



State of Georgia  
Department of Community Health

**2017 Validation of Performance Measures**  
*for*  
**Amerigroup Community Care  
for Georgia Families 360°**

*Measurement Period: Calendar Year 2016*

*Validation Period: January–June 2017*

*Publish Date: August 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 follows 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<sup>®</sup>. 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<sup>®</sup> programs. Children in state custody, children receiving adoption assistance, and certain children in the juvenile justice system are enrolled in the Georgia Families 360<sup>°</sup> (GF 360<sup>°</sup>) managed care program. The Georgia Families (GF) program, implemented in 2006, serves all other Medicaid and PeachCare for Kids<sup>®</sup> managed care members not enrolled in the GF 360<sup>°</sup> program. Approximately 1.3 million beneficiaries are enrolled in the GF program.<sup>1</sup>

HSAG validated a set of performance measures identified by DCH that were calculated and reported by Amerigroup for its GF 360<sup>°</sup> population. The DCH identified the measurement period as calendar year (CY) 2016. 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.<sup>2</sup>

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

<sup>2</sup> 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 for Georgia Families 360° (Amerigroup 360°) 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 360° Information**

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

## 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 but one were selected from CMS’ Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set),<sup>3</sup> Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set),<sup>4</sup> or the Agency for Healthcare Research and Quality’s (AHRQ’s) Quality Indicator measures. 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.

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

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

**Table 2—List of CY 2016 GF 360° Performance Measures for Amerigroup 360°**

	Performance Measure	Method	Specifications
1.	<i>Asthma in Younger Adults Admission Rate</i>	Admin	Adult Core Set
2.	<i>Behavioral Health Risk Assessment for Pregnant Women</i>	Hybrid	Child Core Set
3.	<i>Cesarean Delivery Rate</i>	Admin	AHRQ
4.	<i>Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk</i>	Admin	Child Core Set
5.	<i>Developmental Screening in the First Three Years of Life</i>	Hybrid	Child Core Set
6.	<i>Diabetes Short-Term Complications Admission Rate</i>	Admin	Adult Core Set
7.	<i>Live Births Weighing Less Than 2,500 Grams</i>	Admin	Child Core Set
8.	<i>Plan All-Cause Readmissions Rate*</i>	Admin	Adult Core Set
9.	<i>Screening for Clinical Depression and Follow-up Plan</i>	Hybrid	Adult Core Set

\*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 360° to report a selected set of HEDIS<sup>5</sup> measures to DCH. Amerigroup 360° was required to contract with a National Committee for Quality Assurance (NCQA)-licensed audit organization and undergo an NCQA HEDIS Compliance Audit<sup>TM,6</sup>. 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.

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

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

## Description of Validation Activities

### Pre-Audit Strategy

HSAG conducted the validation activities as outlined in the CMS performance measure validation protocol. To complete the validation activities for Amerigroup 360°, 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 360° 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 360° during the pre-on-site phase.

Approximately one month prior to the on-site visit, HSAG provided Amerigroup 360° 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 360° to discuss on-site logistics and expectations, important deadlines, outstanding Roadmap documentation, and any questions from Amerigroup 360° 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 360°. Some team members, including the lead auditor, participated in the on-site meetings at Amerigroup 360°; 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 &amp; 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 &amp; 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 Gianfrancesco <i>HEDIS Manager, Audits/State &amp; 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 360° 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 360° completed the medical record section within the Roadmap. In addition, Amerigroup 360° 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 360° 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 360° 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 360° 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 360°, 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 360° 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 360° 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 360° 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 360° staff members who were involved with performance measure reporting. Table 4 displays a list of key Amerigroup 360° interviewees:

**Table 4—List of Amerigroup 360° 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 360°, 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 360° were:

- Acceptable
- Not acceptable

### Data Control

Amerigroup 360°'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 360° 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 360° 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 360°. 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 360° was:

- Acceptable
- Not acceptable

## Validation Results

HSAG evaluated Amerigroup 360°'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 360° continued to use the Facets claims system to capture most of the medical services required for reporting the measures. In addition to Facets, Amerigroup 360° used data provided by its pharmacy and dental vendors to supplement any medical claims. 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 for each data source and found each to be compliant. Each system captured appropriate, standard coding schemes as required for reporting. Amerigroup 360° used only standard claim forms for each service type (i.e., dental, professional, institutional, and pharmacy).

Most of Amerigroup 360°'s claims were submitted electronically through either clearinghouses or direct submitters. Paper claims, though small in quantity, were submitted to Amerigroup 360°'s optical character recognition (OCR) vendor for scanning and conversion into a standard Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant 837 format.

Amerigroup 360° appropriately monitored vendor data submissions and controls regularly to ensure data completion for measure production. Amerigroup 360°'s oversight of this process ensured that all relevant data are captured prior to measure production.

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

Amerigroup 360° was fully compliant regarding medical service data.

### *Enrollment Data*

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

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

Amerigroup 360°'s Facets system captured all relevant fields from the State's enrollment files and continued to monitor daily file updates, cancelations, and renewals.

Amerigroup 360° was fully compliant with the enrollment process.

## **Provider Data**

Amerigroup 360°'s provider system remained unchanged since the previous review. Amerigroup 360° 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 Facet's 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 360° 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 360°'s oversight of its delegates contracted for credentialing and re-credentialing 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 360° 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 the 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 360° 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 360° and determined it to be compliant for measure reporting.

