during the measurement year. There were some retroactive member enrollments; however, this did not adversely impact measure reporting. All retroactivity was resolved within acceptable time frames, and no issues or concerns were evident.

HSAG conducted a primary source verification of the enrollment system to ensure member information was complete and accurate. HSAG reviewed several numerator positive members from several measures to ensure they met age, gender, and continuous enrollment criteria. HSAG did not find any issues with the primary source verification during the audit.

HSAG had no concerns with Amerigroup's enrollment data processes for its GF 360° population.

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 before August 2015 also met industry standards. On August 1, 2015, DCH implemented a centralized credentialing verification process to credential providers interested in contracting with the GF and/or GF 360° CMOs. The DCH's Medicaid Management Information System vendor—Hewlett Packard Enterprise (HPE)—acting as an agent of DCH, contracted with Aperture, a credentialing verification organization (CVO), to lead this effort. Many of the provider credentialing functions that Amerigroup performed prior to this time were transitioned to the new CVO.

HSAG conducted primary source verification of the CACTUS and Facets systems to identify any issues across the two systems. 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).

Final rate review did not reveal any issues with provider mapping on any of the measures under review. HSAG had no concerns with Amerigroup's provider data processes for its GF 360° population.

Medical Record Review Process

Amerigroup was fully compliant with the MRR reporting requirements. Amerigroup's internal staff procured and abstracted the medical record documentation into the Quality Spectrum Hybrid Reporter

(QSHR) custom measures tool. HSAG reviewed the QSHR tool and corresponding instructions and provided feedback to Amerigroup. Amerigroup’s reviewer qualifications, training, and oversight were appropriate. Due to challenging performance measures, a convenience sample was required and subsequently passed the validation process.

HSAG conducted the main MRRV by randomly selecting 16 cases from each hybrid performance measure with numerator positive cases identified by Amerigroup. If fewer than 16 medical records were found to meet numerator requirements, all records were reviewed. MRRV was also conducted on exclusions identified for the *Antenatal Steroids* and *Screening for Clinical Depression and Follow-up Plan* measures to ensure members were not inappropriately excluded from the measure. For the *Cesarean Section for Nulliparous Singleton Vertex* and *Elective Delivery* measures, Amerigroup requested that the vendor enhance the tool due to the number of numerator negative and excluded cases identified during the medical record review. Specifically, the parity and the gestational age were not included as elements of the tool. Following the enhancements to the tool, Amerigroup re-reviewed the medical records for these two measures. HSAG also reviewed the tool enhancements but did not review these two measures due to the problems identified in the tool and the time frame for completion of the medical records that were re-reviewed.

The following table provides details as to the findings, follow-up, and final results for each of the hybrid measures HSAG validated through the MRR process. HSAG did not have any major concerns with Amerigroup’s MRR processes for its GF 360° population.

Table 5—MRRV Results for Amerigroup Community Care’s GF 360° Population

Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
Care Transition—Timely Transmission of Transition Record	NA	No medical record numerator hits were reported by the CMO.	NA	NA
Developmental Screening in the First Three Years of Life	14	No errors were identified.	NA	Approved
Maternity Care—Behavioral Health Risk Assessment	13	No errors were identified.	NA	Approved
Antenatal Steroids				
Numerator positive	1	No errors were identified.	NA	Approved
Exclusions	7	No errors were identified.	NA	Approved
Screening for Clinical Depression and Follow-up Plan				
Numerator positive	9	No errors were identified.	NA	Approved
Exclusions	9	No errors were identified.	NA	Approved
Cesarean Section for Nulliparous Singleton Vertex				

Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
	NA	This measure was placed on hold by DCH due to tool issues with gestational age and parity.	The tool was re-reviewed and approved after corrections were made.	NA
Elective Delivery				
	NA	This measure was placed on hold by DCH due to tool issues with gestational age and parity.	The tool was re-reviewed and approved after corrections were made.	NA

Supplemental Data

Amerigroup did not use any supplemental data that applied to the measures under the scope of the audit.

Data Integration

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 audit review. Amerigroup maintained its quality review processes during the measurement year to ensure all data were loaded. Amerigroup continues to run 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 was required to produce the *Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk* measure’s numerator independent of the software vendor’s code due to a miscommunication between the vendor and the CMO. The CMO did not know how to load the tooth number into the software. Given that Inovalon was identifying the denominators, Amerigroup could easily capture numerator compliance through claims data. HSAG reviewed and approved this process and had no further issues.

