



Georgia Department of Community Health

Validation of Performance Measures

for

Georgia Department of Community Health

Measurement Period: Calendar Year 2014

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for Georgia Department of Community Health

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Validation of Performance Measures for Georgia Department of Community Health

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 required by the Balanced Budget Act of 1997 (BBA) described at 42 CFR 438.358(b)(2). The purpose of performance measure validation (PMV) is to assess the accuracy of performance measure rates reported by MCOs and to determine the extent to which performance measures calculated by the MCOs follow state specifications and reporting requirements. The state, its agent that is not an MCO, or an external quality review organization (EQRO), can perform this validation.

Each year, the Georgia Department of Community Health (DCH) requires its MCOs, known as care management organizations (CMOs), to report performance measure rates for a set of performance measures selected by DCH for validation. To facilitate rate comparisons and to prepare for voluntary reporting of data to CMS for the Children's Health Insurance Program Reauthorization Act (CHIPRA) core set measures (Core Set) and reporting of data to CMS for the adult core set measures, DCH contracted with Hewlett-Packard Enterprise Services (HP), its Medicaid Management Information System (MMIS) vendor, to calculate performance measure rates for the 2014 calendar year (CY) for the Medicaid and PeachCare for Kids^{®1} programs for the following populations:

- ◆ Georgia Families[®] Medicaid and PeachCare for Kids[®] managed care members (GF)
- ◆ Fee-for-Service (FFS) members
- ◆ Georgia Families 360[°] Managed Care for Foster Care, Adoption Assistance and Juvenile Justice members (FC)
- ◆ Total Population—All Medicaid and PeachCare for Kids[®] (ALL) members

The DCH contracted with its EQRO, Health Services Advisory Group, Inc. (HSAG), to conduct the validation activities as outlined in the CMS publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.²

¹ PeachCare for Kids[®] is the name of Georgia's standalone Children's Health Insurance Program (CHIP).

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: February 19, 2013.

Georgia Department of Community Health Information

Basic information about DCH, including the office location(s) involved in the validation of the performance measures audit, appears in Table 1.

Table 1—Georgia Department of Community Health	
DCH Location:	2 Peachtree Street, NW Atlanta, GA 30303
DCH Contact:	Janice M. Carson, MD, MSA Assistant Chief, Performance, Quality and Outcomes (404) 463-2832 jcarson@dch.ga.gov
Site Visit Location:	Hewlett-Packard Enterprise Services 100 Crescent Centre, Ste. 1100 Tucker, GA 30084
HP Contact:	Michele Hunter Services Information Developer III (972) 605-8853 Michele.hunter@hpe.com
Site Visit Date:	May 20–21, 2015

Audited Populations

Georgia Families (GF)—the GF population consisted of Medicaid and PeachCare for Kids[®] members enrolled in the three contracted CMOs:³ AMERIGROUP Community Care, Peach State Health Plan, and WellCare of Georgia, Inc. To be included in the GF rates, a member had to be continuously enrolled in a CMO, but could have switched CMOs during the measurement period. The GF rates excluded dual-eligible members.

Fee-for-Service (FFS)—the FFS population included Medicaid and PeachCare for Kids[®] members not enrolled in the GF managed care program. To be included in the FFS rates, a member had to be continuously enrolled in the FFS population for the entire measurement period. The FFS rates excluded dual-eligible members.

³ The DCH required its CMOs to contract with an NCQA-licensed audit organization and undergo an NCQA HEDIS Compliance Audit[™]. To validate the rates calculated for the non-HEDIS measures, DCH contracted HSAG to perform an independent performance measure validation for each CMO. Results for these validations are presented in each CMO-specific PMV report. NCQA HEDIS Compliance Audit[™] is a trademark of the National Committee for Quality Assurance (NCQA).

Foster Care (FC)—the FC population consisted of children, youth, and young adults in foster care, children and youth receiving adoption assistance, and select youth involved in the juvenile justice system. As part of the redesign of the Georgia Medicaid program, DCH developed a new managed care program called Georgia Families 360°, which was launched on March 3, 2014. The DCH contracted AMERIGROUP to provide services to improve care coordination and continuity of care, and to provide better health outcomes for these members. For CY 2014, the FC population included all FFS members covered under the FC program at any time during the measurement year.

Total Population (ALL)—the ALL population was composed of all Georgia Medicaid and PeachCare for Kids® members enrolled in the FFS and GF programs during the measurement period. The ALL population consisted of the members included in the FFS and GF populations, as well as members who may have switched between GF and FFS during the measurement period. The ALL population rates excluded dual-eligible members.

Performance Measures Validated

HSAG validated rates for the following set of performance measures selected by DCH for validation. All performance measures were selected from the 2015 Healthcare Effectiveness Data and Information Set (HEDIS®)⁴ measures developed by the National Committee for Quality Assurance (NCQA), CMS' Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set),⁵ CMS' Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set),⁶ and the Agency for Healthcare Research and Quality's (AHRQ's) Quality Indicator measures. The measurement period was identified by DCH as CY 2014. Table 2 lists the performance measures that HSAG validated for each of the audited populations and identifies the method for data collection and specifications that were used for each of the measures. Performance measures that list Core Set and HEDIS specifications were reported according to the age breakouts required by both sets of specifications.

⁴ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

⁵ The Centers for Medicare & Medicaid Services. Core Set of Children's Health Care Quality Measures for Medicaid and CHIP, May 2013.

⁶ The Centers for Medicare & Medicaid Services. Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid, February 2013.

Table 2—List of Performance Measures for CY 2014									
Performance Measure		Method	Specifications			Populations			
		A=Admin H=Hybrid	Core Set	AHRQ	HEDIS	GF*	FFS	FC	All
1	Well-Child Visits in the First 15 Months of Life	H	✓		✓	✓	✓	✓	✓
2	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	H	✓		✓	✓	✓	✓	✓
3	Adolescent Well-Care Visits	H	✓		✓	✓	✓	✓	✓
4	Children and Adolescents' Access to Primary Care Practitioners	A	✓		✓	✓	✓	✓	✓
5	Adults' Access to Preventive/Ambulatory Health Services	A			✓	✓	✓		✓
6	Childhood Immunization Status	H	✓		✓	✓	✓	✓	✓
7	Lead Screening in Children	H			✓	✓	✓	✓	✓
8	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	H	✓		✓	✓	✓	✓	✓
9	Annual Dental Visit	A			✓	✓	✓	✓	✓
10	Cervical Cancer Screening	H	✓		✓	✓	✓		✓
11	Breast Cancer Screening	A	✓		✓	✓	✓		✓
12	Prenatal and Postpartum Care	H	✓		✓	✓	✓	✓	✓
13	Frequency of Ongoing Prenatal Care	H	✓		✓	✓	✓	✓	✓
14	Chlamydia Screening in Women	A	✓		✓	✓	✓	✓	✓
15	Immunizations for Adolescents	H	✓		✓	✓	✓	✓	✓
16	Appropriate Testing for Children With Pharyngitis	A	✓		✓	✓	✓	✓	✓
17	Use of Appropriate Medications for People With Asthma	A			✓	✓	✓	✓	✓
18	Comprehensive Diabetes Care	H	✓		✓	✓	✓	✓	✓

Table 2—List of Performance Measures for CY 2014									
Performance Measure		Method A=Admin H=Hybrid	Specifications			Populations			
			Core Set	AHRQ	HEDIS	GF*	FFS	FC	All
19	Follow-Up Care for Children Prescribed ADHD Medication	A	✓		✓	✓	✓	✓	✓
20	Follow-Up After Hospitalization for Mental Illness	A	✓		✓	✓	✓	✓	✓
21	Ambulatory Care—Emergency Department Visits	A	✓		✓	✓	✓	✓	✓
22	Inpatient Utilization—General Hospital/Acute Care	A			✓	✓	✓	✓	✓
23	Weeks of Pregnancy at Time of Enrollment	A			✓	✓	✓	✓	✓
24	Race/Ethnicity Diversity of Membership	A			✓	✓	✓	✓	✓
25	Cesarean Section Delivery Rate	A		✓		✓	✓	✓	✓
26	Cesarean Section for Nulliparous Singleton Vertex	H	✓			✓	✓	✓	✓
27	Live Births Weighing Less Than 2,500 Grams <i>Note: AHRQ specification was followed for calculation.</i>	A	✓	✓		✓	✓	✓	✓
28	Antidepressant Medication Management	A	✓		✓	✓	✓	✓	✓
29	Diabetes, Short-term Complications Admission Rate	A	✓	✓		✓	✓	✓	✓
30	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	A	✓	✓		✓	✓		✓
31	Heart Failure Admission Rate	A	✓	✓		✓	✓		✓
32	Asthma in Younger Adults Admission Rate	A	✓	✓		✓	✓	✓	✓
33	Antibiotic Utilization—Percentage of Antibiotics of Concern for All Antibiotic Prescriptions (Total)	A			✓	✓	✓	✓	✓
34	Controlling High Blood Pressure	H	✓		✓		✓		✓
35	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	A	✓		✓	✓	✓	✓	✓
36	Annual Monitoring for Patients on Persistent Medications	A	✓		✓	✓	✓	✓	✓
37	Mental Health Utilization	A			✓	✓	✓	✓	✓
38	Plan All-Cause Readmissions <i>Note: The HEDIS specification for this Commercial and Medicare measure was followed for calculation, but reported for Medicaid.</i>	A	Custom			✓	✓	✓	✓

Table 2—List of Performance Measures for CY 2014									
Performance Measure		Method	Specifications			Populations			
		A=Admin H=Hybrid	Core Set	AHRQ	HEDIS	GF*	FFS	FC	All
39	Appropriate Treatment for Children with Upper Respiratory Infection	A			✓	✓	✓	✓	✓
40	Screening for Clinical Depression and Follow-Up Plan	H	✓			✓	✓	✓	✓
41	Adult BMI Assessment	H	✓		✓	✓	✓	✓	✓
42	Developmental Screening in the First Three Years of Life	H	✓			✓	✓	✓	✓
43	Elective Delivery	H	✓			✓	✓	✓	✓
44	Antenatal Steroids	H	✓			✓	✓	✓	✓
45	Adherence to Antipsychotics for Individuals with Schizophrenia	A	✓		✓	✓	✓	✓	✓
46	Care Transition—Timely Transmission of Transition Record	H	✓			✓	✓	✓	✓
47	Persistence of Beta-Blocker Treatment After a Heart Attack	A			✓		✓		✓
48	Colorectal Cancer Screening <i>Note: The HEDIS specification for this Medicare measure was followed for calculation, but reported for Medicaid.</i>	H	Custom			✓	✓		✓
49	Pharmacotherapy Management of COPD Exacerbation	A			✓		✓		✓
50	Human Papillomavirus Vaccine for Female Adolescents	H	✓		✓	✓	✓	✓	✓
51	Medication Management for People With Asthma	A	✓		✓	✓	✓	✓	✓
52	Maternity Care—Behavioral Health Risk Assessment	H	✓			✓	✓	✓	✓

* The GF measures were calculated using only the administrative method.

Description of Validation Activities

Pre-audit Strategy

HSAG conducted the validation activities as outlined in the CMS PMV protocol. To complete the validation activities, HSAG obtained a list of the performance measures that were selected by DCH for validation of each of the audited populations.

HSAG then prepared a document request letter that was submitted to DCH outlining the steps in the PMV process. The document request letter included a request for a completed Record of Administration, Data Management and Processes (Roadmap), source code for each performance measure (unless the measure(s) passed NCQA’s certification for measure generation and rate calculation), and any additional supporting documentation necessary to complete the audit. HSAG responded to Roadmap-related questions during the pre-on-site phase.

HSAG conducted a pre-on-site conference call with HP, DCH’s performance measure rate calculation vendor, and Georgia Medical Care Foundation (GMCF), the medical record review (MRR) vendor, to discuss the MRR procurement and abstraction processes.

Approximately one month prior to the on-site visit, HSAG provided HP and DCH with an agenda describing all on-site visit activities and indicating the type of staff needed for each session. HSAG also frequently communicated with DCH and HP to discuss on-site visit expectations.

Validation Team

The HSAG PMV team was composed of a lead auditor and validation team members. HSAG assembled the team based on the skills required for the validation and requirements of DCH. Some team members, including the lead auditor, participated in the on-site meeting at HP; others conducted their work at HSAG’s offices. Table 3 describes each team member’s role and expertise.

Table 3—Validation Team

Name and Role	Skills and Expertise
David Mabb, MS, CHCA <i>Lead Auditor; Director, Audits/State & Corporate Services</i>	Management of audit department, Certified HEDIS Compliance Auditor, performance measure knowledge, source code/programming knowledge, and statistics and analysis.
Melissa Pineo, MBA, CHCA <i>Secondary Auditor; Audit Specialist</i>	Certified HEDIS Compliance Auditor, performance measure knowledge, and statistics and analysis.
Nancy DeRosa, MS, RN-C <i>Project Manager, Medical Record Review Validation (MRRV)</i>	Knowledge of HEDIS and CMS measure specifications, clinical consulting and expertise, abstraction of medical record data, tool development, and supervision of nurse reviewers.
Maricris Kueny <i>Project Coordinator, MRRV</i>	Coordinator for the MRR process, liaison between the audit team and clients, maintains record tracking database, and manages deliverables and timelines.