Amerigroup 360° was fully compliant with provider data reporting.

## **Medical Record Review Validation (MRRV)**

HSAG reviewed Amerigroup 360°'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 360° completed sampling according to the measure sampling guidelines and assigned measure-specific oversamples. Provider chase logic was reviewed and determined appropriate across the hybrid measures.

Amerigroup 360° 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 drop-down boxes were reviewed for accuracy against the current year's Child Core Set Technical Specifications, Adult Core Set Technical Specifications, and AHRQ Quality Indicator Technical Specifications, as applicable.

Amerigroup 360° 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, and the use of QSHR's abstraction tools to accurately conduct medical record reviews. HSAG reviewed Amerigroup 360°'s training abstraction manual and found no concerns.

Amerigroup 360° 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 measures during the 2015 medical record review validation, a convenience sample was required for the following measures:

- *Non-HEDIS—Behavioral Health Risk Assessment for Pregnant Women (BHRA-CH)*
- *Non-HEDIS—Screening for Clinical Depression and Follow-up Plan (CDF)*

Amerigroup 360° passed the convenience sample process.

Amerigroup 360° passed the MRRV process for the following measures:

- *Non-HEDIS—Developmental Screening in the First Three Years of Life (DEV-CH)*
- *Non-HEDIS—Screening for Clinical Depression and Follow-up Plan (CDF)* (Numerator Positives and Exclusions)
- *Non-HEDIS—Behavioral Health Risk Assessment for Pregnant Women (BHRA-CH)*
- *Non-HEDIS—Exclusions*

Of note, critical errors were identified in *Screening for Clinical Depression* and *Behavioral Health Risk Assessment for Pregnant Women* measures. Second samples were drawn and cases were reviewed. No critical errors were identified with the second samples for these measures.

**Table 5—MRRV Results for Amerigroup’s GF 360° 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 an error and it was rectified by Amerigroup 360°.	HSAG requested a second sample.	Approved for reporting
<i>BHRA-CH</i> medical record numerator positives	1	HSAG identified no errors in the second sample.	None	Approved for reporting

Performance Measure	Initial Sample Size	Findings	Follow-up	Final Results
<i>Screening for Clinical Depression and Follow-up Plan (CDF) medical record numerator positives</i>	16	HSAG identified an error and it was rectified by Amerigroup 360°.	HSAG requested a second sample.	Approved for reporting
<i>CDF medical record numerator positives</i>	11	HSAG identified no errors in the second sample.	None	Approved for reporting
<i>Developmental Screening in the First Three Years of Life (DEV-CH) medical record numerator positives</i>	16	HSAG identified no errors.	None	Approved for reporting
<i>CDF medical record exclusions</i>	16	HSAG identified no errors.	None	Approved for reporting

### Supplemental Data

A standard supplemental data source was allowed for use for Amerigroup 360°. 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 360° 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 360° also contracted with a vendor, Inovalon, to produce the performance measures under review. Amerigroup 360° 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 360° maintained its quality review processes during the measurement year to ensure all data were loaded. Amerigroup 360° continues 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 360° with identifying issues, if any, early. If data errors were found, Amerigroup 360° was able to easily retract and reload the data to correct the issues.

Amerigroup 360° used Inovalon’s software to produce the final rates for the measures.

Amerigroup 360° continued to have an excellent disaster recovery process in place and backed up data nightly.

### 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**

<b>Reportable (R)</b>	The CMO followed the State’s specifications and produced a reportable rate or result for the measure.
<b>Not Reportable (NR)</b>	The calculated rate was materially biased.
<b>Not Applicable (NA)</b>	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 360° 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 360°**

	<b>Performance Measures</b>	<b>Key Review Findings</b>	<b>Audit Results</b>
1.	<i>Asthma in Younger Adults Admission Rate</i>	HSAG identified no concerns.	R
2.	<i>Behavioral Health Risk Assessment (For Pregnant Women)</i>	HSAG identified no concerns.	R
3.	<i>Cesarean Delivery Rate</i>	HSAG identified no concerns.	R
4.	<i>Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk</i>	HSAG identified no concerns.	R
5.	<i>Developmental Screening in the First Three Years of Life</i>	HSAG identified no concerns.	R
6.	<i>Diabetes Short-Term Complications Admission Rate</i>	HSAG identified no concerns.	R

Performance Measures		Key Review Findings	Audit Results
7.	<i>Live Births Weighing Less Than 2,500 Grams</i>	HSAG identified no concerns.	R
8.	<i>Plan All-Cause Readmissions</i>	HSAG identified no concerns.	R
9.	<i>Screening for Clinical Depression and Follow-up Plan</i>	HSAG identified no concerns.	R

## Appendix A. Data Integration and Control Findings

### Documentation Worksheet

<b>CMO Name:</b>	Amerigroup 360°
<b>On-Site Visit Date:</b>	March 2–3, 2017
<b>Reviewers:</b>	Allen Iovannisci, MS, CHCA; Mariyah Badani, JD, MBA, CHCA

**Table A-1—Data Integration and Control Findings for Amerigroup 360°**

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

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"/>	
<b>Assurance of effective management of report production and of the reporting software.</b>				
Documentation governing the production process, including CMO production activity logs and the CMO staff review of report runs, is adequate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescribed data cutoff dates are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO retains copies of files or databases used for performance measure reporting in case results need to be reproduced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The reporting software program is properly documented with respect to every aspect of the performance measure data repository, including building, maintaining, managing, testing, and report production.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO's processes and documentation comply with the CMO standards associated with reporting program specifications, code review, and testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Appendix B. Denominator and Numerator Validation Findings

### Reviewer Worksheets

<b>CMO Name:</b>	Amerigroup 360°
<b>On-Site Visit Date:</b>	March 2–3, 2017
<b>Reviewers:</b>	Allen Iovannisci, MS, CHCA; Mariyah Badani, JD, MBA, CHCA

**Table B-1—Denominator Validation Findings for Amerigroup 360°**

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 360°**

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 360°'s final audited performance measure rate submission file.