HSAG confirmed with Amerigroup that the gestational age was not available in the claims data provided to Inovalon to identify the eligible population for the *Antenatal Steroids*, *Cesarean Section for Nulliparous Singleton Vertex*, and *Elective Delivery* measures. The CMO, through its vendor Inovalon, could not determine the appropriate gestational age prior to generating the random sample as required by

the measure specifications. The specifications for these three measures identify specific allowable data sources for the identification of the denominator, the majority of which must be obtained from the medical record. Since it was not possible to generate a sample using the appropriate eligible population, the rates for these measures were biased. An audit result of *Not Reportable* was assigned for these three 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 360° 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 consistent with the NCQA categories defined in Table 6. For detailed information, see Table 7 of this report.

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, the CMO chose not to report the measure, or the CMO was not required to report the measure.
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 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 shows 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.	Antenatal Steroids	Amerigroup used a software vendor, Inovalon, to produce the denominator for this measure; however, Inovalon was not able to identify the gestational age using administrative data, which resulted in false positives in the denominator. Since the gestational age was not determined prior to drawing the sample, the rate was considered materially biased and an audit result of <i>Not Reportable</i> was assigned.	NR
2.	Asthma in Younger Adults Admission Rate	No concerns were identified.	R
3.	Care Transition—Timely Transmission of Transition Record	No concerns were identified.	R
4.	Cesarean Delivery Rate	No concerns were identified.	R
5.	Cesarean Section for Nulliparous Singleton Vertex	Amerigroup had issues with identifying exclusions, but these issues were resolved. Amerigroup used a software vendor, Inovalon, to produce the denominator for this measure; however, Inovalon was not able to identify the gestational age using administrative data, which resulted in false positives in the denominator. Since the gestational age was not determined prior to drawing the sample, the rate was considered materially biased and an audit result of <i>Not Reportable</i> was assigned.	NR
6.	Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk	Amerigroup initially had issues with identifying numerators. The issues were resolved prior to the final rate reporting.	R
7.	Developmental Screening in the First Three Years of Life	Amerigroup initially had issues with identifying exclusions. The issues were resolved prior to the final rate reporting.	R
8.	Diabetes Short-Term Complications Admission Rate	No concerns were identified.	R
9.	Elective Delivery	Amerigroup used a software vendor, Inovalon, to produce the denominator for this measure; however, Inovalon was not able to identify the gestational age using administrative data, which resulted in false positives in the denominator. Since the	NR

Performance Measures		Key Review Findings	Audit Results
		gestational age was not determined prior to drawing the sample, the rate was considered materially biased and an audit result of <i>Not Reportable</i> was assigned.	
10.	Heart Failure Admission Rate	No concerns were identified.	R
11.	Live Births Weighing Less Than 2,500 Grams	No concerns were identified.	R
12.	Maternity Care—Behavioral Health Risk Assessment	No concerns were identified.	R
13.	Percentage of Eligibles Who Received Preventive Dental Services	No concerns were identified.	R
14.	Plan All-Cause Readmissions	No concerns were identified.	R
15.	Screening for Clinical Depression and Follow-up Plan	No concerns were identified.	R

Appendix A. Data Integration and Control Findings

Documentation Worksheet

CMO Name:	Amerigroup Community Care
On-Site Visit Date:	March 10–11, 2016
Reviewers:	Allen Iovannisci, MS, 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"/>	<p>Amerigroup used a vendor for performance measure generation and rate calculation. No issues were identified with the source code or primary source verification.</p> <p>Amerigroup was not able to produce the numerator for the <i>Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk</i> measure with the vendor’s software. HSAG approved a workaround that met the requirements for the numerator.</p>

Data Integration and Control Element	Met	Not Met	N/A	Comments
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"/>	
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"/>	Amerigroup used a software vendor to produce the measures under review. HSAG conducted source code review and primary source verification. No concerns were identified.
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 10–11, 2016
Reviewers:	Allen Iovannisci, MS, 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Source code review with Inovalon was conducted via multiple webinar sessions. Primary source verification confirmed that all eligible populations were included based on the performance measure specifications; however, an issue was later discovered with how Inovalon was identifying the gestational age for the <i>Antenatal Steroids</i> , <i>Cesarean Section for Nulliparous Singleton Vertex</i> , and <i>Elective Delivery</i> , measures. Inovalon was not able to identify the gestational age using administrative data, which resulted in false positives in the denominator. Since the gestational age was not determined prior to drawing the sample, the rates were considered materially biased and an audit result of <i>Not Reportable</i> was assigned.
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Audit Element	Met	Not Met	N/A	Comments
prescriptions, and these codes are appropriately identified and applied as specified in each performance measure.				
If any time parameters are required by the specifications of the performance measure, they are followed (e.g., cutoff dates for data collection, counting 30 calendar days after discharge from a hospital).	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Population estimates were not necessary for the performance measures under the scope of the audit.