Table 3—Validation Team

Name and Role	Skills and Expertise
Judy Yip-Reyes, PhD, CHCA <i>Source Code Review Manager; Associate Director, Audits</i>	Certified HEDIS Compliance Auditor, auditing experience, performance measure knowledge, source code/programming knowledge, and statistics and analysis.
Ron Holcomb, AS <i>Source Code Reviewer</i>	Statistics, analysis, and source code/programming knowledge.
Tammy GianFrancisco <i>Project Leader, Audits</i>	Coordinator for the audit department, manages deliverables and timelines, and coordinates source code review activities.

On-site Activities

HSAG conducted an on-site visit with DCH and HP on May 20–21, 2015. HSAG collected information using several methods, including interviews, system demonstration, review of data output files, primary source verification (PSV), 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 DCH and HP staff members involved in the performance measure activities. The review purpose, required documentation, basic meeting logistics, and session topics 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 DCH and HP staff members so that the validation team 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 PSV to further validate the accuracy of the data from the original source to 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 requested for any post-visit activities.

HSAG conducted several interviews with key individuals who were involved in performance measure reporting. Table 4 displays a list of key interviewees:

Table 4—List of Interviewees	
Name	Title
Michele Hunter	Services Information Developer III, HP HEDIS Lead
Debra Stone	Clinical Quality Manager, GMCF
Yvonne Greene	Eligibility Program Director, DCH
Davilyn Ariail	GMCF
Jennifer Purcell	Deputy Director, Medical Review, GMCF
Mary Davila	PM, HP
Theresa Harris	Developer, HP
Ramakanth Rallapalli	GA DCH
Bernice Williams	Information Developer II, HP
Betsy Elrod	PM-ASE Backup, HP
Teresa Milline	Claims Operations Manager, HP
Tiffany Griffin	Program Specialist, DCH
Kina DeWitt	Manager, Performance Improvement, DCH
Erika Lawrence	Quality and Outcomes Program Specialist, DCH
Sheila Alexander	GA DCH, PeachCare for Kids [®]
Allison Wilcox	GA DCH
Stephannie Stanton	GA DCH, PeachCare for Kids [®]
Franklin Martin	GA DCH
Gail Lockman	GA DCH
Janice Carson, MD, MSA	Assistant Chief, Performance, Quality and Outcomes, DCH

Technical Methods of Data Collection and Analysis

The CMS PMV protocol identifies key types of data that should be reviewed as part of the validation process. The following list describes the types of data collected and how HSAG conducted an analysis of these data:

- ◆ **Roadmap:** The DCH and HP were required to submit a completed Roadmap to HSAG. Upon receipt by HSAG, the Roadmap underwent a cursory review to ensure each section was complete and all applicable attachments were present. HSAG then thoroughly reviewed all documentation, noting any potential issues, concerns, and items that needed additional clarification. Where applicable, HSAG used the information provided in the Roadmap to begin completion of the review tools.

- ◆ **Medical record documentation:** HP and its contracted MRR vendor, GMCF, were responsible for completing the MRR section within the Roadmap. In addition, the following attachments were requested and reviewed by HSAG: 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.
- ◆ **Source code (programming language) for performance measures:** HP was required to submit source code (computer programming language) for each performance measure being validated, except for the HEDIS measures that were generated by a software vendor whose measures were certified by NCQA. HSAG completed line-by-line review and evaluation of program logic flow on the supplied source code to ensure compliance with the measure specifications required by the State. HSAG identified areas of deviation from the specifications, evaluating the impact to the measure. HSAG shared these findings with HP, and HP was required to revise the code and re-submit for review and approval.
- ◆ **Supporting documentation:** HP submitted documentation to HSAG that provided additional information to complete the validation process. Documentation included policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. HSAG reviewed all supporting documentation with issues or clarifications flagged for follow-up.
- ◆ **Rate Review:** Upon receiving the calculated rates from HP, HSAG conducted a review on the reasonableness and integrity of the rates for all of the audited populations. Since HP used the encounter data submitted monthly by the CMOs to calculate the GF rates, HSAG also used the final audited HEDIS measure results (obtained from NCQA's Interactive Data Submission System [IDSS]) submitted by the CMOs to further test for reasonability of the calculated GF rates.

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 to 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 DCH and its vendor, HP, 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 were:

- Acceptable
- Not acceptable

Data Control

The organizational infrastructure must support all necessary information systems. The quality assurance practices and backup procedures must be sound to ensure timely and accurate processing of data, and to provide data protection in the event of a disaster. HSAG validated the data control processes used by DCH and its vendors, 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 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 DCH and HP. 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 rate calculations, and other related documentation. Overall, HSAG determined that the documentation of performance measure calculations was:

- Acceptable
- Not acceptable

Validation Results

Through the validation process, the audit team evaluated HP's data systems for the processing of each type of data used for reporting the performance measure rates. General findings are indicated below.

Medical Service Data (CMO Encounters)

HP received encounter data from the three contracted CMOs daily. The CMOs transmitted all encounter data to HP using the standard 837 file format through a secure data transfer site. There were appropriate transfer protocols in place to ensure all data transfers were securely received and completed, with no loss of data. Appropriate processes were in place to quantify encounters to ensure data completeness.

The encounter data from the CMOs were used in the calculation of the GF performance measure rates. As related to the performance measures, the CMOs submitted industry standard International Classification of Diseases, Ninth Revision (ICD-9) codes and Current Procedural Terminology (CPT) codes to HP as encounter data. As of September 2014, Diagnosis Related Groups (DRGs) were also required for inpatient encounters. Some measures that rely on DRGs, such as the inpatient utilization measures, may still be underreported for the GF and ALL populations since the DRGs were not required for the entire measurement period.

HSAG also reviewed encounter data rejection reports from HP for each CMO. The CMOs have continued to improve with data submission. Error rejection rates have declined from an average of 6 percent in 2012 to less than 2 percent for the current measurement year. During the on-site audit, the team reported that the CMOs were at the 99 percent pass rate required by DCH. Improving encounter data submission from the CMOs generally has a positive impact on performance measure rates for the GF and ALL populations.

Medical Service Data (Claims)

The process for claims data processing by HP had not changed since last year's audit. All FFS facilities and providers submitted claims data to HP. Electronic claims continued to constitute the bulk of claims data processing. During the reporting year, 97.7 percent of facility claims and 95.9 percent of professional claims were submitted electronically.

Paper claims were also received at the HP facility and accounted for approximately 100,000 claims per month. The amount of paper claims has decreased each year as HP has been able to increase the number of providers submitting electronically. HP began requiring electronic submissions from providers as of May 2015, with the exception of out-of-state providers. This should help to further reduce the amount of paper claims received by HP.

For 2014, once paper claims were received in-house, HP batched, scanned, and created an internal control number for each claim. The claims were then routed to an optical character recognition

(OCR) system for translation into an electronic format. The claim operators then reviewed the claims to ensure they were read correctly before submission for processing and adjudication.

Sufficient quality checks were in place for oversight of the scanning of claims, any manual data entry, and the processing of claims. High dollar claims, mostly pharmacy, were pending for review before adjudication. HP confirmed that it did not use or accept nonstandard codes.

The audit team requested a query to determine if a significant number of paid claims had invalid ICD-9 codes (i.e., missing fourth- and fifth-digit specificity when required). Accepting ICD-9 codes without a required fourth- or fifth-digit specificity has the ability to impact the following HEDIS measures: *Comprehensive Diabetes Care, Follow-up After Hospitalization for Mental Illness, Prenatal and Postpartum Care, Frequency of Ongoing Prenatal Care, Ambulatory Care, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, Chlamydia Screening for Women, Appropriate Treatment for Children with Upper Respiratory Infection, Use of Appropriate Medications for People with Asthma, Follow-up Care for Children Prescribed ADHD Medication, and Persistence of Beta-Blocker Treatment After a Heart Attack.* The DCH's policy does not require fourth- or fifth-digit specificity for payment of claims, but HSAG's findings are specific to those measures where a fourth or fifth digit is required for accurate HEDIS reporting. A distribution query for ICD-9 codes 410 and 250 (acute myocardial infarction and diabetes mellitus) shows instances of CMOs still reporting 20 percent of these codes at just three-digit specificity.

HSAG evaluated the use of DRG and Medical Severity DRG (MS-DRG) codes for inpatient hospitalizations. This was also an issue in prior years since Georgia hospitals typically did not submit MS-DRGs, and the CMOs often did not submit DRGs or MS-DRGs to HP. HSAG confirmed this was still an issue, although the CMOs were required as of September 2014 to submit DRGs. Therefore, the CMOs and HP were required to use a DRG grouper on inpatient claims in order to calculate many of the AHRQ measures. HP used a DRG grouper for its FFS claims data; however, HP did not apply the DRG grouper to the encounter data submitted by the three CMOs. Not using the DRG grouper on the CMO encounter data could result in missing or underreported data when calculating the GF and ALL performance measure rates for AHRQ measures that require DRGs. With the requirement change in September 2014, the impact should be minimized for the next measurement period.

The State contracted with a pharmacy vendor, Catamaran, to administer pharmacy benefits to its FFS population. HP was able to demonstrate adequate reconciliation between pharmacy data and financial payments. HP appropriately removed pharmacy reversals before the files were sent to General Dynamics Information Technology (GDIT) to ensure that rates impacted by pharmacy data were not over-inflated. There were no changes from the previous reporting year in the processing and handling of pharmacy data.

A significant portion of claims for maternity deliveries continued to be paid through global billing. Global billing is the submission of a single claim for a fixed fee that covers all care related to a certain condition over a particular period of time, such as billing for prenatal and postpartum care visits in conjunction with the delivery. Since generally only global billing is submitted for the duration of the woman's pregnancy, performance measures could be underreported without medical record abstraction to augment the numerator compliance. HSAG did not find any discrepancies with

the global billing data and determined that the only real impact was a need for increased medical record review for the measures related to maternity care.

Enrollment Data

The DCH staff described its process for providing daily HP eligibility data file feeds, which included the SUCCESS file from the Division of Family and Children Services within the Department of Human Services, data from the PeachCare for Kids[®] and Planning for Healthy Babies (P4HB[®]) programs (the VIDA file), a data interface file from the Social Security Administration, and a Web portal entry for presumptive eligibility for pregnant women and newborns (Georgia Medicaid Management Information System [GAMMIS]). Appropriate edits were made to detect errors with loading enrollment data, obtaining complete files, and identifying potential duplicate members. HSAG did not identify any issues related to the processing of enrollment files for use in performance measure rate reporting.

This was the second year that HP reported performance measure rates for the FC population. HP removed any continuous enrollment criteria for this population and included members who were enrolled in FC for at least one day during the measurement period. HP also expanded the categories of aid (COA) for this population according to DCH's direction. The following aid categories and ages were included for the FC population:

- ◆ COA 133 up to age 18
- ◆ COAs 150, 154, and 158 up to age 19
- ◆ COAs 131, 132, 134, 151, 155, and 159 up to age 21
- ◆ COAs 152 and 153 up to age 26

The process for enrolling newborns remained unchanged from previous years. The DCH allows its providers to enter newborn data into the system, assigning each newborn a unique member ID at birth, then linking the newborn's ID to the mother's Medicaid ID. Once the baby is assigned its own Medicaid ID, a reconciliation process is conducted to identify potential duplicates when merging enrollment data for reporting. HP also provided information on how it avoided duplicates via the newborn list, along with various data checks (e.g., multiple births on the same day are reviewed). These processes helped to ensure that all newborns were captured in the system and appropriately included in the performance measures.

HSAG verified that HP correctly identified the members enrolled for the GF, FFS, FC, and ALL populations and identified no concerns with the identification according to DCH specifications. HP appropriately excluded the P4HB[®] population's COA assignments 180 and 181, and included the 182 COA (which is tied to the GF population) and COA 183 (which is tied to the aged, blind, and disabled population).

Although the enrollment processes remained the same for 2014, DCH indicated that GF and PeachCare for Kids[®] will have daily enrollment for the next reporting year. The implication is that members will be allowed to enroll, disenroll, or change plans at any time. This will impact the programming code required for the performance measures and could potentially impact the eligible populations for some measures due to continuous enrollment criteria.