State Fiscal Year (SFY) 2017 Performance Measure Rate Reporting Template  
*for*  
Amerigroup Community Care's Georgia Families 360° (GF 360°) Population

<b>Date of Submission:</b>	4/13/17
<b>CMO Name:</b>	Amerigroup Community Care (GF 360°)
<b>Contact Name and Title:</b>	Tawonna Ingram, Manager II Quality Management
<b>Contact E-mail Address:</b>	<a href="mailto:tawonna.ingram@amerigroup.com">tawonna.ingram@amerigroup.com</a>
<b>Comments:</b>	

Appendix C: Department of Community Health, State of Georgia  
Validated CY 2016 Performance Measures for Amerigroup GF 360° Population

Audit Review Table - To Be Completed by Auditor			
Measure #	Measure/Data Element	Audit Status	Comment
1	<a href="#">Asthma in Younger Adults Admission Rate (PQI15-AD)</a>	R	
2	<a href="#">Cesarean Delivery Rate (IQI-21)</a>	R	
3	<a href="#">Developmental Screening in the First Three Years of Life (DEV-CH)</a>	R	
4	<a href="#">Diabetes Short-Term Complications Admission Rate (PQI01-AD)</a>	R	
5	<a href="#">Live Births Weighing Less Than 2,500 Grams (LBW-CH)</a>	NA	
6	<a href="#">Maternity Care - Behavioral Health Risk Assessment (BHRA-CH)</a>	R	
7	<a href="#">Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH)</a>	R	
8	<a href="#">Screening for Clinical Depression and Follow-up Plan (CDF-AD)</a>	R	
9	<a href="#">Plan All-Cause Readmissions Rate (PCR-AD)</a>	R	

Appendix C: Department of Community Health, State of Georgia  
 Validated CY 2016 Performance Measures for Amerigroup GF 360° Population

<b>Asthma in Younger Adults Admission Rate (PQI15-AD)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2017</b>
<b>Measurement Period</b>	<b>CY 2016</b>
<b>Data Collection Methodology</b>	<b>A</b>
<b>Eligible Population (Total Member Months)</b>	<b>24,565</b>
<b>Numerator Events by Administrative Data</b>	<b>0</b>
<b>Reported Rate (Per 100,000 Member Months)</b>	<b>0.00</b>

Appendix C: Department of Community Health, State of Georgia  
 Validated CY 2016 Performance Measures for Amerigroup GF 360° Population

<b>Cesarean Delivery Rate (IQI-21)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2017</b>
<b>Measurement Period</b>	<b>CY 2016</b>
<b>Data Collection Methodology</b>	<b>A</b>
<b>Eligible Population</b>	<b>83</b>
<b>Numerator Events by Administrative Data</b>	<b>19</b>
<b>Reported Rate</b>	<b>22.89%</b>

Appendix C: Department of Community Health, State of Georgia  
Validated CY 2016 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 2017				
Measurement Period	CY 2016				
Data Collection Methodology	H				
Eligible Population		458	671	706	1,835
Denominator		144	144	144	432
Numerator Events by Administrative Data		69	79	57	205
Numerator Events by Medical Records		27	25	15	67
Numerator Total		96	104	72	272
Reported Rate		66.67%	72.22%	50.00%	62.96%

Appendix C: Department of Community Health, State of Georgia  
Validated CY 2016 Performance Measures for Amerigroup GF 360° Population

<b>Diabetes Short-Term Complications Admission Rate (PQI01-AD)</b>				
<b>Data Element</b>	<b>General Measure Data</b>	<b>Ages 18-64</b>	<b>Ages 65+</b>	<b>All Ages</b>
<b>Reporting Year</b>	<b>SFY 2017</b>			
<b>Measurement Period</b>	<b>CY 2016</b>			
<b>Data Collection Methodology</b>	<b>A</b>			
<b>Eligible Population (Total Member Months)</b>		<b>24,565</b>	<b>0</b>	<b>24,565</b>
<b>Numerator Events by Administrative Data</b>		<b>3</b>	<b>0</b>	<b>3</b>
<b>Reported Rate (Per 100,000 Member Months)</b>		<b>12.21</b>	<b>0.00</b>	<b>12.21</b>

Appendix C: Department of Community Health, State of Georgia  
 Validated CY 2016 Performance Measures for Amerigroup GF 360° Population

<b>Live Births Weighing Less Than 2,500 Grams (LBW-CH)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2017</b>
<b>Measurement Period</b>	<b>CY 2016</b>
<b>Data Collection Methodology</b>	<b>A</b>
<b>Eligible Population</b>	10
<b>Numerator Events by Administrative Data</b>	1
<b>Reported Rate</b>	NA

Appendix C: Department of Community Health, State of Georgia  
 Validated CY 2016 Performance Measures for Amerigroup GF 360° Population