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 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 (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.

Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for Amerigroup GF 360° Population

State Fiscal Year (SFY) 2016 Performance Measure Rate Reporting Template
for
Amerigroup Community Care's Georgia Families 360° (GF 360°) Population

Date of Submission:	6/8/16
CMO Name:	Amerigroup Community Care (GF 360°)
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 2015 Performance Measures for Amerigroup GF 360° Population**

Audit Review Table - To Be Completed by Auditor			
Measure #	Measure/Data Element	Audit Status	Comment
1	Antenatal Steroids (PC03-AD)	NR*	
2	Asthma in Younger Adults Admission Rate (PQI15-AD)	R	
3	Care Transition - Timely Transmission of Transition Record (CTR-AD)	R	
4	Cesarean Delivery Rate (IQI-21)	R	
5	Cesarean Section for Nulliparous Singleton Vertex (PC02-CH)	NR*	
6	Developmental Screening in the First Three Years of Life (DEV-CH)	R	
7	Diabetes Short-Term Complications Admission Rate (PQI01-AD)	R	
8	Elective Delivery (PC01-AD)	NR*	
9	Heart Failure Admission Rate (PQI08-AD)	R	
10	Live Births Weighing Less Than 2,500 Grams (LBW-CH)	R	
11	Maternity Care - Behavioral Health Risk Assessment (BHRA-CH)	R	
12	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH)	R	
13	Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)	R	
14	Screening for Clinical Depression and Follow-up Plan (CDF-AD)	R	

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for Amerigroup GF 360° Population**

Audit Review Table - To Be Completed by Auditor			
Measure #	Measure/Data Element	Audit Status	Comment
15	Plan All-Cause Readmissions Rate (PCR-AD)	R	

*Three measures received the NR designation for the audit results: Antenatal Steroids, Cesarean Section for Nulliparous Singleton Vertex, and Elective Delivery. The CMO used a software vendor, Inovalon, to produce the denominator for this measure; however, Inovalon was not able to identify the gestational age using administrative data, which resulted in false positives in the denominator. Since the gestational age was not determined prior to drawing the sample, the rate was considered materially biased and an audit result of Not Reportable was assigned.

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for Amerigroup GF 360° Population**

Antenatal Steroids (PC03-AD)	
Data Element	General Measure Data
Reporting Year	SFY 2016
Measurement Period	CY 2015
Eligible Population	64
Denominator	20
Numerator Events by Administrative Data	0
Numerator Events by Medical Records	1
Numerator Total	1
Reported Rate	NA

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for Amerigroup GF 360° Population**

Asthma in Younger Adults Admission Rate (PQI15-AD)	
Data Element	General Measure Data
Reporting Year	SFY 2016
Measurement Period	2015
Data Collection Methodology	A
Eligible Population (Total Member Months)	23795
Numerator Events by Administrative Data	0
Reported Rate (Per 100,000 Member Months)	0.0000

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for Amerigroup GF 360° Population**

Care Transition—Timely Transmission of Transition Record (CTR-AD)			
Reporting Age Group	Ages 18-64	Ages 65+	All Ages
Reporting Year	SFY 2016	SFY 2016	SFY 2016
Measurement Period	CY 2015	CY 2015	CY 2015
Data Collection Methodology	H	H	H
Eligible Population	412	0	412
Denominator	390	0	390
Numerator Events by Administrative Data	0	0	0
Numerator Events by Medical Records	0	0	0
Numerator Total	0	0	0
Reported Rate	0.00%	NA	0.00%

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for Amerigroup GF 360° Population**

Cesarean Delivery Rate (IQI-21)	
Data Element	General Measure Data
Reporting Year	SFY 2016
Measurement Period	CY 2015
Data Collection Methodology	A
Eligible Population	81
Numerator Events by Administrative Data	10
Reported Rate	12.35%

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for Amerigroup GF 360° Population**

Cesarean Section for Nulliparous Singleton Vertex (PC02-CH)	
Data Element	General Measure Data
Reporting Year	SFY 2016
Measurement Period	CY 2015
Data Collection Methodology	H
Eligible Population	56
Denominator	48
Numerator Events by Administrative Data	9
Numerator Events by Medical Records	1
Numerator Total	10
Reported Rate	20.83%

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for Amerigroup GF 360° Population**

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 2016				
Measurement Period	CY 2015				
Data Collection Methodology	H				
Eligible Population		381	540	566	1,487
Denominator		144	144	144	432
Numerator Events by Administrative Data		60	81	61	202
Numerator Events by Medical Records		10	1	3	14
Numerator Total		70	82	64	216
Reported Rate		48.61%	56.94%	44.44%	50.00%