Provider Data

There were no significant changes from the prior year's audit. The State-contracted providers continued to be enrolled via a paper- or web-based application submission. Each provider was assigned a provider type and/or specialty based on the provider's license. HSAG reviewed the provider mapping crosswalk used by HP's subcontractor, GDIT, to produce the HEDIS performance measure rates. Based on last year's findings, changes were made to the crosswalk. Cardiologist and cardiovascular disease provider types were no longer pulled into the primary care practitioner (PCP) category. Eye care centers were no longer classified as optometrists or ophthalmologists, since there was no guarantee that an optometrist or ophthalmologist actually saw the patient.

Capturing the rendering provider on claims submitted by the federally qualified health centers (FQHCs) continues to be an issue for DCH. The rendering provider is not a required field for the FQHC claims. This impacts HEDIS measures that require a specific provider type to perform the service, such as the well-child visit measures and mental or behavioral health follow-up measures. Although the FQHCs submit appropriate claims, NCQA requires this additional rendering provider information to allow the claim to count toward the HEDIS measures. For hybrid measures, this typically results in increased medical record reviews to determine numerator compliance; therefore, the impact on the rate is usually minimal. However, for administrative only measures, the missing rendering provider information may cause a significantly biased and underreported rate. This issue is generally limited to FQHCs since they often submit the facility identification as the rendering provider. HP confirmed that the issue with obtaining the rendering provider's identification from the FQHCs had not changed. HSAG continues to recommend that DCH and HP continue working toward requiring that the appropriate rendering provider's identification be completed for all claims. HSAG recognizes the challenge for DCH given that states are not currently required to have FQHCs submit a rendering provider on claims since the FQHC receives prospective payments.

Medical Record Review Validation (MRRV)

HSAG performed MRRV for the HEDIS measures and the CMS custom measures under the scope of the audit. HP contracted with GMCF to perform the medical record procurement and abstraction. HSAG reviewed both HP's and GMCF's processes for MRR performance. GMCF used the GDIT/MedCapture hybrid reporting tools to collect the hybrid data. HSAG reviewed and approved the MedCapture hybrid tool screen prints and corresponding instructions. The hybrid tools contained all of the required, measure-specific data elements and appropriate edits. Provider chase logic was updated, reviewed, and determined appropriate across the hybrid measures. Reviewer qualifications, training, and oversight were also determined to be appropriate.

To ensure accuracy of the hybrid data abstracted by the GMCF staff, HSAG requested that GMCF participate in a convenience sample for selected hybrid measures. A few medical records were selected at the start of the abstraction process; HSAG then reviewed GMCF's findings for those cases and provided feedback and technical assistance to GMCF. This process provided GMCF with needed early feedback and helped to facilitate the MRR process.

HSAG began the main MRRV by randomly selecting 16 cases from each HEDIS measure group and from each hybrid CMS measure with numerator positive cases as identified by GMCF. If fewer

than 16 medical records were found to meet numerator requirements, all records were reviewed. MRRV was also conducted for the *Antenatal Steroids* exclusions to ensure members were not inappropriately excluded from the measure. Additionally, HSAG reviewed numerator negative cases and exclusions for the *Cesarean Section for Nulliparous Singleton Vertex* and *Elective Delivery* measures. HSAG expanded the review for these two inverse measures due to the complexity of abstracting the measures.

For the purposes of this audit, only critical errors were considered errors. A critical error was defined as an abstraction error that impacted the final outcome of the numerator event (e.g., changed a positive event to a negative event). The MRRV process provided an assessment of GMCF’s medical record abstraction accuracy.

Using the results of the MRRV process, the audit team determined if the findings impacted the audit designation. The goal of the MRRV was to determine whether GMCF made abstraction errors that significantly biased the final rate reported by HP. HSAG used the standardized protocol developed by NCQA to validate the integrity of the MRR processes of audited organizations. In accordance with the NCQA process, one or more errors required the auditor to retest a second sample of 16 records that did not include the original sampled records. If the second sample was free of errors, the measure and measure group passed. If one or more errors were detected, the measure and measure group did not pass validation and could not be reported until all errors were corrected and reviewed by the auditor. Testing the exclusion group followed the same validation methodology.

The following tables provide details as to the findings, follow-up, and final results for each of the hybrid measures HSAG validated through the MRR process. Table 5 includes the MRRV results for the HEDIS measures; Table 6 includes the MRRV results for the CMS measures.

Table 5—HEDIS Measures: MRRV Results				
Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
Group A: Controlling High Blood Pressure	16	Two cases required additional information.	Additional information was provided. No errors were identified.	Approved
Group B: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity (Total)	16	No errors were identified.	N/A	Approved
Group B: Well-Child Visits in the First 15 Months of Life (6+ visits)	16	Six cases required additional information. The additional information was provided. Three cases were resolved, and three cases were found with critical errors and moved to the numerator negative list. GMCF was required to re-	A second sample of 16 cases was requested and provided. One record was missing from the second sample; the other 15 cases passed. An additional sample of the 14 remaining cases was requested. One critical error was found; the case	Approved

Table 5—HEDIS Measures: MRRV Results				
Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
		abstract for this measure.	was moved to the numerator negative list. A corrective action plan was requested and received from GMCF.	
Group C: Cervical Cancer Screening	16	No errors were identified.	N/A	Approved
Group D: Comprehensive Diabetes Care—Eye Exam	16	Three cases required additional information.	Additional information was not available; all three cases were moved to the numerator negative list. Re-abstraction and a second sample were requested. All cases in the second sample of 16 cases were reviewed and passed. A corrective action plan was requested and received from GMCF.	Approved
Group F: Exclusions				
Adult BMI Assessment	1	The one exclusion was determined to be an administrative exclusion.	The case was changed from a medical record exclusion to an administrative exclusion.	Approved
Controlling High Blood Pressure	1	The one exclusion was determined to be an administrative exclusion.	The case was changed from a medical record exclusion to an administrative exclusion.	Approved
Frequency of Ongoing Prenatal Care	2	No errors were identified.	N/A	Approved
Human Papillomavirus Vaccine for Female Adolescents	2	No errors were identified.	N/A	Approved
Prenatal, Postpartum Care	4	Three cases were approved, and one case was determined to be an administrative exclusion.	The case was changed from a medical record exclusion to an administrative exclusion.	Approved
Cervical Cancer Screening	5	Four cases were approved, and one case was determined to be an administrative exclusion.	The case was changed from a medical record exclusion to an administrative exclusion.	Approved

Table 6—CMS Measures: MRRV Results				
Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
Colorectal Cancer Screening	16	One case had an undated colonoscopy.	Additional information was provided, and the case passed validation.	Approved
Developmental Screening in the First Three Years of Life	16	One case was identified without a screening within the appropriate time frame.	Additional information was provided, and the case passed validation.	Approved
Maternity Care—Behavioral Health Risk Assessment	16	One case was missing one of the five required screenings.	A second sample of 16 cases was requested. All 16 cases passed the validation process.	Approved
Care Transition—Timely Transmission of Transition Record	None	N/A	N/A	N/A
Screening for Clinical Depression and Follow-up Plan				
Positive cases	12	One case had a positive depression screen and no evidence of a follow-up plan.	There was no supporting documentation of follow-up. The one case was moved to the numerator negative list.	Approved
Exclusions	4	No errors were identified.	N/A	Approved
Antenatal Steroids				
Positive cases	16	No errors were identified.	N/A	Approved
Exclusions	4	No errors were identified.	N/A	Approved
Elective Delivery*				
Positive cases	16	Three cases were correct. Seven cases were identified that should have been exclusions. An additional six cases were determined to be numerator negative cases. The 13 cases in error were moved to the correct categories.	A second sample of the four remaining cases was selected. Only one positive case was identified by GMCF. HSAG reviewed the case and determined that it should have been excluded. This case was moved to the exclusion category.	Approved
Exclusions	16	No errors were identified.	N/A	Approved

Table 6—CMS Measures: MRRV Results

Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
Cesarean Section for Nulliparous Singleton Vertex*				
Positive cases	16	No errors were identified.	N/A	Approved
Exclusions	15	No errors were identified.	N/A	Approved

*Due to the complexities of the *Elective Delivery* measure and the *Cesarean Section for Nulliparous Singleton Vertex* measure, records from the numerator positive, numerator negative, and exclusion lists were requested and validated when available to ensure accurate reporting.

Data Integration

HP continued to use GDIT as the software vendor to calculate and produce the final performance measure rates. Data required for the performance measure calculations were provided to GDIT weekly from HP’s ad-hoc system. The ad-hoc system was used to collect the information from the MMIS, where the claims and encounter data were processed and stored. HP continued to work with GDIT on any data issues identified throughout the data import process until all issues were resolved. Data were reconciled between HP and GDIT to ensure no data were lost during transfer procedures. GDIT also provided data analysis reports for reconciliation with HP. HSAG did not identify any areas of concern with the data integration process.

In the past, immunization data from claims and encounter data were supplemented with Georgia Registry of Immunization Transactions and Services (GRITS) data, though the data were limited to the Medicaid members under review. For 2014, the GRITS data were provided for all Medicaid members, and GMCF was also granted access to these data. This resulted in a significant increase in the number of Hep B immunizations that were captured in the data.

The *Elective Delivery*, *Antenatal Steroids*, and *Cesarean Section for Nulliparous Singleton Vertex* measures continued to present an issue. In the absence of vital statistics data, the true eligible populations for these measures cannot be determined using the current CMS methodology. In addition, since gestational age was required for these measures, DCH directed HSAG and HP to exclude cases where the medical record could not be obtained, or the gestational age was missing or unknown. This resulted in small, final denominator sizes. HP appropriately reported the rates for the sampled populations. However, due to the limitations with the CMS specifications, the eligible populations could not be appropriately ascertained. The resulting rates, therefore, were considered biased and not representative of the populations.

HSAG reviewed the source code for the non-HEDIS measures under review and conducted PSV on a subset of the administrative measures. All non-HEDIS measures passed the source code review. In addition, all selected PSV cases passed the validation process. As part of the final rate review, the auditors compared this year’s rates to those from prior years to ensure reasonableness for the reported rates. HSAG had no issues with HP’s data integration processes.

Performance Measure Specific Findings and Validation Results

Based on all validation activities, HSAG determined validation results for each performance measure rate. HSAG provided an audit result for each performance measure rate as defined below in Table 7.

Table 7—Audit Results Definitions	
Report (R)	The organization followed the specifications and produced a reportable rate or result for the measure.
Not Reportable (NR)	The calculated rate was materially biased, or the organization chose not to report the measure, or the organization was not required to report the measure.

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 by 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 8 displays the key review findings and final audit results for DCH for each performance measure rate. Performance on hybrid measure rate reporting varied across measures and populations. The hybrid measure rates required medical record data in addition to claims data; the GF rates were calculated using only administrative data.

Table 8—Key Review Findings and Audit Results for DCH (GF, FFS, FC, and ALL Populations)			
	Performance Measure	Key Review Findings	Audit Results
1	Well-Child Visits in the First 15 Months of Life	No concerns were identified.	R
2	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	No concerns were identified.	R
3	Adolescent Well-Care Visits	No concerns were identified.	R
4	Children and Adolescents’ Access to Primary Care Practitioners	No concerns were identified.	R
5	Adults’ Access to Preventive/Ambulatory Health Services	No concerns were identified.	R
6	Childhood Immunization Status	No concerns were identified.	R
7	Lead Screening in Children	No concerns were identified.	R
8	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	No concerns were identified.	R
9	Annual Dental Visit	No concerns were identified.	R
10	Cervical Cancer Screening	No concerns were identified.	R
11	Breast Cancer Screening	No concerns were identified.	R

Table 8—Key Review Findings and Audit Results for DCH (GF, FFS, FC, and ALL Populations)

Performance Measure		Key Review Findings	Audit Results
12	Prenatal and Postpartum Care	No concerns were identified.	R
13	Frequency of Ongoing Prenatal Care	No concerns were identified.	R
14	Chlamydia Screening in Women	No concerns were identified.	R
15	Immunizations for Adolescents	No concerns were identified.	R
16	Appropriate Testing for Children With Pharyngitis	No concerns were identified.	R
17	Use of Appropriate Medications for People With Asthma	No concerns were identified.	R
18	Comprehensive Diabetes Care	No concerns were identified.	R
19	Follow-Up Care for Children Prescribed ADHD Medication	No concerns were identified.	R
20	Follow-Up After Hospitalization for Mental Illness	The rendering provider for FQHCs is not always submitted, which may result in lower rates since the provider type is required for this measure. However, the audit team determined that there was not a significant bias.	R
21	Ambulatory Care—Emergency Department Visits	No concerns were identified.	R
22	Inpatient Utilization—General Hospital/Acute Care	HP does not use a DRG grouper for CMO-submitted inpatient encounter data, which may result in underreporting of inpatient utilization data for the GF and ALL population rates.	R
23	Weeks of Pregnancy at Time of Enrollment	No concerns were identified.	R
24	Race/Ethnicity Diversity of Membership	No concerns were identified.	R
25	Cesarean Delivery Rate	No concerns were identified.	R
26	Cesarean Section for Nulliparous Singleton Vertex	HP calculated the measure properly, and according to the CMS specifications. However, due to limitations with the CMS specifications, the eligible population could not be appropriately ascertained. The resulting rate, therefore, was considered biased and not representative of the population.	NR
27	Live Births Weighing Less Than 2,500 Grams	No concerns were identified.	R
28	Antidepressant Medication Management	No concerns were identified.	R
29	Diabetes, Short-term Complications Admission Rate	No concerns were identified.	R
30	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	No concerns were identified.	R