<b>Maternity Care - Behavioral Health Risk Assessment (BHRA-CH)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2017</b>
<b>Measurement Period</b>	<b>CY 2016</b>
<b>Data Collection Methodology</b>	<b>H</b>
<b>Eligible Population</b>	<b>93</b>
<b>Denominator</b>	<b>93</b>
<b>Numerator Events by Administrative Data</b>	<b>0</b>
<b>Numerator Events by Medical Records</b>	<b>16</b>
<b>Numerator Total</b>	<b>16</b>
<b>Reported Rate</b>	<b>17.20%</b>

Appendix C: Department of Community Health, State of Georgia  
 Validated CY 2016 Performance Measures for Amerigroup GF 360° Population

<b>Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2017</b>
<b>Measurement Period</b>	<b>Federal Fiscal Year (FFY) 2016*</b>
<b>Data Collection Methodology</b>	<b>A</b>
<b>Eligible Population</b>	1,949
<b>Numerator Events by Administrative Data</b>	515
<b>Reported Rate</b>	26.42%

Appendix C: Department of Community Health, State of Georgia  
 Validated CY 2016 Performance Measures for Amerigroup GF 360° Population

<b>Screening for Clinical Depression and Follow-up Plan (CDF-AD)</b>			
<b>Reporting Age Group</b>	<b>Ages 18-64</b>	<b>Ages 65+</b>	<b>All Ages</b>
<b>Reporting Year</b>	<b>SFY 2017</b>	<b>SFY 2017</b>	<b>SFY 2017</b>
<b>Measurement Period</b>	<b>CY 2016</b>	<b>CY 2016</b>	<b>CY 2016</b>
<b>Data Collection Methodology</b>	<b>H</b>	<b>H</b>	<b>H</b>
<b>Eligible Population</b>	1,618	0	1,618
<b>Exclusions</b>	77	0	77
<b>Denominator</b>	355	0	355
<b>Numerator Events by Administrative Data</b>	13	0	13
<b>Numerator Events by Medical Records</b>	26	0	26
<b>Numerator Total</b>	<b>39</b>	<b>0</b>	<b>39</b>
<b>Reported Rate</b>	<b>10.99%</b>	<b>NA</b>	<b>10.99%</b>

Appendix C: Department of Community Health, State of Georgia  
 Validated CY 2016 Performance Measures for Amerigroup GF 360° Population

<b>Plan All-Cause Readmissions Rate (PCR-AD)</b>			
<b>Age</b>	<b>Count of Index Stays (Denominator)</b>	<b>Count of 30-Day Readmissions (Numerator)</b>	<b>Observed Readmission (Num/Den)</b>
<b>18-44</b>	102	19	18.63%
<b>45-54</b>	0	0	0.00%
<b>55-64</b>	0	0	0.00%
<b>Total</b>	102	19	18.63%



## Appendix D. HEDIS Interactive Data Submission System Data

Appendix D contains Amerigroup 360°'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°

<b>Audit Review Table</b>				
<b>AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 12792, Medicaid, Spec Area: Georgia, Spec Proj: GA)</b>				
<b>Measurement Year - 2016; Date &amp; Timestamp - 6/8/2017 10:39:47 AM</b>				
The Auditor lock has been applied to this submission.				
<b>Measure/Data Element</b>	<b>Benefit Offered</b>	<b>Rate</b>	<b>Audit Designation</b>	<b>Comment</b>
<b>Effectiveness of Care: Prevention and</b>				
<b>Adult BMI Assessment (aba)</b>		62.82%	R	Reportable
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)</b>				
<i>BMI Percentile</i>		78.24%	R	Reportable
<i>Counseling for Nutrition</i>		79.63%	R	Reportable
<i>Counseling for Physical Activity</i>		73.15%	R	Reportable
<b>Childhood Immunization Status (cis)</b>				
<i>DTaP</i>		86.81%	R	Reportable
<i>IPV</i>		87.04%	R	Reportable
<i>MMR</i>		98.38%	R	Reportable
<i>HiB</i>		96.06%	R	Reportable
<i>Hepatitis B</i>		97.69%	R	Reportable
<i>VZV</i>		97.45%	R	Reportable
<i>Pneumococcal Conjugate</i>		84.03%	R	Reportable
<i>Hepatitis A</i>		97.45%	R	Reportable
<i>Rotavirus</i>		64.58%	R	Reportable
<i>Influenza</i>		47.22%	R	Reportable
<i>Combination #2</i>		77.78%	R	Reportable
<i>Combination #3</i>		72.22%	R	Reportable
<i>Combination #4</i>		71.76%	R	Reportable
<i>Combination #5</i>		51.85%	R	Reportable
<i>Combination #6</i>		37.27%	R	Reportable
<i>Combination #7</i>		51.62%	R	Reportable
<i>Combination #8</i>		37.27%	R	Reportable
<i>Combination #9</i>		27.55%	R	Reportable
<i>Combination #10</i>		27.55%	R	Reportable
<b>Immunizations for Adolescents (ima)</b>				
<i>Meningococcal</i>		86.11%	R	Reportable