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for Amerigroup GF 360° Population**

Diabetes Short-Term Complications Admission Rate (PQI01-AD)				
Data Element	General Measure Data	Ages 18-64	Ages 65+	All Ages
Reporting Year	SFY 2016			
Measurement Period	CY 2015			
Data Collection Methodology	A			
Eligible Population (Total Member Months)		23795	0	23795
Numerator Events by Administrative Data		4	0	4
Reported Rate (Per 100,000 Member Months)		16.81	#DIV/0!	16.81

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for Amerigroup GF 360° Population**

Elective Delivery (PC01-AD)	
Data Element	General Measure Data
Reporting Year	SFY 2016
Measurement Period	CY 2015
Data Collection Methodology	H
Eligible Population	35
Denominator	13
Numerator Events by Administrative Data	0
Numerator Events by Medical Records	0
Numerator Total	0
Reported Rate	NA

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for Amerigroup GF 360° Population**

Heart Failure Admission Rate (PQI08-AD)				
Data Element	General Measure Data	Ages 18-64	Ages 65+	All Ages
Reporting Year	SFY 2016			
Measurement Period	CY 2015			
Data Collection Methodology	A			
Eligible Population (Total Member Months)		23795	0	23795
Numerator Events by Administrative Data		0	0	0
Reported Rate (Per 100,000 Member Months)		0.00	#DIV/0!	0.00

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for Amerigroup GF 360° Population**

Live Births Weighing Less Than 2,500 Grams (LBW-CH)	
Data Element	General Measure Data
Reporting Year	SFY 2016
Measurement Period	CY 2015
Data Collection Methodology	A
Eligible Population	6
Numerator Events by Administrative Data	1
Reported Rate	16.67%

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for Amerigroup GF 360° Population**

Maternity Care - Behavioral Health Risk Assessment (BHRA-CH)	
Data Element	General Measure Data
Reporting Year	SFY 2016
Measurement Period	CY 2015
Data Collection Methodology	H
Eligible Population	87
Denominator	80
Numerator Events by Administrative Data	0
Numerator Events by Medical Records	13
Numerator Total	13
Reported Rate	16.25%

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for Amerigroup GF 360° Population**

Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH)	
Data Element	General Measure Data
Reporting Year	SFY 2016
Measurement Period	Federal Fiscal Year (FFY) 2015*
Data Collection Methodology	A
Eligible Population	1463
Numerator Events by Administrative Data	394
Reported Rate	26.93%

*FFY 2015 covers the time frame of October 1, 2014 through September 30, 2015.

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for Amerigroup GF 360° Population**

Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)	
Data Element	General Measure Data
Reporting Year	SFY 2016
Measurement Period	Federal Fiscal Year (FFY) 2015*
Data Collection Methodology	A
Eligible Population	23712
Numerator Events by Administrative Data	14008
Reported Rate	59.08%

*FFY 2015 covers the time frame of October 1, 2014 through September 30, 2015.

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for Amerigroup GF 360° Population**

Screening for Clinical Depression and Follow-up Plan (CDF-AD)			
Reporting Age Group	Ages 18-64	Ages 65+	All Ages
Reporting Year	SFY 2016	SFY 2016	SFY 2016
Measurement Period	CY 2015	CY 2015	CY 2015
Data Collection Methodology	H	H	H
Eligible Population	1,528	0	1,528
Exclusions	48	0	48
Denominator	351	0	351
Numerator Events by Administrative Data	0	0	0
Numerator Events by Medical Records	9	0	9
Numerator Total	9	0	9
Reported Rate	2.56%	NA	2.56%

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for Amerigroup GF 360° Population**

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	100	24	24.00%
45-54	0	0	0.00%
55-64	0	0	0.00%
Total	100	24	24.00%