Table 8—Key Review Findings and Audit Results for DCH (GF, FFS, FC, and ALL Populations)

Performance Measure		Key Review Findings	Audit Results
31	Heart Failure Admission Rate	No concerns were identified.	R
32	Asthma in Younger Adults Admission Rate	No concerns were identified.	R
33	Antibiotic Utilization—Percentage of Antibiotics of Concern for All Antibiotic Prescriptions (Total)	No concerns were identified.	R
34	Controlling High Blood Pressure	No concerns were identified.	R
35	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	No concerns were identified.	R
36	Annual Monitoring for Patients on Persistent Medications	No concerns were identified.	R
37	Mental Health Utilization	No concerns were identified.	R
38	Plan All-Cause Readmissions	No concerns were identified.	R
39	Appropriate Treatment for Children with Upper Respiratory Infection	No concerns were identified.	R
40	Screening for Clinical Depression and Follow-Up Plan	No concerns were identified.	R
41	Adult BMI Assessment	No concerns were identified.	R
42	Developmental Screening in the First Three Years of Life	No concerns were identified.	R
43	Elective Delivery	HP calculated the measure properly, and according to the CMS specifications. However, due to limitations with the CMS specifications, the eligible population could not be appropriately ascertained. The resulting rate, therefore, was considered biased and not representative of the population.	NR
44	Antenatal Steroids	HP calculated the measure properly, and according to the CMS specifications. However, due to limitations with the CMS specifications, the eligible population could not be appropriately ascertained. The resulting rate, therefore, was considered biased and not representative of the population.	NR
45	Adherence to Antipsychotics for Individuals with Schizophrenia	No concerns were identified.	R
46	Care Transition—Timely Transmission of Transition Record	No concerns were identified.	R
47	Persistence of Beta-Blocker Treatment After a Heart Attack	No concerns were identified.	R
48	Colorectal Cancer Screening	No concerns were identified.	R

**Table 8—Key Review Findings and Audit Results for DCH
(GF, FFS, FC, and ALL Populations)**

Performance Measure		Key Review Findings	Audit Results
49	Pharmacotherapy Management of COPD Exacerbation	No concerns were identified.	R
50	Human Papillomavirus Vaccine for Female Adolescents	No concerns were identified.	R
51	Medication Management for People With Asthma	No concerns were identified.	R
52	Maternity Care—Behavioral Health Risk Assessment	No concerns were identified.	R

Appendix A. Data Integration and Control Findings for Georgia Department of Community Health

Documentation Worksheet

Name:	Georgia Department of Community Health and Hewlett-Packard Enterprise Services
On-Site Visit Date:	May 20–21, 2015
Reviewers:	David Mabb, MS, CHCA; Melissa Pineo, MBA, CHCA

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

Data Integration and Control Element	Met	Not Met	N/A	Comments
Assurance of effective management of report production and of the reporting software.				
Documentation governing the production process, including State production activity logs and the State 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 State 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 State's processes and documentation comply with the State standards associated with reporting program specifications, code review, and testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix B. Denominator and Numerator Validation Findings for Georgia Department of Community Health

Reviewer Worksheets

Name:	Georgia Department of Community Health and Hewlett-Packard Enterprise Services
On-Site Visit Date:	May 20–21, 2015
Reviewers:	David Mabb, MS, CHCA; Melissa Pineo, MBA, CHCA

Table B-1—Denominator Validation Findings for Georgia Department of Community Health

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"/>	HSAG confirmed that HP appropriately included members within the GF, FFS, ALL, and FC populations according to DCH’s specifications.
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 State correctly calculates member months and member years if applicable to the performance measure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The State 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 State to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>The Elective Delivery, Antenatal Steroids, and Cesarean Section for Nulliparous Singleton Vertex</i> measures require gestational age as part of the denominator criteria. Methods to identify the gestational age for these measures were not valid.

Table B-2—Numerator Validation Findings for Georgia Department of Community Health

Audit Element	Met	Not Met	N/A	Comments
The State 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 State 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"/>	The DCH and HP do not accept or use any nonstandard codes.
If any time parameters are required by the specifications of the performance measure, they are followed (i.e., the measured event occurred during the time period specified or defined in the performance measure).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix C. Performance Measure Validation Reporting Spreadsheet for Georgia Department of Community Health

Appendix C contains DCH's audited CY 2014 performance measure results.

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Measure ID	Measure Description	Foster Care (FC)		Georgia Families (GF)		Fee-for-Service (FFS)		ALL	
		Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
SAA	Adherence to Antipsychotics for Individuals with Schizophrenia	54.29		36.76		62.19		60.94	
AWC	Adolescent Well-Care Visits	37.67	35.28	43.36		29.72	26.52	40.40	43.07
ABA	Adult BMI Assessment	5.79	29.68	24.78		18.74	43.80	20.03	53.77
AAP	Adults' Access to Preventive/Ambulatory Health Services (Ages 20-44)			81.23		77.89		79.36	
AAP	Adults' Access to Preventive/Ambulatory Health Services (Ages 45-64)			89.27		88.87		88.76	
AAP	Adults' Access to Preventive/Ambulatory Health Services (Ages 65+)			66.67		86.37		86.37	
AAP	Adults' Access to Preventive/Ambulatory Health Services (Total)			82.29		84.98		83.84	
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Age < 1	97.22		95.62		85.23		94.69	
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Ages 1-9	35.92		49.08		57.40		50.25	
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Ages 10-19	34.66		37.56		47.31		39.22	
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Age 20-44	41.62		123.75		139.59		130.45	
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Age 45-64			89.16		124.79		120.49	
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Age 65-74			37.67		66.09		66.08	
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Age 75-84			47.62		45.63		45.63	
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Age 85+			125.00		34.98		34.99	
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months)	37.20		57.32		88.55		66.14	
AMB	Ambulatory Care—ED Visits (Total Visits)	15,848		858,303		521,464		1,379,767	
AMB	Ambulatory Care—Outpatient Visits (Total Visits/1,000 Member Months) - Age < 1	902.08		810.87		872.73		816.44	
AMB	Ambulatory Care—Outpatient Visits (Total Visits/1,000 Member Months) - Ages 1-9	305.33		307.35		280.72		303.59	
AMB	Ambulatory Care—Outpatient Visits (Total Visits/1,000 Member Months) - Ages 10-19	194.87		214.89		208.95		213.88	
AMB	Ambulatory Care—Outpatient Visits (Total Visits/1,000 Member Months) - Age 20-44	111.63		379.27		365.47		373.43	
AMB	Ambulatory Care—Outpatient Visits (Total Visits/1,000 Member Months) - Age 45-64			670.94		669.83		669.97	
AMB	Ambulatory Care—Outpatient Visits (Total Visits/1,000 Member Months) - Age 65-74			688.36		641.79		641.82	
AMB	Ambulatory Care—Outpatient Visits (Total Visits/1,000 Member Months) - Age 75-84			1,380.95		631.33		631.38	
AMB	Ambulatory Care—Outpatient Visits (Total Visits/1,000 Member Months) - Age 85+			1,375.00		563.73		563.76	
AMB	Ambulatory Care—Outpatient Visits (Total Visits/1,000 Member Months)	258.11		319.55		439.22		353.33	
AMB	Ambulatory Care—Outpatient Visits (Total Visits)	109,974		4,784,884		2,586,424		7,371,308	

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Measure ID	Measure Description	Foster Care (FC)		Georgia Families (GF)		Fee-for-Service (FFS)		ALL	
		Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
ADV	Annual Dental Visit (Ages 2-3)	39.66		48.34		40.51		45.14	
ADV	Annual Dental Visit (Ages 4-6)	69.31		75.76		62.62		72.94	
ADV	Annual Dental Visit (Ages 7-10)	69.64		78.36		64.98		75.58	
ADV	Annual Dental Visit (Ages 11-14)	65.10		72.06		58.89		68.84	
ADV	Annual Dental Visit (Ages 15-18)	57.11		60.89		48.74		57.61	
ADV	Annual Dental Visit (Ages 19-21)	28.79		34.12		29.65		30.16	
ADV	Annual Dental Visit (Total)	59.80		69.34		53.77		65.68	
MPM	Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	55.56		87.44		90.62		90.05	
MPM	Annual Monitoring for Patients on Persistent Medications—Digoxin	0		43.75		52.83		52.15	
MPM	Annual Monitoring for Patients on Persistent Medications—Diuretics	100.00		87.87		91.09		90.43	
MPM	Annual Monitoring for Patients on Persistent Medications (Total)	66.67		87.51		90.33		89.80	
PC-03	Antenatal Steroids		0.00				80.00		71.70
ABX	Antibiotic Utilization—Percent of Antibiotics of Concern for All Antibiotic Prescriptions	39.84		39.59		43.82		40.56	
AMM	Antidepressant Medication Management—Effective Continuation Phase Treatment	33.33		32.03		39.33		38.12	
AMM	Antidepressant Medication Management—Effective Acute Phase Treatment	58.73		49.04		51.88		52.77	
CWP	Appropriate Testing for Children With Pharyngitis	78.05		79.50		76.90		79.05	
URI	Appropriate Treatment for Children With Upper Respiratory Infection	79.56		83.67		81.67		83.53	
PQI-15	Asthma in Younger Adults Admission Rate (Total Visits/100,000 Member Months) - Ages 18-39	2.53		5.56		18.48		10.41	
BCS	Breast Cancer Screening			70.58		31.58		33.07	
CTR	Care Transition—Timely Transmission of Transition Record (Ages 18-64)	0.00	0.00	0.00		0.00	0.00	0.00	0.00
CTR	Care Transition—Timely Transmission of Transition Record (Ages 65+)	0.00	0.00	0.00		0.00	0.00	0.00	0.00
CTR	Care Transition—Timely Transmission of Transition Record (Ages 18+)	0.00	0.00	0.00		0.00	0.00	0.00	0.00
CCS	Cervical Cancer Screening			66.16		31.42	37.96	47.74	45.99
IQI-21	Cesarean Section Delivery Rate	20.18		30.74		30.45		30.71	
CSEC	Cesarean Section for Nulliparous Singleton Vertex	0.00	31.58	0.00		0.00	24.84	0.00	22.26
CIS	Childhood Immunization Status—Combo 2	40.66	65.45	47.61		41.16	65.21	45.96	78.83
CIS	Childhood Immunization Status—Combo 3	37.69	60.58	45.40		39.53	63.26	43.82	75.67

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Measure ID	Measure Description	Foster Care (FC)		Georgia Families (GF)		Fee-for-Service (FFS)		ALL	
		Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
CIS	Childhood Immunization Status—Combo 4	36.81	60.10	44.82		38.62	62.77	43.25	74.70
CIS	Childhood Immunization Status—Combo 5	27.03	43.31	38.27		24.13	40.88	36.42	61.56
CIS	Childhood Immunization Status—Combo 6	20.99	33.58	23.42		23.11	37.71	21.85	39.90
CIS	Childhood Immunization Status—Combo 7	26.37	42.82	37.80		23.62	40.39	35.99	61.07
CIS	Childhood Immunization Status—Combo 8	20.66	33.58	23.27		22.91	37.71	21.70	39.66
CIS	Childhood Immunization Status—Combo 9	15.27	24.09	20.51		14.45	24.57	18.88	34.31
CIS	Childhood Immunization Status—Combo 10	15.05	24.09	20.39		14.24	24.57	18.76	34.06
CIS	Childhood Immunization Status—Diphtheria, Tetanus, and Acellular Pertussis (DTaP)	59.78	73.72	70.33		56.06	71.53	67.96	82.73
CIS	Childhood Immunization Status—Polio (IPV)	72.64	86.86	82.27		65.13	86.62	80.23	93.43
CIS	Childhood Immunization Status—Measles, Mumps, and Rubella (MMR)	83.08	91.73	88.99		82.92	89.05	86.89	93.92
CIS	Childhood Immunization Status—H Influenza Type B (HiB)	74.07	84.43	85.23		74.71	86.86	83.02	94.40
CIS	Childhood Immunization Status—Hepatitis B	51.98	82.00	58.71		50.63	80.05	57.44	90.51
CIS	Childhood Immunization Status—Chicken Pox (VZV)	83.52	91.00	89.39		83.53	89.54	87.23	94.16
CIS	Childhood Immunization Status—Pneumococcal Conjugate (PCV)	59.78	71.78	71.81		57.22	73.97	69.19	83.45
CIS	Childhood Immunization Status—Hepatitis A	84.84	90.27	89.46		82.56	87.10	88.13	92.94
CIS	Childhood Immunization Status—Rotavirus (RV)	46.81	54.99	65.10		42.32	51.58	62.91	71.78
CIS	Childhood Immunization Status—Influenza (Flu)	41.76	44.77	40.64		45.46	49.88	38.58	47.69
CAP	Children and Adolescents' Access to Primary Care Practitioners (Ages 12-24 Months)	92.09		94.09		93.66		93.84	
CAP	Children and Adolescents' Access to Primary Care Practitioners (Ages 25 Months-6 Years)	81.71		86.07		85.13		85.06	
CAP	Children and Adolescents' Access to Primary Care Practitioners (Ages 7-11 Years)	86.30		88.97		87.20		88.54	
CAP	Children and Adolescents' Access to Primary Care Practitioners (Ages 12-19 Years)	79.96		86.21		79.98		85.16	
CAP	Children and Adolescents' Access to Primary Care Practitioners (Total)	82.45		87.41		83.44		86.64	
CHL	Chlamydia Screening in Women (Ages 16-20)	52.94		48.62		45.39		49.57	
CHL	Chlamydia Screening in Women (Ages 21-24)	52.83		62.28		43.99		60.83	
CHL	Chlamydia Screening in Women (Total)	52.94		51.62		44.82		52.88	
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate—Per 100,000 Member Months (Ages 40-64)			34.58		223.21		187.47	
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate—Per 100,000 Member Months (Ages 65+)			NA		541.62		541.44	