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

<b>Audit Review Table</b>					
	<i>Tdap</i>		86.11%	R	Reportable
	<i>HPV</i>		19.44%	R	Reportable
	<i>Combination #1</i>		84.49%	R	Reportable
	<i>Combination #2</i>		18.75%	R	Reportable
<b>Lead Screening in Children (lsc)</b>			84.49%	R	Reportable
<b>Breast Cancer Screening (bcs)</b>				NQ	Not Required
<b>Cervical Cancer Screening (ccs)</b>				NQ	Not Required
<b>Chlamydia Screening in Women (chl)</b>					
	<i>16-20 Years</i>		60.44%	R	Reportable
	<i>21-24 Years</i>		71.43%	R	Reportable
	<i>Total</i>		60.88%	R	Reportable
<b>Effectiveness of Care: Respiratory</b>					
<b>Appropriate Testing for Children with Pharyngitis (cwp)</b>		Y	83.10%	R	Reportable
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)</b>				NQ	Not Required
<b>Pharmacotherapy Management of COPD Exacerbation (pce)</b>		Y			
	<i>Systemic Corticosteroid</i>			NQ	Not Required
	<i>Bronchodilator</i>			NQ	Not Required
<b>Medication Management for People With Asthma (mma)</b>		Y			
	<i>5-11 Years: Medication Compliance 50%</i>		62.57%	R	Reportable
	<i>5-11 Years: Medication Compliance 75%</i>		37.43%	R	Reportable
	<i>12-18 Years: Medication Compliance 50%</i>		56.25%	R	Reportable
	<i>12-18 Years: Medication Compliance 75%</i>		28.41%	R	Reportable
	<i>19-50 Years: Medication Compliance 50%</i>		80.00%	NA	Small Denominator
	<i>19-50 Years: Medication Compliance 75%</i>		0.00%	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>		59.72%	R	Reportable
	<i>Total: Medication Compliance 75%</i>		32.50%	R	Reportable
<b>Asthma Medication Ratio (amr)</b>		Y			
	<i>5-11 Years</i>			NQ	Not Required

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

<b>Audit Review Table</b>					
	12-18 Years			NQ	Not Required
	19-50 Years			NQ	Not Required
	51-64 Years			NQ	Not Required
	Total			NQ	Not Required
<b>Effectiveness of Care: Cardiovascular</b>					
<b>Controlling High Blood Pressure (cbp)</b>			65.22%	NA	Small Denominator
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)</b>		Y		NQ	Not Required
<b>Statin Therapy for Patients With Cardiovascular Disease (spc)</b>		Y			
<i>Received Statin Therapy: 21-75 Years (Male)</i>				NQ	Not Required
<i>Statin Adherence 80%: 21-75 Years (Male)</i>				NQ	Not Required
<i>Received Statin Therapy: 40-75 Years (Female)</i>				NQ	Not Required
<i>Statin Adherence 80%: 40-75 Years (Female)</i>				NQ	Not Required
<i>Received Statin Therapy: Total</i>				NQ	Not Required
<i>Statin Adherence 80%: Total</i>				NQ	Not Required
<b>Effectiveness of Care: Diabetes</b>					
<b>Comprehensive Diabetes Care (cdc)</b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>			91.67%	NA	Small Denominator
<i>HbA1c Poor Control (&gt;9.0%)</i>			66.67%	NA	Small Denominator
<i>HbA1c Control (&lt;8.0%)</i>			33.33%	NA	Small Denominator
<i>HbA1c Control (&lt;7.0%)</i>				NQ	Not Required
<i>Eye Exam (Retinal) Performed</i>			45.83%	NA	Small Denominator
<i>Medical Attention for Nephropathy</i>			91.67%	NA	Small Denominator
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>			83.33%	NA	Small Denominator
<b>Statin Therapy for Patients With Diabetes (spd)</b>		Y			
<i>Received Statin Therapy</i>				NQ	Not Required
<i>Statin Adherence 80%</i>				NQ	Not Required
<b>Effectiveness of Care: Musculoskeletal</b>					
<b>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)</b>		Y		NQ	Not Required
<b>Effectiveness of Care: Behavioral</b>					
<b>Antidepressant Medication Management (amm)</b>		Y			
<i>Effective Acute Phase Treatment</i>			46.88%	R	Reportable
<i>Effective Continuation Phase Treatment</i>			31.25%	R	Reportable

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

<b>Audit Review Table</b>				
<b>Follow-Up Care for Children Prescribed ADHD Medication (add)</b>	Y			
<i>Initiation Phase</i>		53.95%	R	Reportable
<i>Continuation and Maintenance (C&amp;M) Phase</i>		66.27%	R	Reportable
<b>Follow-Up After Hospitalization for Mental Illness (fuh)</b>	Y			
<i>30-Day Follow-Up</i>		72.80%	R	Reportable
<i>7-Day Follow-Up</i>		51.83%	R	Reportable
<b>Follow-Up After Emergency Department Visit for Mental Illness (fum)</b>	Y			
<i>30-Day Follow-Up</i>			NQ	Not Required
<i>7-Day Follow-Up</i>			NQ	Not Required
<b>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (fua)</b>	Y			
<i>30-Day Follow-Up: 13-17 Years</i>			NQ	Not Required
<i>7-Day Follow-Up: 13-17 Years</i>			NQ	Not Required
<i>30-Day Follow-Up: 18+ Years</i>			NQ	Not Required
<i>7-Day Follow-Up: 18+ Years</i>			NQ	Not Required
<i>30-Day Follow-Up: Total</i>			NQ	Not Required
<i>7-Day Follow-Up: Total</i>			NQ	Not Required
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (ssd)</b>	Y		NQ	Not Required
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia (smd)</b>			NQ	Not Required
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (smc)</b>			NQ	Not Required
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (saa)</b>	Y	68.18%	NA	Small Denominator
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (apm)</b>	Y			