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 GF 360***

Audit Review Table				
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 12792, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None); Measurement Year - 2015				
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)		25.00%	NA	Small Denominator
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)				
<i>BMI Percentile</i>		68.29%	R	Reportable
<i>Counseling for Nutrition</i>		68.52%	R	Reportable
<i>Counseling for Physical Activity</i>		64.12%	R	Reportable
Childhood Immunization Status (cis)				
<i>DTaP</i>		85.65%	R	Reportable
<i>IPV</i>		91.20%	R	Reportable
<i>MMR</i>		94.68%	R	Reportable
<i>HiB</i>		93.06%	R	Reportable
<i>Hepatitis B</i>		96.76%	R	Reportable
<i>VZV</i>		95.14%	R	Reportable
<i>Pneumococcal Conjugate</i>		79.63%	R	Reportable
<i>Hepatitis A</i>		96.53%	R	Reportable
<i>Rotavirus</i>		56.71%	R	Reportable
<i>Influenza</i>		45.83%	R	Reportable
<i>Combination #2</i>		78.94%	R	Reportable
<i>Combination #3</i>		71.06%	R	Reportable
<i>Combination #4</i>		70.83%	R	Reportable
<i>Combination #5</i>		48.15%	R	Reportable
<i>Combination #6</i>		37.73%	R	Reportable
<i>Combination #7</i>		48.15%	R	Reportable
<i>Combination #8</i>		37.50%	R	Reportable
<i>Combination #9</i>		26.39%	R	Reportable
<i>Combination #10</i>		26.39%	R	Reportable
Immunizations for Adolescents (ima)				
<i>Meningococcal</i>		85.42%	R	Reportable
<i>Tdap/Td</i>		86.81%	R	Reportable
<i>Combination #1</i>		84.03%	R	Reportable
Human Papillomavirus Vaccine for Female Adolescents (hvp)		22.92%	R	Reportable
Lead Screening in Children (lsc)		78.94%	R	Reportable
Breast Cancer Screening (bcs)			NR	Not Reported
Cervical Cancer Screening (ccs)			NR	Not Reported
Chlamydia Screening in Women (chl)				
<i>16-20 Years</i>		54.35%	R	Reportable
<i>21-24 Years</i>		58.14%	R	Reportable
<i>Total</i>		54.47%	R	Reportable

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup GF 360***

Audit Review Table				
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 12792, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Respiratory				
Appropriate Testing for Children with Pharyngitis (cwp)	Y	81.98%	R	Reportable
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)			NR	Not Reported
Pharmacotherapy Management of COPD Exacerbation (pce)	Y			
<i>Systemic Corticosteroid</i>			NR	Not Reported
<i>Bronchodilator</i>			NR	Not Reported
Medication Management for People With Asthma (mma)	Y			
<i>5-11 Years - Medication Compliance 50%</i>		44.44%	NA	Small Denominator
<i>5-11 Years - Medication Compliance 75%</i>		33.33%	NA	Small Denominator
<i>12-18 Years - Medication Compliance 50%</i>		75.00%	NA	Small Denominator
<i>12-18 Years - Medication Compliance 75%</i>		75.00%	NA	Small Denominator
<i>19-50 Years - Medication Compliance 50%</i>			NA	Small Denominator
<i>19-50 Years - Medication Compliance 75%</i>			NA	Small Denominator
<i>51-64 Years - Medication Compliance 50%</i>			NA	Small Denominator
<i>51-64 Years - Medication Compliance 75%</i>			NA	Small Denominator
<i>Total - Medication Compliance 50%</i>		53.85%	NA	Small Denominator
<i>Total - Medication Compliance 75%</i>		46.15%	NA	Small Denominator
Asthma Medication Ratio (amr)	Y			
<i>5-11 Years</i>			NR	Not Reported
<i>12-18 Years</i>			NR	Not Reported
<i>19-50 Years</i>			NR	Not Reported
<i>51-64 Years</i>			NR	Not Reported
<i>Total</i>			NR	Not Reported
Effectiveness of Care: Cardiovascular Conditions				
Controlling High Blood Pressure (cbp)		37.50%	NA	Small Denominator
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	Y		NR	Not Reported

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup GF 360***

Audit Review Table				
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 12792, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Statin Therapy for Patients With Cardiovascular Disease (spc)	Y			
<i>Received Statin Therapy - 21-75 years (Male)</i>			NR	Not Reported
<i>Statin Adherence 80% - 21-75 years (Male)</i>			NR	Not Reported
<i>Received Statin Therapy - 40-75 years (Female)</i>			NR	Not Reported
<i>Statin Adherence 80% - 40-75 years (Female)</i>			NR	Not Reported
<i>Received Statin Therapy - Total</i>			NR	Not Reported
<i>Statin Adherence 80% - Total</i>			NR	Not Reported
Effectiveness of Care: Diabetes				
Comprehensive Diabetes Care (cdc)				
<i>Hemoglobin A1c (HbA1c) Testing</i>		75.00%	NA	Small Denominator
<i>HbA1c Poor Control (>9.0%)</i>		83.33%	NA	Small Denominator
<i>HbA1c Control (<8.0%)</i>		16.67%	NA	Small Denominator
<i>HbA1c Control (<7.0%)</i>		17.39%	NA	Small Denominator
<i>Eye Exam (Retinal) Performed</i>		41.67%	NA	Small Denominator
<i>Medical Attention for Nephropathy</i>		83.33%	NA	Small Denominator
<i>Blood Pressure Control (<140/90 mm Hg)</i>		0.00%	NA	Small Denominator
Statin Therapy for Patients With Diabetes (spd)	Y			
<i>Received Statin Therapy</i>			NR	Not Reported
<i>Statin Adherence 80%</i>			NR	Not Reported
Effectiveness of Care: Musculoskeletal Conditions				
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)	Y		NR	Not Reported
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management (amm)	Y			
<i>Effective Acute Phase Treatment</i>		73.02%	R	Reportable
<i>Effective Continuation Phase Treatment</i>		61.90%	R	Reportable
Follow-Up Care for Children Prescribed ADHD Medication (add)	Y			
<i>Initiation Phase</i>		51.71%	R	Reportable
<i>Continuation and Maintenance (C&M) Phase</i>		54.72%	R	Reportable