Appendix C: Department of Community Health, State of Georgia
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Measure ID	Measure Description	Foster Care (FC)		Georgia Families (GF)		Fee-for-Service (FFS)		ALL	
		Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate—Per 100,000 Member Months (Total)			34.55		346.83		307.73	
COL	Colorectal Cancer Screening			36.08		25.89	30.17	26.23	30.90
CDC	Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	0.00	28.57	1.63		0.57	24.64	0.69	30.29
CDC	Comprehensive Diabetes Care—Eye Exam	28.57	38.10	40.05		35.05	37.96	35.56	41.06
CDC	Comprehensive Diabetes Care—HbA1c Control (<7.0% for a Selected Population)	0.00	10.00	0.98		1.47	16.06	1.32	12.97
CDC	Comprehensive Diabetes Care—HbA1c Control (<8.0%)	0.00	11.90	1.04		1.71	18.98	1.61	18.98
CDC	Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) (Note: Lower rate is better)	100.00	83.33	98.44		97.19	76.46	97.37	77.74
CDC	Comprehensive Diabetes Care—HbA1c Testing (Total)	57.14	61.90	79.73		59.23	69.34	61.81	70.99
CDC	Comprehensive Diabetes Care—Medical Attention for Nephropathy	28.57	33.33	70.15		61.84	67.52	62.81	73.72
CBP	Controlling High Blood Pressure						29.44		21.41
DEV	Developmental Screening in the First Three Years of Life (Age 1)	41.69	44.53	39.78		35.32	37.96	39.07	35.77
DEV	Developmental Screening in the First Three Years of Life (Age 2)	44.26	48.91	45.35		41.39	46.72	44.81	48.91
DEV	Developmental Screening in the First Three Years of Life (Age 3)	36.34	44.53	37.42		33.36	41.61	36.44	50.36
DEV	Developmental Screening in the First Three Years of Life (Total)	40.63	45.99	40.30		36.90	42.09	39.82	45.01
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Ages 18-64)	5.05		16.64		47.01		32.84	
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Ages 65+)	NA		0.00		15.41		15.40	
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Total)	5.05		16.64		38.81		30.10	
PC-01	Elective Delivery		0.00				0.00		0.93
FUH	Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up	51.93		46.44		39.98		42.67	
FUH	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up	71.42		63.71		59.76		61.46	
ADD	Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	43.87		50.66		43.57		48.05	
ADD	Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase	35.36		36.49		33.47		35.54	
FPC	Frequency of Ongoing Prenatal Care (<21 Percent)	48.84	46.51	58.10		50.91	36.01	57.04	37.23
FPC	Frequency of Ongoing Prenatal Care (21-40 Percent)	29.46	29.46	21.63		27.96	18.98	21.20	12.17
FPC	Frequency of Ongoing Prenatal Care (41-60 Percent)	13.18	12.40	8.04		10.28	11.92	8.12	10.46
FPC	Frequency of Ongoing Prenatal Care (61-80 Percent)	6.20	6.98	4.40		5.88	10.46	4.26	10.22
FPC	Frequency of Ongoing Prenatal Care (81-100 Percent)	2.33	4.65	7.83		4.96	22.63	9.36	29.93

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Measure ID	Measure Description	Foster Care (FC)		Georgia Families (GF)		Fee-for-Service (FFS)		ALL	
		Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Ages 18-64)			4.82		117.16		64.77	
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Ages 65+)			311.53		618.65		618.55	
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Total)			4.86		247.29		152.03	
HPV	Human Papillomavirus Vaccine for Female Adolescents	17.14	18.98	19.01		14.56	18.98	17.48	20.44
IMA	Immunizations for Adolescents—Combo 1	63.75	68.11	72.93		62.66	71.94	70.22	74.29
IMA	Immunizations for Adolescents—Meningococcal	66.45	70.15	75.45		65.43	74.74	72.80	75.14
IMA	Immunizations for Adolescents—Tdap/Td Total	70.35	76.53	79.65		69.17	78.32	76.96	82.49
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement (Ages 13-17)	18.81		12.33		15.74		13.00	
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement (Ages 18+)	11.02		5.29		3.94		4.48	
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement (Total)	17.05		6.61		4.20		5.12	
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation (Ages 13-17)	47.52		38.73		42.59		39.30	
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation (Ages 18+)	38.98		32.12		36.20		35.12	
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation (Total)	45.59		33.35		36.34		35.43	
IPU	Inpatient Utilization—General Hospital/Acute Care	Rates reported in separate table		Rates reported in separate table		Rates reported in separate table		Rates reported in separate table	
LSC	Lead Screening in Children	66.67	71.29	75.60		64.41	69.34	72.10	72.51
PQI-09	Live Births Weighing Less Than 2,500 Grams	24.28		9.18		10.67		9.45	
BHRA	Maternity Care—Behavioral Health Risk Assessment	0.00	16.67	0.00		0.00	13.38	0.00	12.17
MMA	Medication Management for People With Asthma—50% Compliance (Ages 5-11)	62.61		47.36		58.97		49.19	
MMA	Medication Management for People With Asthma—50% Compliance (Ages 12-18)	59.94		43.57		58.30		46.17	
MMA	Medication Management for People With Asthma—50% Compliance (Ages 19-50)	52.38		53.47		63.30		59.26	
MMA	Medication Management for People With Asthma—50% Compliance (Ages 51-64)	NA		66.67		71.55		70.23	
MMA	Medication Management for People With Asthma—50% Compliance (Total)	61.04		46.31		61.53		49.67	
MMA	Medication Management for People With Asthma—75% Compliance (Ages 5-11)	38.28		22.30		33.09		23.98	
MMA	Medication Management for People With Asthma—75% Compliance (Ages 12-18)	35.33		19.13		34.77		22.37	
MMA	Medication Management for People With Asthma—75% Compliance (Ages 19-50)	19.05		27.58		40.15		35.36	
MMA	Medication Management for People With Asthma—75% Compliance (Ages 51-64)	NA		44.44		49.49		48.17	
MMA	Medication Management for People With Asthma—75% Compliance (Total)	36.30		21.45		37.51		25.14	

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Measure ID	Measure Description	Foster Care (FC)		Georgia Families (GF)		Fee-for-Service (FFS)		ALL	
		Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
MPT	Mental Health Utilization	Rates reported in separate table		Rates reported in separate table		Rates reported in separate table		Rates reported in separate table	
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack			85.48		59.77		62.36	
PCE	Pharmacotherapy Management of COPD Exacerbation— <i>Bronchodilator</i>			80.00		49.42		50.59	
PCE	Pharmacotherapy Management of COPD Exacerbation— <i>Systemic Corticosteroid</i>			71.79		35.69		37.11	
PCR	Plan All-Cause Readmissions (Total)	33.33		12.28		14.71		14.43	
PPC	Prenatal and Postpartum Care— <i>Postpartum Care</i>	27.13	31.78	37.37		21.48	33.58	35.51	45.74
PPC	Prenatal and Postpartum Care— <i>Timeliness of Prenatal Care</i>	48.84	51.94	34.68		45.34	47.20	37.01	58.88
RDM	Race/Ethnicity Diversity of Membership	Rates reported in separate table		Rates reported in separate table		Rates reported in separate table		Rates reported in separate table	
SCD	Screening for Clinical Depression and Follow-Up Plan (<i>Ages 18-64</i>)	NA	0.97	0.01		0.07	0.62	0.05	1.15
SCD	Screening for Clinical Depression and Follow-Up Plan (<i>Ages 65+</i>)			0.66		0.25	1.14	0.25	0.00
SCD	Screening for Clinical Depression and Follow-Up Plan (<i>Total</i>)	NA	0.97	0.01		0.11	0.73	0.07	0.97
ASM	Use of Appropriate Medications for People with Asthma (<i>Ages 5-11</i>)	94.66		92.62		92.91		92.16	
ASM	Use of Appropriate Medications for People with Asthma (<i>Ages 12-18</i>)	90.31		88.00		90.73		88.27	
ASM	Use of Appropriate Medications for People with Asthma (<i>Ages 19-50</i>)	80.77		69.86		69.15		69.39	
ASM	Use of Appropriate Medications for People with Asthma (<i>Ages 51-64</i>)	NA		73.97		62.41		63.52	
ASM	Use of Appropriate Medications for People with Asthma (<i>Total</i>)	92.09		89.77		80.40		87.30	
WOP	Weeks of Pregnancy at Time of Enrollment (<i><0 Weeks</i>)	88.24		10.76		20.18		11.70	
WOP	Weeks of Pregnancy at Time of Enrollment (<i>1-12 Weeks</i>)	3.27		8.84		2.41		8.20	
WOP	Weeks of Pregnancy at Time of Enrollment (<i>13-27 Weeks</i>)	6.54		61.69		11.46		56.66	
WOP	Weeks of Pregnancy at Time of Enrollment (<i>28+ Weeks</i>)	1.96		17.01		60.90		21.41	
WOP	Weeks of Pregnancy at Time of Enrollment (<i>Unknown</i>)	0.00		1.69		5.05		2.03	
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— <i>BMI Percentile (Ages 3-11)</i>	30.38	48.00	33.12		21.04	34.12	31.88	51.79
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— <i>BMI Percentile (Ages 12-17)</i>	25.69	37.10	30.97		19.38	32.05	29.43	41.98
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— <i>BMI Percentile (Total)</i>	28.30	43.07	32.42		20.34	33.33	31.09	48.66
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— <i>Counseling for Nutrition (Ages 3-11)</i>	19.67	48.00	21.73		14.06	37.65	20.89	55.71
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— <i>Counseling for Nutrition (Ages 12-17)</i>	16.88	35.48	20.59		12.24	35.26	19.47	45.04

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Measure ID	Measure Description	Foster Care (FC)		Georgia Families (GF)		Fee-for-Service (FFS)		ALL	
		Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— <i>Counseling for Nutrition (Total)</i>	18.44	42.34	21.36		13.29	36.74	20.43	52.31
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— <i>Counseling for Physical Activity (Ages 3-11)</i>	17.67	42.67	20.13		12.09	32.94	19.24	45.71
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— <i>Counseling for Physical Activity (Ages 12-17)</i>	15.15	34.41	19.16		10.85	31.41	18.01	38.93
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— <i>Counseling for Physical Activity (Total)</i>	16.55	38.93	19.82		11.57	32.36	18.85	43.55
W15	Well-Child Visits in the First 15 Months of Life— <i>Zero Visits</i>	5.87	5.60	4.69		19.79	18.00	5.00	3.41
W15	Well-Child Visits in the First 15 Months of Life— <i>One Visit</i>	4.26	3.16	3.10		4.33	2.92	3.35	4.15
W15	Well-Child Visits in the First 15 Months of Life— <i>Two Visits</i>	5.58	6.08	3.67		6.70	7.30	4.16	4.63
W15	Well-Child Visits in the First 15 Months of Life— <i>Three Visits</i>	9.10	8.52	5.24		8.56	6.81	6.09	6.59
W15	Well-Child Visits in the First 15 Months of Life— <i>Four Visits</i>	13.51	12.90	8.73		14.95	16.06	10.31	10.00
W15	Well-Child Visits in the First 15 Months of Life— <i>Five Visits</i>	18.65	19.46	16.32		20.21	20.68	17.96	16.34
W15	Well-Child Visits in the First 15 Months of Life— <i>Six+ Visits</i>	43.02	44.28	58.25		25.46	28.22	53.13	54.88
W34	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	60.68	62.06	63.33		54.36	52.93	61.72	62.53

*The denominator for these rates consisted of fewer than 30 cases. Although NCQA requires HEDIS rates based on less than 30 cases to be denoted as "NA," CMS allows the rate to be reported.