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

<b>Audit Review Table</b>					
	1-5 Years			NQ	Not Required
	6-11 Years			NQ	Not Required
	12-17 Years			NQ	Not Required
	Total			NQ	Not Required
<b>Effectiveness of Care: Medication</b>					
<b>Annual Monitoring for Patients on Persistent Medications (mpm)</b>	Y				
ACE Inhibitors or ARBs				NQ	Not Required
Digoxin				NQ	Not Required
Diuretics				NQ	Not Required
Total				NQ	Not Required
<b>Effectiveness of Care:</b>					
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females (ncs)</b>				NQ	Not Required
<b>Appropriate Treatment for Children With URI (uri)</b>	Y	87.63%		R	Reportable
<b>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (aab)</b>	N			NQ	Not Required
<b>Use of Imaging Studies for Low Back Pain (lbp)</b>				NQ	Not Required
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents (apc)</b>	Y				
	1-5 Years	0.00%		NA	Small Denominator
	6-11 Years	3.32%		R	Reportable
	12-17 Years	7.31%		R	Reportable
	Total	5.96%		R	Reportable
<b>Access/Availability of Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services (aap)</b>					
	20-44 Years	55.68%		R	Reportable
	45-64 Years			NA	Small Denominator
	65+ Years			NA	Small Denominator
	Total	55.68%		R	Reportable
<b>Children and Adolescents' Access to Primary Care Practitioners (cap)</b>					

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

<b>Audit Review Table</b>				
12-24 Months		98.95%	R	Reportable
25 Months - 6 Years		91.88%	R	Reportable
7-11 Years		88.23%	R	Reportable
12-19 Years		82.69%	R	Reportable
<b>Annual Dental Visit (adv)</b>	Y			
2-3 Years		56.93%	R	Reportable
4-6 Years		79.94%	R	Reportable
7-10 Years		78.41%	R	Reportable
11-14 Years		70.91%	R	Reportable
15-18 Years		65.96%	R	Reportable
19-20 Years		40.70%	R	Reportable
Total		69.78%	R	Reportable
<b>Initiation and Engagement of AOD Dependence Treatment (iet)</b>	Y			
Initiation of AOD Treatment: 13-17 Years		58.70%	R	Reportable
Engagement of AOD Treatment: 13-17 Years		25.51%	R	Reportable
Initiation of AOD Treatment: 18+ Years		47.96%	R	Reportable
Engagement of AOD Treatment: 18+ Years		15.31%	R	Reportable
Initiation of AOD Treatment: Total		55.65%	R	Reportable
Engagement of AOD Treatment: Total		22.61%	R	Reportable
<b>Prenatal and Postpartum Care (ppc)</b>				
Timeliness of Prenatal Care		65.06%	R	Reportable
Postpartum Care		67.47%	R	Reportable
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (app)</b>	Y			
1-5 Years			NQ	Not Required
6-11 Years			NQ	Not Required
12-17 Years			NQ	Not Required
Total			NQ	Not Required
<b>Utilization</b>				
<b>Frequency of Ongoing Prenatal Care (fpc)</b>				
<21 Percent		1.20%	R	Reportable
21-40 Percent		8.43%	R	Reportable
41-60 Percent		14.46%	R	Reportable
61-80 Percent		9.64%	R	Reportable

Appendix D: Department of Community Health, State of Georgia  
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<b>Audit Review Table</b>					
	<i>81+ Percent</i>		66.27%	R	Reportable
<b>Well-Child Visits in the First 15 Months of Life (w15)</b>					
	<i>0 Visits</i>		0.23%	R	Reportable
	<i>1 Visit</i>		1.62%	R	Reportable
	<i>2 Visits</i>		1.85%	R	Reportable
	<i>3 Visits</i>		4.40%	R	Reportable
	<i>4 Visits</i>		9.95%	R	Reportable
	<i>5 Visits</i>		19.21%	R	Reportable
	<i>6+ Visits</i>		62.73%	R	Reportable
<b>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)</b>					
			77.10%	R	Reportable
<b>Adolescent Well-Care Visits (awc)</b>					
			56.61%	R	Reportable
<b>Frequency of Selected Procedures (fsp)</b>					
				NQ	Not Required
<b>Ambulatory Care: Total (amba)</b>					
				R	Reportable
<b>Ambulatory Care: Dual Eligibles (ambb)</b>					
				NQ	Not Required
<b>Ambulatory Care: Disabled (ambc)</b>					
				NQ	Not Required
<b>Ambulatory Care: Other (ambd)</b>					
				NQ	Not Required
<b>Inpatient Utilization--General Hospital/Acute Care: Total (ipua)</b>					
				R	Reportable
<b>Inpatient Utilization--General Hospital/Acute Care: Dual Eligibles (ipub)</b>					
				NR	Not Reported
<b>Inpatient Utilization--General Hospital/Acute Care: Disabled (ipuc)</b>					
				NR	Not Reported
<b>Inpatient Utilization--General Hospital/Acute Care: Other (ipud)</b>					
				NR	Not Reported
<b>Identification of Alcohol and Other Drug Services: Total (iada)</b>					
	Y			NR	Not Reported
<b>Identification of Alcohol and Other Drug Services: Dual Eligibles (iadb)</b>					
	Y			NR	Not Reported
<b>Identification of Alcohol and Other Drug Services: Disabled (iadc)</b>					
	Y			NR	Not Reported
<b>Identification of Alcohol and Other Drug Services: Other (iadd)</b>					
	Y			NR	Not Reported
<b>Mental Health Utilization: Total (mpta)</b>					
	Y			R	Reportable