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup GF 360***

Audit Review Table				
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 12792, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Follow-Up After Hospitalization for Mental Illness (fuh)	Y			
<i>30-Day Follow-Up</i>		75.68%	R	Reportable
<i>7-Day Follow-Up</i>		52.15%	R	Reportable
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (ssd)	Y		NR	Not Reported
Diabetes Monitoring for People With Diabetes and Schizophrenia (smd)			NR	Not Reported
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (smc)			NR	Not Reported
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (saa)	Y	65.00%	NA	Small Denominator
Metabolic Monitoring for Children and Adolescents on Antipsychotics (apm)	Y			
<i>1-5 Years</i>			NR	Not Reported
<i>6-11 Years</i>			NR	Not Reported
<i>12-17 Years</i>			NR	Not Reported
<i>Total</i>			NR	Not Reported
Effectiveness of Care: Medication Management				
Annual Monitoring for Patients on Persistent Medications (mpm)	Y			
<i>ACE Inhibitors or ARBs</i>			NR	Not Reported
<i>Digoxin</i>			NR	Not Reported
<i>Diuretics</i>			NR	Not Reported
<i>Total</i>			NR	Not Reported
Effectiveness of Care: Overuse/Appropriateness				
Non-Recommended Cervical Cancer Screening in Adolescent Females (ncs)			NR	Not Reported
Appropriate Treatment for Children With URI (uri)	Y	84.11%	R	Reportable
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (aab)	Y		NR	Not Reported
Use of Imaging Studies for Low Back Pain (lbp)			NR	Not Reported
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (apc)	Y			
<i>1-5 Years</i>		0.00%	NA	Small Denominator
<i>6-11 Years</i>		2.58%	R	Reportable
<i>12-17 Years</i>		6.04%	R	Reportable
<i>Total</i>		4.93%	R	Reportable

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup GF 360***

Audit Review Table				
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 12792, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Access/Availability of Care				
Adults' Access to Preventive/Ambulatory Health Services (aap)				
20-44 Years		52.82%	R	Reportable
45-64 Years			NA	Small Denominator
65+ Years			NA	Small Denominator
<i>Total</i>		52.82%	R	Reportable
Children and Adolescents' Access to Primary Care Practitioners (cap)				
12-24 Months		98.75%	R	Reportable
25 Months - 6 Years		91.06%	R	Reportable
7-11 Years		97.46%	R	Reportable
12-19 Years		96.92%	R	Reportable
Annual Dental Visit (adv)				
	Y			
2-3 Years		46.87%	R	Reportable
4-6 Years		80.41%	R	Reportable
7-10 Years		75.91%	R	Reportable
11-14 Years		69.54%	R	Reportable
15-18 Years		63.67%	R	Reportable
19-20 Years		38.91%	R	Reportable
<i>Total</i>		67.48%	R	Reportable
Initiation and Engagement of AOD Dependence Treatment (iet)				
	Y			
<i>Initiation of AOD Treatment: 13-17 Years</i>		57.38%	R	Reportable
<i>Engagement of AOD Treatment: 13-17 Years</i>		23.36%	R	Reportable
<i>Initiation of AOD Treatment: 18+ Years</i>		37.76%	R	Reportable
<i>Engagement of AOD Treatment: 18+ Years</i>		13.27%	R	Reportable
<i>Initiation of AOD Treatment: Total</i>		51.75%	R	Reportable
<i>Engagement of AOD Treatment: Total</i>		20.47%	R	Reportable
Prenatal and Postpartum Care (ppc)				
<i>Timeliness of Prenatal Care</i>		81.08%	R	Reportable
<i>Postpartum Care</i>		59.46%	R	Reportable
Call Answer Timeliness (cat)				
			NR	Not Reported
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (app)				
	Y			
1-5 Years			NR	Not Reported
6-11 Years			NR	Not Reported
12-17 Years			NR	Not Reported
<i>Total</i>			NR	Not Reported