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Measure ID	Measure Description (Adult Core Set)	2014 Admin Rates			2014 Hybrid Rates			Comments
		Num	Den	Rate	Num	Den	Rate	
SAA	Adherence to Antipsychotics for Individuals with Schizophrenia (Ages 19-64)	6121	10045	60.94%				
ABA	Adult BMI Assessment (Ages 18-64)	34860	170935	20.39%	189	355	53.24%	
ABA	Adult BMI Assessment (Ages 65-74)	5050	28344	17.82%	32	56	57.14%	
ABA	Adult BMI Assessment (Total Ages 18-74)	39910	199279	20.03%	221	411	53.77%	
MPM	Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs (Ages 18-64)	27388	30335	90.29%				
MPM	Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs (Ages 65+)	1624	1882	86.29%				
MPM	Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs (Total Ages 18+)	29012	32217	90.05%				
MPM	Annual Monitoring for Patients on Persistent Medications—Digoxin (Ages 18-64)	320	610	52.46%				
MPM	Annual Monitoring for Patients on Persistent Medications—Digoxin (Ages 65+)	32	65	49.23%				
MPM	Annual Monitoring for Patients on Persistent Medications—Digoxin (Total Ages 18+)	352	675	52.15%				
MPM	Annual Monitoring for Patients on Persistent Medications—Diuretics (Ages 18-64)	23925	26417	90.57%				
MPM	Annual Monitoring for Patients on Persistent Medications—Diuretics (Ages 65+)	1372	1558	88.06%				
MPM	Annual Monitoring for Patients on Persistent Medications—Diuretics (Total Ages 18+)	25297	27975	90.43%				
MPM	Annual Monitoring for Patients on Persistent Medications (Total Ages 18-64)	51633	57362	90.01%				HSAG calculated the total rate.
MPM	Annual Monitoring for Patients on Persistent Medications (Total Ages 65+)	3028	3505	86.39%				HSAG calculated the total rate.
MPM	Annual Monitoring for Patients on Persistent Medications (Total Ages 18+)	54661	60867	89.80%				HSAG calculated the total rate.
PC-03	Antenatal Steroids	0	1417	0.00%	152	212	71.70%	
AMM	Antidepressant Medication Management—Effective Acute Phase Treatment (Ages 18-64)	7110	13283	53.53%				
AMM	Antidepressant Medication Management—Effective Acute Phase Treatment (Ages 65+)	121	419	28.88%				
AMM	Antidepressant Medication Management—Effective Acute Phase Treatment (Total Ages 18+)	7231	13702	52.77%				
AMM	Antidepressant Medication Management—Effective Continuation Phase Treatment (Ages 18-64)	5161	13283	38.85%				
AMM	Antidepressant Medication Management—Effective Continuation Phase Treatment (Ages 65+)	62	419	14.80%				
AMM	Antidepressant Medication Management—Effective Continuation Phase Treatment (Total Ages 18+)	5223	13702	38.12%				
BCS	Breast Cancer Screening (Ages 50-64)	15006	38180	39.30%				
BCS	Breast Cancer Screening (Ages 65-74)	4287	20168	21.26%				
BCS	Breast Cancer Screening (Total Ages 50-74)	19293	58348	33.07%				
CTR	Care Transition—Timely Transmission of Transition Record (Ages 18-64)	0	96916	0.00%	0	326	0.00%	
CTR	Care Transition—Timely Transmission of Transition Record (Ages 65+)	0	116078	0.00%	0	411	0.00%	
CTR	Care Transition—Timely Transmission of Transition Record (Total Ages 18+)	0	19162	0.00%	0	85	0.00%	
CCS	Cervical Cancer Screening	76401	160049	47.74%	189	411	45.99%	
CHL	Chlamydia Screening in Women (Ages 21-24)	8587	14117	60.83%				
CDC	Comprehensive Diabetes Care—HbA1c Testing (Ages 18-64)	30548	44738	68.28%	300	397	75.57%	
CDC	Comprehensive Diabetes Care—HbA1c Testing (Ages 65-75)	6539	15262	42.84%	89	151	58.94%	
CDC	Comprehensive Diabetes Care—HbA1c Testing (Total Ages 18-75)	37087	60000	61.81%	389	548	70.99%	
CDC	Comprehensive Diabetes Care—Poor Control (Ages 18-64)	43709	44738	97.70%	320	397	80.60%	
CDC	Comprehensive Diabetes Care—Poor Control (Ages 65-75)	14710	15262	96.38%	106	151	70.20%	
CDC	Comprehensive Diabetes Care—Poor Control (Total Ages 18-75)	58419	60000	97.37%	426	548	77.74%	
CBP	Controlling High Blood Pressure (Ages 18-64)				56	266	21.05%	Hybrid measure only.
CBP	Controlling High Blood Pressure (Ages 65-85)				32	145	22.07%	Hybrid measure only.
CBP	Controlling High Blood Pressure (Total Ages 18-85)				88	411	21.41%	Hybrid measure only.
PC-01	Elective Delivery	0	13234	0.00%	3	324	0.93%	
FUH	Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (Ages 21-64)	2687	7353	36.54%				
FUH	Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (Ages 65+)	56	260	21.54%				
FUH	Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (Total Ages 21+)	2743	7613	36.03%				HSAG calculated the total rate; may not be needed for reporting to CMS.
FUH	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (Ages 21-64)	4109	7353	55.88%				
FUH	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (Ages 65+)	107	260	41.15%				
FUH	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (Total Ages 21+)	4216	7613	55.38%				HSAG calculated the total rate; may not be needed for reporting to CMS.

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Measure ID	Measure Description (Adult Core Set)	2014 Admin Rates			2014 Hybrid Rates			Comments
		Num	Den	Rate	Num	Den	Rate	
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement (Ages 18-64)	1218	25962	4.69%				
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement (Ages 65+)	35	1986	1.76%				
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement (Total Ages 18+)	1253	27948	4.48%				
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation (Ages 18-64)	9115	25962	35.11%				
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation (Ages 65+)	700	1986	35.25%				
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation (Total Ages 18+)	9815	27948	35.12%				
PCR	Plan All-Cause Readmissions (Ages 18-44)	4118	20432	20.15%				
PCR	Plan All-Cause Readmissions (Ages 45-54)	2121	13592	15.60%				
PCR	Plan All-Cause Readmissions (Ages 55-64)	2215	15731	14.08%				
PCR	Plan All-Cause Readmissions (Ages 65-74)	226	5978	3.78%				
PCR	Plan All-Cause Readmissions (Ages 75-84)	107	3503	3.05%				
PCR	Plan All-Cause Readmissions (Ages 85+)	38	1937	1.96%				
PCR	Plan All-Cause Readmissions (Ages 18-64)	8454	49755	16.99%				
PCR	Plan All-Cause Readmissions (Ages 65+)	371	11418	3.25%				
PCR	Plan All-Cause Readmissions (Total Ages 18+)	8825	61173	14.43%				
PPC	Prenatal and Postpartum Care—Postpartum Care	23254	65491	35.51%	188	411	45.74%	
CDF	Screening for Clinical Depression and Follow-Up Plan (Ages 18-64)	240	327814	0.07%	4	411	0.97%	
CDF	Screening for Clinical Depression and Follow-Up Plan (Ages 65+)	131	284379	0.05%	4	348	1.15%	
CDF	Screening for Clinical Depression and Follow-Up Plan (Total Ages 18+)	109	43435	0.25%	0	63	0.00%	
	Measures Based on Discharges Per 100,000 Member Months	Discharges	Member Months	Rate Per 100,000 MM				
PQI-15	Asthma in Younger Adults Admission Rate—Per 100,000 Member Months (Ages 18-39)	345	3313875	10.41				
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Ages 40-64)	3548	1892619	187.47				
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Ages 65+)	5273	973889	541.44				
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Total Ages 40+)	8821	2866508	307.73				
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Ages 18-64)	1710	5206494	32.84				
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Ages 65+)	150	973889	15.40				
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Total Ages 18+)	1860	6180383	30.10				
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Ages 18-64)	3372	5206494	64.77				
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Ages 65+)	6024	973889	618.55				
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Total Ages 18+)	9396	6180383	152.03				

Measure ID	Measure Description (Child Core Set)	2014 Admin Rates			2014 Hybrid Rates			Comments
		Num	Den	Rate	Num	Den	Rate	
AWC	Adolescent Well-Care Visits	139935	346340	40.40	177	411	43.07	
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Age < 1	97969	1034659	94.69				
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Ages 1-9	399400	7947913	50.25				
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Ages 10-19	248114	6325685	39.22				
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Total <19 (CHIPRA - HSAG Calculated)	745483	15308257	48.70				HSAG calculated this rate.
CWP	Appropriate Testing for Children with Pharyngitis	39494	49960	79.05				
CSEC	Cesarean Section for Nulliparous Singleton Vertex				67	301	22.26	
CIS	Childhood Immunization Status—Combo 2	22966	49974	45.96	324	411	78.83	
CIS	Childhood Immunization Status—Combo 3	21900	49974	43.82	311	411	75.67	
CIS	Childhood Immunization Status—Combo 4	21614	49974	43.25	307	411	74.70	
CIS	Childhood Immunization Status—Combo 5	18201	49974	36.42	253	411	61.56	
CIS	Childhood Immunization Status—Combo 6	10918	49974	21.85	164	411	39.90	
CIS	Childhood Immunization Status—Combo 7	17985	49974	35.99	251	411	61.07	
CIS	Childhood Immunization Status—Combo 8	10843	49974	21.70	163	411	39.66	
CIS	Childhood Immunization Status—Combo 9	9434	49974	18.88	141	411	34.31	
CIS	Childhood Immunization Status—Combo 10	9374	49974	18.76	140	411	34.06	
CIS	Childhood Immunization Status—Diphtheria, Tetanus, and Acellular Pertussis (DTaP)	33960	49974	67.96	340	411	82.73	
CIS	Childhood Immunization Status—Polio (IPV)	40093	49974	80.23	384	411	93.43	
CIS	Childhood Immunization Status—Measles, Mumps, and Rubella (MMR)	43420	49974	86.89	386	411	93.92	
CIS	Childhood Immunization Status—H Influenza Type B (HiB)	41489	49974	83.02	388	411	94.40	
CIS	Childhood Immunization Status—Hepatitis B	28705	49974	57.44	372	411	90.51	
CIS	Childhood Immunization Status—Chicken Pox (VZV)	43593	49974	87.23	387	411	94.16	
CIS	Childhood Immunization Status—Pneumococcal Conjugate (PCV)	34576	49974	69.19	343	411	83.45	
CIS	Childhood Immunization Status—Hepatitis A	44043	49974	88.13	382	411	92.94	
CIS	Childhood Immunization Status—Rotavirus (RV)	31438	49974	62.91	295	411	71.78	
CIS	Childhood Immunization Status—Influenza (Flu)	19280	49974	38.58	196	411	47.69	
CAP	Children and Adolescents' Access to Primary Care Practitioners (Ages 12-24 Months)	56200	59887	93.84				
CAP	Children and Adolescents' Access to Primary Care Practitioners (Ages 25 Months-6 Years)	255375	300235	85.06				
CAP	Children and Adolescents' Access to Primary Care Practitioners (Ages 7-11 Years)	204286	230722	88.54				
CAP	Children and Adolescents' Access to Primary Care Practitioners (Ages 12-19 Years)	225198	264450	85.16				
CHL	Chlamydia Screening in Women (Ages 16-20)	16826	33943	49.57				
DEV	Developmental Screening in the First Three Years of Life (Age 1)	31459	80524	39.07	49	137	35.77	
DEV	Developmental Screening in the First Three Years of Life (Age 2)	22455	50116	44.81	67	137	48.91	
DEV	Developmental Screening in the First Three Years of Life (Age 3)	20375	55908	36.44	69	137	50.36	
DEV	Developmental Screening in the First Three Years of Life (Total)	74289	186548	39.82	185	411	45.01	
FUH	Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (CHIPRA: Ages 6-20)	3114	6112	50.95				
FUH	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (CHIPRA: Ages 6-20)	4219	6112	69.03				
ADD	Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	1847	3844	48.05				
ADD	Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase	6745	18978	35.54				
FPC	Frequency of Ongoing Prenatal Care (<21 Percent)	37361	65494	57.04	153	411	37.23	
FPC	Frequency of Ongoing Prenatal Care (21-40 Percent)	13888	65494	21.20	50	411	12.17	
FPC	Frequency of Ongoing Prenatal Care (41-60 Percent)	5320	65494	8.12	43	411	10.46	
FPC	Frequency of Ongoing Prenatal Care (61-80 Percent)	2793	65494	4.26	42	411	10.22	
FPC	Frequency of Ongoing Prenatal Care (81+ Percent)	6132	65494	9.36	123	411	29.93	
HPV	Human Papillomavirus Vaccine for Female Adolescents	4246	24291	17.48	84	411	20.44	