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<b>Audit Review Table</b>				
<b>Mental Health Utilization: Dual Eligibles (mptb)</b>	Y		NR	Not Reported
<b>Mental Health Utilization: Disabled (mptc)</b>	Y		NR	Not Reported
<b>Mental Health Utilization: Other (mptd)</b>	Y		NR	Not Reported
<b>Antibiotic Utilization: Total (abxa)</b>	Y		NR	Not Reported
<b>Antibiotic Utilization: Dual Eligibles (abxb)</b>	Y		NR	Not Reported
<b>Antibiotic Utilization: Disabled (abxc)</b>	Y		NR	Not Reported
<b>Antibiotic Utilization: Other (abxd)</b>	Y		NR	Not Reported
<b>Standardized Healthcare-Associated Infection Ratio (hai)</b>			NR	Not Reported
<b>Health Plan Descriptive</b>				
<b>Board Certification (bcr)</b>			NQ	Not Required
<b>Enrollment by Product Line: Total (enpa)</b>			NQ	Not Required
<b>Enrollment by Product Line: Dual Eligibles (enpb)</b>			NQ	Not Required
<b>Enrollment by Product Line: Disabled (enpc)</b>			NQ	Not Required
<b>Enrollment by Product Line: Other (enpd)</b>			NQ	Not Required
<b>Enrollment by State (ebs)</b>			NQ	Not Required
<b>Language Diversity of Membership (ldm)</b>			NQ	Not Required
<b>Race/Ethnicity Diversity of Membership (rdm)</b>			R	Reportable
<b>Total Membership (tlm)</b>			NQ	Not Required
<b>Measures Collected using Electronic</b>				
<b>Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (dms)</b>				
<i>Inclusion in ECDS: Total</i>			NR	Not Reported
<i>Utilization of PHQ-9: Total</i>			NR	Not Reported
<b>Depression and Remission or Response for Adolescents and Adults (drr)</b>				
<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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<b>Ambulatory Care: Total (AMBA)</b>				
<b>AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359,</b>				
<b>Age</b>	<b>Member Months</b>			
<1	9,698			
1-9	128,513			
10-19	167,805			
20-44	7,229			
45-64	0			
65-74	0			
75-84	0			
85+	0			
Unknown	0			
<b>Total</b>	<b>313,245</b>			
<b>Age</b>	<b>Outpatient Visits</b>		<b>ED Visits</b>	
	<b>Visits</b>	<b>Visits/ 1,000 Member Months</b>	<b>Visits</b>	<b>Visits/ 1,000 Member Months</b>
<1	10465	1,079.09	713	73.52
1-9	45692	355.54	4208	32.74
10-19	37257	222.03	5723	34.11
20-44	1185	163.92	458	63.36
45-64	0		0	
65-74	0		0	
75-84	0		0	
85+	0		0	
Unknown	0		0	
<b>Total</b>	<b>94,599</b>	<b>302.00</b>	<b>11,102</b>	<b>35.44</b>

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<b>Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)</b>					
AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID:					
Age	Member Months				
<1	9,698				
1-9	128,513				
10-19	167,805				
20-44	7,229				
45-64	0				
65-74	0				
75-84	0				
85+	0				
Unknown	0				
<b>Total</b>	<b>313,245</b>				
<b>Total Inpatient</b>					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	107	11.03	723	74.55	6.76
1-9	169	1.32	807	6.28	4.78
10-19	274	1.63	1288	7.68	4.70
20-44	25	3.46	82	11.34	3.28
45-64	0		0		
65-74	0		0		
75-84	0		0		
85+	0		0		
Unknown	0		0		
<b>Total</b>	<b>575</b>	<b>1.84</b>	<b>2,900</b>	<b>9.26</b>	<b>5.04</b>
<b>Maternity*</b>					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	88	0.52	286	1.70	3.25
20-44	20	2.77	58	8.02	2.90

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<b>Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)</b>					
45-64	0		0		
Unknown	0		0		
<b>Total</b>	<b>108</b>	<b>0.62</b>	<b>344</b>	<b>1.97</b>	<b>3.19</b>
<b>*The maternity category is calculated using member months for members 10-64</b>					
<b>Surgery</b>					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	23	2.37	357	36.81	15.52
1-9	51	0.40	388	3.02	7.61
10-19	58	0.35	493	2.94	8.50
20-44	2	0.28	7	0.97	3.50
45-64	0		0		
65-74	0		0		
75-84	0		0		
85+	0		0		
Unknown	0		0		
<b>Total</b>	<b>134</b>	<b>0.43</b>	<b>1,245</b>	<b>3.97</b>	<b>9.29</b>
<b>Medicine</b>					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	84	8.66	366	37.74	4.36
1-9	118	0.92	419	3.26	3.55
10-19	128	0.76	509	3.03	3.98
20-44	3	0.41	17	2.35	5.67
45-64	0		0		
65-74	0		0		
75-84	0		0		
85+	0		0		
Unknown	0		0		
<b>Total</b>	<b>333</b>	<b>1.06</b>	<b>1,311</b>	<b>4.19</b>	<b>3.94</b>