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup GF 360***

Audit Review Table				
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 12792, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Utilization				
Frequency of Ongoing Prenatal Care (fpc)				
<21 Percent		10.81%	R	Reportable
21-40 Percent		12.16%	R	Reportable
41-60 Percent		12.16%	R	Reportable
61-80 Percent		27.03%	R	Reportable
81+ Percent		37.84%	R	Reportable
Well-Child Visits in the First 15 Months of Life (w15)				
0 Visits		1.42%	R	Reportable
1 Visit		1.42%	R	Reportable
2 Visits		3.99%	R	Reportable
3 Visits		4.56%	R	Reportable
4 Visits		10.26%	R	Reportable
5 Visits		21.65%	R	Reportable
6+ Visits		56.70%	R	Reportable
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)				
		73.84%	R	Reportable
Adolescent Well-Care Visits (awc)				
		53.47%	R	Reportable
Frequency of Selected Procedures (fsp)				
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		NR	Not Reported
Identification of Alcohol and Other Drug Services: Dual Eligibles (iadb)				
	N		NR	Not Reported
Identification of Alcohol and Other Drug Services: Disabled (iadc)				
	N		NR	Not Reported
Identification of Alcohol and Other Drug Services: Other (iadd)				
	N		NR	Not Reported
Mental Health Utilization: Total (mpta)				
	Y		R	Reportable
Mental Health Utilization: Dual Eligibles (mptb)				
	N		NR	Not Reported
Mental Health Utilization: Disabled (mptc)				
	N		NR	Not Reported

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup GF 360***

Audit Review Table				
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 12792, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Mental Health Utilization: Other (mptd)	N		NR	Not Reported
Antibiotic Utilization: Total (abxa)	Y		NR	Not Reported
Antibiotic Utilization: Dual Eligibles (abxb)	N		NR	Not Reported
Antibiotic Utilization: Disabled (abxc)	N		NR	Not Reported
Antibiotic Utilization: Other (abxd)	N		NR	Not Reported
Relative Resource Use				
Relative Resource Use for People With Diabetes (rdi)			NR	Not Reported
Relative Resource Use for People With Asthma (ras)	N		NR	Not Reported
Relative Resource Use for People With Cardiovascular Conditions (rca)			NR	Not Reported
Relative Resource Use for People With Hypertension (rhy)			NR	Not Reported
Relative Resource Use for People With COPD (rco)			NR	Not Reported
Health Plan Descriptive Information				
Board Certification (bcr)			NR	Not Reported
Total Membership (tlm)			NR	Not Reported
Enrollment by Product Line: Total (enpa)			NR	Not Reported
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)			NR	Not Reported
Race/Ethnicity Diversity of Membership (rdm)			R	Reportable
Language Diversity of Membership (ldm)			NR	Not Reported
Weeks of Pregnancy at Time of Enrollment (wop)			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 - 12-17 years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 12-17 years</i>			NR	Not Reported
<i>Inclusion in ECDS - 18-44 years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 18-44 years</i>			NR	Not Reported
<i>Inclusion in ECDS - 45-64 years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 45-64 years</i>			NR	Not Reported
<i>Inclusion in ECDS - 65+ years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 65+ years</i>			NR	Not Reported
<i>Inclusion in ECDS - Total</i>			NR	Not Reported
<i>Utilization of PHQ-9 - Total</i>			NR	Not Reported

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup GF 360°**

Ambulatory Care: Total (AMBA)				
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 12792, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None)				
Age	Member Months			
<1	8,252			
1-9	114,257			
10-19	163,628			
20-44	6,393			
45-64	0			
65-74	0			
75-84	0			
85+	0			
Unknown	0			
Total	292,530			
Age	Outpatient Visits		ED Visits	
	Visits	Visits/ 1,000 Member Months	Visits	Visits/ 1,000 Member Months
<1	8766	1,062.29	651	78.89
1-9	40210	351.93	3636	31.82
10-19	34904	213.31	5750	35.14
20-44	913	142.81	372	58.19
45-64	0		0	
65-74	0		0	
75-84	0		0	
85+	0		0	
Unknown	0		0	
Total	84,793	289.86	10,409	35.58

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup GF 360°**

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

AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 12792, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None)

Age	Member Months
<1	8,252
1-9	114,257
10-19	163,628
20-44	6,393
45-64	0
65-74	0
75-84	0
85+	0
Unknown	0
Total	292,530

Total Inpatient

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	97	11.75	557	67.50	5.74
1-9	145	1.27	672	5.88	4.63
10-19	286	1.75	1376	8.41	4.81
20-44	21	3.28	85	13.30	4.05
45-64	0		0		
65-74	0		0		
75-84	0		0		
85+	0		0		
Unknown	0		0		
Total	549	1.88	2,690	9.20	4.90