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Measure ID	Measure Description (Child Core Set)	2014 Admin Rates			2014 Hybrid Rates			Comments
		Num	Den	Rate	Num	Den	Rate	
IMA	Immunizations for Adolescents—Combo 1	35259	50210	70.22	263	354	74.29	
IMA	Immunizations for Adolescents—Meningococcal	36552	50210	72.80	266	354	75.14	
IMA	Immunizations for Adolescents—Tdap/Td Total	38642	50210	76.96	292	354	82.49	
LBW	Live Births Weighing Less Than 2,500 Grams	7009	74190	9.45				
BHRA	Maternity Care—Behavioral Health Risk Assessment	0	31686	0.00	50	411	12.17	
MMA	Medication Management for People With Asthma—50% Compliance (Ages 5-11)	6623	13464	49.19				
MMA	Medication Management for People With Asthma—50% Compliance (Ages 12-18)	3732	8083	46.17				
MMA	Medication Management for People With Asthma—50% Compliance (Ages 19-20)	118	216	54.63				
MMA	Medication Management for People With Asthma—50% Compliance (CHIPRA: Total Ages 5-20)	10473	21763	48.12				
MMA	Medication Management for People With Asthma—75% Compliance (Ages 5-11)	3229	13464	23.98				
MMA	Medication Management for People With Asthma—75% Compliance (Ages 12-18)	1808	8083	22.37				
MMA	Medication Management for People With Asthma—75% Compliance (Ages 19-20)	64	216	29.63				
MMA	Medication Management for People With Asthma—75% Compliance (CHIPRA: Total Ages 5-20)	5101	21763	23.44				
PPC	Prenatal and Postpartum Care—Timeliness of Prenatal Care	24237	65491	37.01	242	411	58.88	
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Ages 3-11)	135431	424799	31.88	145	280	51.79	
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Ages 12-17)	59561	202356	29.43	55	131	41.98	
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Total)	194992	627155	31.09	200	411	48.66	
W15	Well-Child Visits in the First 15 Months of Life—Zero Visits	2679	53546	5.00	14	410	3.41	
W15	Well-Child Visits in the First 15 Months of Life—One Visit	1793	53546	3.35	17	410	4.15	
W15	Well-Child Visits in the First 15 Months of Life—Two Visits	2226	53546	4.16	19	410	4.63	
W15	Well-Child Visits in the First 15 Months of Life—Three Visits	3262	53546	6.09	27	410	6.59	
W15	Well-Child Visits in the First 15 Months of Life—Four Visits	5520	53546	10.31	41	410	10.00	
W15	Well-Child Visits in the First 15 Months of Life—Five Visits	9616	53546	17.96	67	410	16.34	
W15	Well-Child Visits in the First 15 Months of Life—Six+ Visits	28450	53546	53.13	225	410	54.88	
W34	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	152802	247572	61.72	247	395	62.53	

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Foster Care CY 2014 Rates					
Inpatient Utilization—General Hospital/Acute Care					
Total Inpatient					
Age	Discharges	Discharges/1,000 Member Months	Days	Days/1,000 Member Months	Average Length of Stay
<1	260	20.16	3,944	305.78	15.17
1-9	331	1.97	1,882	11.20	5.69
10-19	431	1.82	2,005	8.49	4.65
20-44	36	4.04	157	17.61	4.36
45-64	0	0.00	0	0.00	0.00
65-74	0	0.00	0	0.00	0.00
75-84	0	0.00	0	0.00	0.00
85+	0	0.00	0	0.00	0.00
Unknown	0	0.00	0	0.00	0.00
Total	1,058	2.48	7,988	18.75	7.55
Medicine					
Age	Discharges	Discharges/1,000 Member Months	Days	Days/1,000 Member Months	Average Length of Stay
<1	141	10.93	1,455	112.81	10.32
1-9	151	0.90	762	4.53	5.05
10-19	174	0.74	949	4.02	5.45
20-44	11	1.23	87	9.76	7.91
45-64	0	0.00	0	0.00	0.00
65-74	0	0.00	0	0.00	0.00
75-84	0	0.00	0	0.00	0.00
85+	0	0.00	0	0.00	0.00
Unknown	0	0.00	0	0.00	0.00
Total	477	1.12	3,253	7.63	6.82
Surgery					
Age	Discharges	Discharges/1,000 Member Months	Days	Days/1,000 Member Months	Average Length of Stay
<1	82	6.36	1,908	147.93	23.27
1-9	92	0.55	736	4.38	8.00
10-19	78	0.33	428	1.81	5.49
20-44	4	0.45	8	0.90	2.00
45-64	0	0.00	0	0.00	0.00
65-74	0	0.00	0	0.00	0.00
75-84	0	0.00	0	0.00	0.00
85+	0	0.00	0	0.00	0.00

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Foster Care CY 2014 Rates					
Inpatient Utilization—General Hospital/Acute Care					
Unknown	0	0.00	0	0.00	0.00
Total	256	0.60	3,080	7.23	12.03
Maternity*					
Age	Discharges	Discharges/1,000 Member Months	Days	Days/1,000 Member Months	Average Length of Stay
10-19	117	0.5	357	1.51	3.05
20-44	21	2.36	62	6.96	2.95
45-64	0	0	0	0.00	0.00
Unknown	0	0	0	0.00	0.00
Total	138	0.56	419	1.71	3.04
*The maternity category is calculated using member months for members 10-64 years.					

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Georgia Families CY 2014 Rates					
Inpatient Utilization—General Hospital/Acute Care					
Total Inpatient					
Age	Discharges	Discharges/1,000 Member Months	Days	Days/1,000 Member Months	Average Length of Stay
<1	5,749	6.11	43,046	45.72	7.49
1-9	5,840	0.86	19,056	2.79	3.26
10-19	11,600	2.21	36,377	6.93	3.14
20-44	59,226	33.31	169,189	95.15	2.86
45-64	2,060	11.39	10,188	56.31	4.95
65-74	3	10.27	12	41.10	4.00
75-84	4	190.48	77	3,666.67	19.25
85+	0	0.00	0	0.00	0.00
Unknown	0	0.00	0	0.00	0.00
Total	84,482	5.64	277,945	18.56	3.29
Medicine					
Age	Discharges	Discharges/1,000 Member Months	Days	Days/1,000 Member Months	Average Length of Stay
<1	3,360	3.57	16,506	17.53	4.91
1-9	3,498	0.51	9,730	1.43	2.78
10-19	3,402	0.65	10,168	1.94	2.99
20-44	11,669	6.56	33,597	18.89	2.88
45-64	1,217	6.73	5,388	29.78	4.43
65-74	3	10.27	12	41.10	4.00
75-84	3	142.86	69	3,285.71	23.00
85+	0	0.00	0	0.00	0.00
Unknown	0	0.00	0	0.00	0.00
Total	23,152	1.55	75,470	5.04	3.26
Surgery					

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Georgia Families CY 2014 Rates					
Inpatient Utilization—General Hospital/Acute Care					
Age	Discharges	Discharges/1,000 Member Months	Days	Days/1,000 Member Months	Average Length of Stay
<1	1,644	1.75	19,913	21.15	12.11
1-9	1,512	0.22	7,174	1.05	4.74
10-19	1,625	0.31	8,565	1.63	5.27
20-44	2,529	1.42	12,046	6.77	4.76
45-64	785	4.34	4,630	25.59	5.90
65-74	0	0.00	0	0.00	0.00
75-84	1	47.62	8	380.95	8.00
85+	0		0		0.00
Unknown	0	0.00	0	0.00	0.00
Total	8,096	0.54	52,336	3.50	6.46
Maternity*					
Age	Discharges	Discharges/1,000 Member Months	Days	Days/1,000 Member Months	Average Length of Stay
10-19	6,192	1.18	16,555	3.16	2.67
20-44	44,993	25.30	123,417	69.41	2.74
45-64	48	0.27	128	0.71	2.67
Unknown	0	0.00	0	0.00	0.00
Total	51,233	7.11	140,100	19.44	2.73
*The maternity category is calculated using member months for members 10-64 years.					

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Fee-for-Service CY 2014 Rates					
Inpatient Utilization—General Hospital/Acute Care					
Total Inpatient					
Age	Discharges	Discharges/1,000 Member Months	Days	Days/1,000 Member Months	Average Length of Stay
<1	1,757	18.86	27,677	297.06	15.75
1-9	4,820	4.30	25,814	23.00	5.36
10-19	4,728	4.38	22,364	20.73	4.73
20-44	22,390	17.17	125,074	95.94	5.59
45-64	37,410	28.40	238,142	180.76	6.37
65-74	7,770	16.86	44,053	95.57	5.67
75-84	4,856	15.66	27,950	90.11	5.76
85+	2,800	13.83	14,754	72.88	5.27
Unknown	0	0.00	0	0.00	0.00
Total	86,531	14.69	525,828	89.29	6.08
Medicine					
Age	Discharges	Discharges/1,000 Member Months	Days	Days/1,000 Member Months	Average Length of Stay
<1	778	8.35	6,765	72.61	8.70
1-9	1,835	1.64	9,053	8.07	4.93
10-19	1,860	1.72	8,886	8.24	4.78
20-44	12,740	9.77	64,735	49.65	5.08
45-64	27,748	21.06	142,782	108.38	5.15
65-74	5,867	12.73	29,313	63.59	5.00
75-84	3,849	12.41	19,421	62.61	5.05
85+	2,353	11.62	11,077	54.72	4.71
Unknown	0	0.00	0	0.00	0.00
Total	57,030	9.68	292,032	49.59	5.12
Surgery					
Age	Discharges	Discharges/1,000 Member Months	Days	Days/1,000 Member Months	Average Length of Stay
<1	379	4.07	15,139	162.49	39.94
1-9	896	0.80	9,947	8.86	11.10

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Fee-for-Service CY 2014 Rates					
Inpatient Utilization—General Hospital/Acute Care					
10-19	784	0.73	6,354	5.89	8.10
20-44	3,792	2.91	43,385	33.28	11.44
45-64	9,641	7.32	95,282	72.32	9.88
65-74	1,902	4.13	14,738	31.97	7.75
75-84	1,006	3.24	8,526	27.49	8.48
85+	447	2.21	3,677	18.16	8.23
Unknown	0	0.00	0	0.00	0.00
Total	18,847	3.20	197,048	33.46	10.46
Maternity*					
Age	Discharges	Discharges/1,000 Member Months	Days	Days/1,000 Member Months	Average Length of Stay
10-19	949	0.88	2,593	2.40	2.73
20-44	5,858	4.49	16,954	13.00	2.89
45-64	20	0.02	64	0.05	3.20
Unknown	0	0.00	0	0.00	0.00
Total	6,827	1.85	19,611	5.30	2.87
*The maternity category is calculated using member months for members 10-64 years.					

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

ALL CY 2014 Rates					
Inpatient Utilization—General Hospital/Acute Care					
Total Inpatient					
Age	Discharges	Discharges/1,000 Member Months	Days	Days/1,000 Member Months	Average Length of Stay
<1	7,506	7.25	70,723	68.35	9.42
1-9	10,660	1.34	44,870	5.65	4.21
10-19	16,328	2.58	58,741	9.29	3.60
20-44	81,616	26.48	294,263	95.48	3.61
45-64	39,470	26.34	248,330	165.73	6.29
65-74	7,773	16.85	44,065	95.53	5.67
75-84	4,860	15.67	28,027	90.36	5.77
85+	2,800	13.83	14,754	72.88	5.27
Unknown	0	0.00	0	0.00	0.00
Total	171,013	8.20	803,773	38.53	4.70
Medicine					
Age	Discharges	Discharges/1,000 Member Months	Days	Days/1,000 Member Months	Average Length of Stay
<1	4,138	4.00	23,271	22.49	5.62
1-9	5,333	0.67	18,783	2.36	3.52
10-19	5,262	0.83	19,054	3.01	3.62
20-44	24,409	7.92	98,332	31.91	4.03
45-64	28,965	19.33	148,170	98.89	5.12
65-74	5,870	12.73	29,325	63.58	5.00
75-84	3,852	12.42	19,490	62.83	5.06
85+	2,353	11.62	11,077	54.71	4.71
Unknown	0	0.00	0	0.00	0.00
Total	80,182	3.84	367,502	17.62	4.58
Surgery					
Age	Discharges	Discharges/1,000 Member Months	Days	Days/1,000 Member Months	Average Length of Stay
<1	2,023	1.96	35,052	33.88	17.33
1-9	2,408	0.30	17,121	2.15	7.11
10-19	2,409	0.38	14,919	2.36	6.19

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

ALL CY 2014 Rates					
Inpatient Utilization—General Hospital/Acute Care					
20-44	6,321	2.05	55,431	17.99	8.77
45-64	10,426	6.96	99,912	66.68	9.58
65-74	1,902	4.12	14,738	31.95	7.75
75-84	1,007	3.25	8,534	27.51	8.47
85+	447	2.21	3,677	18.16	8.23
Unknown	0	0.00	0	0.00	0.00
Total	26,943	1.29	249,384	11.95	9.26
Maternity*					
Age	Discharges	Discharges/1,000 Member Months	Days	Days/1,000 Member Months	Average Length of Stay
10-19	7,141	1.13	19,148	3.03	2.68
20-44	50,851	16.50	140,371	45.55	2.76
45-64	68	0.05	192	0.13	2.82
Unknown	0	0.00	0	0.00	0.00
Total	58,060	5.32	159,711	14.64	2.75
*The maternity category is calculated using member months for members 10-64 years.					