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 Amerigroup GF 360\*

<b>Mental Health Utilization: Total (MPTA)</b>												
AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (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)			Member Months (Outpatient/ED)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-12	97575	89107	186,682	97575	89107	186,682	97575	89107	186,682	97575	89107	186,682
13-17	52389	49609	101,998	52389	49609	101,998	52389	49609	101,998	52389	49609	101,998
18-64	12303	12262	24,565	12303	12262	24,565	12303	12262	24,565	12303	12262	24,565
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
<b>Total</b>	<b>162,267</b>	<b>150,978</b>	<b>313,245</b>	<b>162,267</b>	<b>150,978</b>	<b>313,245</b>	<b>162,267</b>	<b>150,978</b>	<b>313,245</b>	<b>162,267</b>	<b>150,978</b>	<b>313,245</b>
Age	Sex	Any Services		Inpatient		Intensive		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	4472	55.00%	182	2.24%	39	0.48%	4453	54.76%			
	F	3713	50.00%	105	1.41%	27	0.36%	3707	49.92%			
	<b>Total</b>	<b>8,185</b>	<b>52.61%</b>	<b>287</b>	<b>1.84%</b>	<b>66</b>	<b>0.42%</b>	<b>8,160</b>	<b>52.45%</b>			
13-17	M	2948	67.53%	274	6.28%	41	0.94%	2923	66.95%			
	F	2605	63.01%	374	9.05%	66	1.60%	2569	62.14%			
	<b>Total</b>	<b>5,553</b>	<b>65.33%</b>	<b>648</b>	<b>7.62%</b>	<b>107</b>	<b>1.26%</b>	<b>5,492</b>	<b>64.61%</b>			
18-64	M	292	28.48%	29	2.83%	5	0.49%	287	27.99%			
	F	296	28.97%	46	4.50%	9	0.88%	290	28.38%			
	<b>Total</b>	<b>588</b>	<b>28.72%</b>	<b>75</b>	<b>3.66%</b>	<b>14</b>	<b>0.68%</b>	<b>577</b>	<b>28.19%</b>			
65+	M	0		0		0		0				
	F	0		0		0		0				
	<b>Total</b>	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>				
Unknown	M	0		0		0		0				
	F	0		0		0		0				
	<b>Total</b>	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>				
<b>Total</b>	M	7,712	57.03%	485	3.59%	85	0.63%	7,663	56.67%			
	F	6,614	52.57%	525	4.17%	102	0.81%	6,566	52.19%			
	<b>Total</b>	<b>14,326</b>	<b>54.88%</b>	<b>1,010</b>	<b>3.87%</b>	<b>187</b>	<b>0.72%</b>	<b>14,229</b>	<b>54.51%</b>			

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<b>Race/Ethnicity Diversity of Membership (RDM)</b>										
AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 12792, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract										
<b>Race/Ethnicity Diversity of Membership</b>										
<b>Total Unduplicated Membership During the Measurement Year</b>	32776									
<b>Percentage of Members for Whom the Organization Has Race/Ethnicity Information by Data Collection</b>										
<b>Direct Data Collection Method</b>			<b>Indirect Data Collection</b>		<b>Unknown</b>					
<b>Race</b>	<b>Direct Total</b>	97.72%	<b>Indirect Total*</b>	0.0000	<b>Total*</b>	0.0228				
	<b>Health Plan Direct*</b>	0.0000								
	<b>CMS/State Database*</b>	0.9772								
	<b>Other*</b>	0.0000								
<b>Ethnicity</b>	<b>Direct Total</b>	0.02%	<b>Indirect Total*</b>	0.0000	<b>Total*</b>	0.9998				
	<b>Health Plan Direct*</b>	0.0000								
	<b>CMS/State Database*</b>	0.0002								
	<b>Other*</b>	0.0000								
*Enter percentage as a value between 0 and 1.										
<b>Race</b>	<b>Hispanic or Latino</b>		<b>Not Hispanic or Latino</b>		<b>Unknown Ethnicity</b>		<b>Declined Ethnicity</b>		<b>Total</b>	
	<b>Number</b>	<b>Percentage</b>	<b>Number</b>	<b>Percentage</b>	<b>Number</b>	<b>Percentage</b>	<b>Number</b>	<b>Percentage</b>	<b>Number</b>	<b>Percentage</b>
<b>White</b>	0	0.00%	2	100.00%	16072	49.05%	0		16,074	49.04%
<b>Black or African American</b>	0	0.00%	0	0.00%	14921	45.53%	0		14,921	45.52%
<b>American-Indian and Alaska Native</b>	0	0.00%	0	0.00%	46	0.14%	0		46	0.14%
<b>Asian</b>	0	0.00%	0	0.00%	99	0.30%	0		99	0.30%
<b>Native Hawaiian and Other Pacific Islanders</b>	0	0.00%	0	0.00%	30	0.09%	0		30	0.09%
<b>Some Other Race</b>	0	0.00%	0	0.00%	860	2.62%	0		860	2.62%
<b>Two or More Races</b>	0	0.00%	0	0.00%	0	0.00%	0		0	0.00%
<b>Unknown</b>	5	100.00%	0	0.00%	741	2.26%	0		746	2.28%
<b>Declined</b>	0	0.00%	0	0.00%	0	0.00%	0		0	0.00%
<b>Total</b>	5	100.00%	2	100.00%	32,769	100.00%	0		32,776	100.00%