Medicine

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	69	8.36	277	33.57	4.01
1-9	92	0.81	319	2.79	3.47
10-19	140	0.86	539	3.29	3.85
20-44	3	0.47	7	1.09	2.33
45-64	0		0		
65-74	0		0		
75-84	0		0		
85+	0		0		
Unknown	0		0		
Total	304	1.04	1,142	3.90	3.76

Surgery

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	28	3.39	280	33.93	10.00
1-9	53	0.46	353	3.09	6.66
10-19	70	0.43	615	3.76	8.79
20-44	9	1.41	54	8.45	6.00
45-64	0		0		

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup GF 360°**

Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)					
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 12792, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None)					
65-74	0		0		
75-84	0		0		
85+	0		0		
Unknown	0		0		
Total	160	0.55	1,302	4.45	8.14
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	76	0.46	222	1.36	2.92
20-44	9	1.41	24	3.75	2.67
45-64	0		0		
Unknown	0		0		
Total	85	0.50	246	1.45	2.89
*The maternity category is calculated using member months for members 10-64 years.					

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup GF 360°**

Mental Health Utilization: Total (MPTA)												
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 12792, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, 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	88548	80608	169,156	88548	80608	169,156	88548	80608	169,156	88548	80608	169,156
13-17	51104	48475	99,579	51104	48475	99,579	51104	48475	99,579	51104	48475	99,579
18-64	12242	11553	23,795	12242	11553	23,795	12242	11553	23,795	12242	11553	23,795
65+	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	151,894	140,636	292,530	151,894	140,636	292,530	151,894	140,636	292,530	151,894	140,636	292,530
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	4207	57.01%	192	2.60%	51	0.69%	4189	56.77%			
	F	3505	52.18%	114	1.70%	33	0.49%	3492	51.98%			
	Total	7,712	54.71%	306	2.17%	84	0.60%	7,681	54.49%			
13-17	M	2924	68.66%	339	7.96%	57	1.34%	2900	68.10%			
	F	2603	64.44%	380	9.41%	78	1.93%	2574	63.72%			
	Total	5,527	66.60%	719	8.66%	135	1.63%	5,474	65.97%			
18-64	M	280	27.45%	26	2.55%	7	0.69%	277	27.15%			
	F	281	29.19%	51	5.30%	14	1.45%	278	28.88%			
	Total	561	28.29%	77	3.88%	21	1.06%	555	27.99%			
65+	M	0		0		0		0				
	F	0		0		0		0				
	Total	0		0		0		0				
Unknown	M	0		0		0		0				
	F	0		0		0		0				
	Total	0		0		0		0				
Total	M	7,411	58.55%	557	4.40%	115	0.91%	7,366	58.19%			
	F	6,389	54.52%	545	4.65%	125	1.07%	6,344	54.13%			
	Total	13,800	56.61%	1,102	4.52%	240	0.98%	13,710	56.24%			

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup GF 360°**

Race/Ethnicity Diversity of Membership (RDM)										
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 12792, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None)										
Race/Ethnicity Diversity of Membership										
Total Unduplicated Membership During the Measurement Year	32008									
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	98.73%	Indirect Total*	0.0000	Total*	0.0127				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.9873								
	Other*	0.0000								
Ethnicity	Direct Total	0.01%	Indirect Total*	0.0000	Total*	0.9999				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.0001								
	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%	0		15259	47.68%	0		15,259	47.67%
Black or African American	0	0.00%	0		15307	47.83%	0		15,307	47.82%
American-Indian and Alaska Native	0	0.00%	0		51	0.16%	0		51	0.16%
Asian	0	0.00%	0		98	0.31%	0		98	0.31%
Native Hawaiian and Other Pacific Islanders	0	0.00%	0		38	0.12%	0		38	0.12%
Some Other Race	0	0.00%	0		850	2.66%	0		850	2.66%
Two or More Races	0	0.00%	0		0	0.00%	0		0	0.00%
Unknown	2	100.00%	0		403	1.26%	0		405	1.27%
Declined	0	0.00%	0		0	0.00%	0		0	0.00%
Total	2	100.00%	0		32,006	100.00%	0		32,008	100.00%

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Amerigroup GF 360°**

Weeks of Pregnancy at Time of Enrollment in MCO (WOP)		
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 12792, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None)		
Measurement Year		
Measurement Year	2015	
Weeks of Pregnancy	Number	Percentage
< 0 weeks	57	64.04%
1-12 weeks	9	10.11%
13-27 weeks	9	10.11%
28 or more weeks	13	14.61%
Unknown	1	1.12%
Total	89	100.00%