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Foster Care CY 2014 Rates										
Race/Ethnicity Diversity of Membership										
Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	1,074	85.37%	14,969	43.76%	146	39.04%	0	0.00%	16,189	45.17%
Black or African American	89	7.07%	17,188	50.25%	209	55.88%	0	0.00%	17,486	48.79%
American-Indian and Alaska Native	11	0.87%	46	0.13%	0	0.00%	0	0.00%	57	0.16%
Asian	1	0.08%	102	0.30%	1	0.27%	0	0.00%	104	0.29%
Native Hawaiian and Other Pacific Islanders	4	0.32%	42	0.12%	0	0.00%	0	0.00%	46	0.13%
Some Other Race	57	4.53%	852	2.49%	5	1.34%	0	0.00%	914	2.55%
Two or More Races	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unknown	19	1.51%	763	2.23%	6	1.60%	0	0.00%	788	2.20%
Declined	3	0.24%	245	0.72%	7	1.87%	0	0.00%	255	0.71%
Total	1,258	99.99%	34,207	100.00%	374	100.00%	0	0.00%	35,839	100.00%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Georgia Families CY 2014 Rates										
Race/Ethnicity Diversity of Membership										
Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	170,753	78.15%	448,331	37.86%	106,475	44.28%	0	0.00%	725,559	44.15%
Black or African American	5,198	2.38%	684,792	57.82%	91,219	37.94%	0	0.00%	781,209	47.54%
American-Indian and Alaska Native	511	0.23%	1,202	0.10%	279	0.12%	0	0.00%	1,992	0.12%
Asian	624	0.29%	24,781	2.09%	9,752	4.06%	0	0.00%	35,157	2.14%
Native Hawaiian and Other Pacific Islanders	633	0.29%	811	0.07%	22	0.01%	0	0.00%	1,466	0.09%
Some Other Race	40,171	18.39%	15,460	1.31%	490	0.20%	0	0.00%	56,121	3.42%
Two or More Races	2	0.00%	7	0.00%	1	0.00%	0	0.00%	10	0.00%
Unknown	266	0.12%	4,555	0.37%	31,795	13.22%	0	0.00%	36,616	2.23%
Declined	336	0.15%	4,365	0.38%	409	0.17%	0	0.00%	5,110	0.31%
Total	218,494	100.00%	1,184,304	100.00%	240,442	100.00%	0	0.00%	1,643,240	100.00%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Fee-for-Service CY 2014 Rates										
Race/Ethnicity Diversity of Membership										
Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	72,635	80.63%	278,978	31.52%	30,228	25.80%	0	0.00%	381,841	34.95%
Black or African American	3,288	3.65%	448,942	50.72%	40,145	34.26%	0	0.00%	492,375	45.07%
American-Indian and Alaska Native	309	0.34%	1,087	0.12%	161	0.14%	0	0.00%	1,557	0.14%
Asian	376	0.42%	19,120	2.16%	2,564	2.19%	0	0.00%	22,060	2.02%
Native Hawaiian and Other Pacific Islanders	280	0.31%	529	0.06%	4	0.00%	0	0.00%	813	0.07%
Some Other Race	10,051	11.16%	11,876	1.34%	296	0.25%	0	0.00%	22,223	2.03%
Two or More Races	0	0.00%	3	0.00%	0	0.00%	0	0.00%	3	0.00%
Unknown	2,324	2.58%	96,527	10.90%	24,915	21.26%	0	0.00%	123,766	11.33%
Declined	820	0.91%	28,114	3.18%	18,853	16.09%	0	0.00%	47,787	4.37%
Total	90,083	100.00%	885,176	100.00%	117,166	100.00%	0	0.00%	1,092,425	100.00%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

ALL CY 2014 Rates										
Race/Ethnicity Diversity of Membership										
Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	179,773	77.28%	530,565	34.22%	114,085	37.49%	0	0.00%	824,423	39.49%
Black or African American	5,744	2.47%	836,543	53.95%	111,662	36.69%	0	0.00%	953,949	45.70%
American-Indian and Alaska Native	567	0.24%	1,643	0.11%	343	0.11%	0	0.00%	2,553	0.12%
Asian	735	0.32%	32,513	2.10%	10,749	3.53%	0	0.00%	43,997	2.11%
Native Hawaiian and Other Pacific Islanders	670	0.29%	934	0.06%	26	0.01%	0	0.00%	1,630	0.08%
Some Other Race	41,750	17.95%	20,105	1.30%	722	0.24%	0	0.00%	62,577	3.00%
Two or More Races	2	0.00%	10	0.00%	1	0.00%	0	0.00%	13	0.00%
Unknown	2,379	1.02%	97,301	6.28%	25,034	8.23%	0	0.00%	124,714	5.97%
Declined	997	0.43%	30,850	1.99%	41,719	13.71%	0	0.00%	73,566	3.52%
Total	232,617	100.00%	1,550,464	100.01%	304,341	100.01%	0	0.00%	2,087,422	100.00%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Foster Care CY 2014 Rates									
Mental Health Utilization									
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-12	M	4,667	42.98	221	2.04	73	0.67	4,658	42.90
	F	3,640	37.09	115	1.17	30	0.31	3,629	36.98
	Total	8,307	40.18	336	1.63	103	0.50	8,287	40.09
13-17	M	3,294	54.96	339	5.66	76	1.27	3,270	54.56
	F	2,838	51.23	441	7.96	93	1.68	2,819	50.89
	Total	6,132	53.17	780	6.76	169	1.47	6,089	52.79
18-64	M	354	20.31	27	1.55	5	0.29	352	20.20
	F	318	20.43	41	2.63	7	0.45	312	20.05
	Total	672	20.37	68	2.06	12	0.36	664	20.13
65+	M	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	0	0.00	0	0.00
	Total	0	0.00	0	0.00	0	0.00	0	0.00
Unknown	M	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	0	0.00	0	0.00
	Total	0	0.00	0	0.00	0	0.00	0	0.00
Total	M	8,315	44.72	587	3.16	154	0.83	8,280	44.53
	F	6,796	40.19	597	3.53	130	0.769	6,760	39.98
	Total	15,111	42.56	1,184	3.33	284	0.80	15,040	42.36

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Georgia Families CY 2014 Rates									
Mental Health Utilization									
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-12	M	34,188	8.32	521	0.12	256	0.06	34,096	8.30
	F	20,884	5.20	436	0.10	181	0.04	20,788	5.17
	Total	55,072	6.78	957	0.11	437	0.05	54,884	6.75
13-17	M	13,818	11.91	976	0.84	305	0.26	13,562	11.69
	F	14,225	12.11	1,886	1.60	544	0.46	13,808	11.76
	Total	28,043	12.01	2,862	1.22	849	0.36	27,370	11.72
18-64	M	2,485	7.34	334	0.98	67	0.19	2,343	6.92
	F	16,805	9.97	1,537	0.91	263	0.15	16,193	9.60
	Total	19,290	9.53	1,871	0.92	330	0.16	18,536	9.16
65+	M	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	0	0.00	0	0.00
	Total	0	0.00	0	0.00	0	0.00	0	0.00
Unknown	M	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	0	0.00	0	0.00
	Total	0	0.00	0	0.00	0	0.00	0	0.00
Total	M	50,491	9.00	1,831	0.32	628	0.11	50,001	8.92
	F	51,914	7.55	3,859	0.56	988	0.14	50,789	7.38
	Total	102,405	8.20	5,690	0.45	1,616	0.12	100,790	8.07

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Fee-for-Service CY 2014 Rates									
Mental Health Utilization									
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-12	M	12,154	17.13	276	0.39	102	0.14	12,115	17.09
	F	6,533	10.92	123	0.21	35	0.06	6,502	10.87
	Total	18,687	14.30	399	0.31	137	0.10	18,617	14.24
13-17	M	7,717	29.23	479	1.81	97	0.37	7,656	28.99
	F	5,129	24.48	526	2.51	88	0.42	5,060	24.15
	Total	12,846	27.13	1,005	2.12	185	0.39	12,716	26.85
18-64	M	20,421	21.51	2,989	3.15	86	0.09	19,527	20.57
	F	26,799	19.69	3,159	2.32	105	0.08	25,845	18.99
	Total	47,220	20.44	6,148	2.66	191	0.08	45,372	19.64
65+	M	2,505	10.70	1,486	6.34	0	0.00	1,249	5.33
	F	6,493	11.25	4,032	6.99	2	0.00	2,989	5.18
	Total	8,998	11.09	5,518	6.80	2	0.00	4,238	5.22
Unknown	M	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	0	0.00	0	0.00
	Total	0	0.00	0	0.00	0	0.00	0	0.00
Total	M	42,797	19.84	5,230	2.43	285	0.13	40,547	18.80
	F	44,954	16.37	7,840	2.86	230	0.08	40,396	14.71
	Total	87,751	17.90	13,070	2.67	515	0.11	80,943	16.51

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

ALL CY 2014 Rates									
Mental Health Utilization									
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-12	M	46,272	9.61	797	0.17	358	0.07	46,211	9.60
	F	27,359	5.93	559	0.12	216	0.05	27,290	5.92
	Total	73,631	7.81	1,356	0.14	574	0.06	73,501	7.80
13-17	M	21,452	15.06	1,455	1.02	402	0.28	21,218	14.90
	F	19,241	13.91	2,412	1.74	632	0.46	18,868	13.64
	Total	40,693	14.50	3,867	1.38	1,034	0.37	40,086	14.28
18-64	M	22,885	17.77	3,323	2.58	153	0.12	21,870	16.99
	F	43,492	14.28	4,696	1.54	368	0.12	42,038	13.80
	Total	66,377	15.32	8,019	1.85	521	0.12	63,908	14.75
65+	M	2,505	10.69	1,486	6.34	0	0.00	1,249	5.33
	F	6,493	11.25	4,032	6.99	2	0.00	2,989	5.18
	Total	8,998	11.09	5,518	6.80	2	0.00	4,238	5.22
Unknown	M	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	0	0.00	0	0.00
	Total	0	0.00	0	0.00	0	0.00	0	0.00
Total	M	93,114	12.00	7,061	0.91	913	0.12	90,548	11.67
	F	96,585	10.04	11,699	1.22	1,218	0.13	91,185	9.48
	Total	189,669	10.91	18,760	1.08	2,131	0.12	181,733	10.46

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Foster Care CY 2014 Rates			
Plan All-Cause Readmission Rate			
Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
18-44	168	56	33.33%
45-54	NA	NA	NA
55-64	NA	NA	NA
Total	168	56	33.33%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Georgia Families CY 2014 Rates			
Plann All-Cause Readmission Rate			
Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
18-44	3,732	458	12.27%
45-54	717	78	10.88%
55-64	197	35	17.77%
Total	4,648	571	12.28%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

Fee-for-Service CY 2014 Rates			
Plan All-Cause Readmission Rate			
Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
18-44	14,885	3,448	23.16%
45-54	12,488	1,987	15.91%
55-64	15,451	2,172	14.06%
65-74	5,973	225	3.77%
75-84	3,503	107	3.05%
85+	1,937	38	1.96%
Total	54,237	7,977	14.71%

Fee-for-Service CY 2014 Rates			
Plan All-Cause Readmission Rate			
Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
18-64	42,824	7,607	17.76%
65+	11,413	370	3.24%
Total	54,237	7,977	14.71%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2014 Performance Measures

ALL CY 2014 Rates			
Plan All-Cause Readmission Rate			
Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
18-44	20,432	4,118	20.15%
45-54	13,592	2,121	15.60%
55-64	15,731	2,215	14.08%
65-74	5,978	226	3.78%
75-84	3,503	107	3.05%
85+	1,937	38	1.96%
Total	61,173	8,825	14.43%

ALL CY 2014 Rates			
Plan All-Cause Readmission Rate			
Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
18-64	49,755	8,454	16.99%
65+	11,418	371	3.25%
Total	61,173	8,825	14.43%