Georgia Department of Community Health

Validation of Performance Measures

for

Georgia Department of Community Health

Measurement Period: Calendar Year 2013
Validation Period: January–December 2014
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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 2013 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)
- Medicaid Adult Only (MAO)
- Community Care Services Program (CCSP)
- Georgia Families 360° Managed Care for Foster Care, Adoption Assistance and Juvenile Justice Members (FC)
- Total Population - All Medicaid and PeachCare for Kids® (ALL)

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 stand-alone 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.

Georgia Department of Community Health Information

Basic information about DCH, including the office location(s) involved in the validation of 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 Deputy Director, 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@hp.com
Site Visit Date:	October 28–29, 2014

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.

Medicaid Adult Only (MAO)—the MAO population included all members in the ALL population during the measurement period, excluding the PeachCare for Kids® population. The MAO 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.

Community Care Services Program (CCSP)—the CCSP is a Medicaid waiver program that provides community-based social, health, and support services to eligible members as an alternative to institutional placement in a nursing facility. The DCH's Division of Medical Assistance Plans partners with the Division of Aging Services (DAS) within the Department of Human Services (DHS) for the operational management of the program. Approximately 70 percent of the CCSP population is composed of dual-eligible members (i.e., members eligible for Medicare and Medicaid). The CCSP population includes all members covered under the CCSP waiver program, including dual-eligible members.

Foster Care (FC)—the FC population consists 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. DCH contracted AMERIGROUP to provide services to improve care coordination and continuity of care, and to provide better health outcomes for these enrollees. For CY 2013, 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 is 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 2014 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), CMS' Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set), and the Agency for Healthcare Research and Quality's (AHRQ) Quality Indicator measures. The measurement period was identified by DCH as CY 2013. 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).

Table 2—List of Performance Measures for CY 2013												
		Method	Specifications			Populations						
	Performance Measure	A=Admin H=Hybrid	Core Set	AHRQ	HEDIS	GF*	FFS	All	MAO	CCSP	FC
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 2013												
		Method	Specifications			Populations						
	Performance Measure	A=Admin H=Hybrid	Core Set	AHRQ	HEDIS	GF*	FFS	All	MAO	CCSP	FC
19	Follow-Up Care for Children Prescribed ADHD Medication	A	✓		✓	✓	✓	✓			✓
20	Follow-Up After Hospitalization for Mental Illness	A	✓		✓	✓	✓	✓	✓	✓	✓
21	Ambulatory Care	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 Delivery Rate	A		✓		✓	✓	✓	✓		✓
26	Cesarean Rate for Nulliparous Singleton Vertex *Note: Custom specification provided by HSAG was followed for calculation.*	A	*Custom*			✓	✓	✓	✓		✓
27	Low Birth Weight Rate—Percentage of Live Births Weighing Less Than 2,500 Grams *Note: AHRQ specification was followed for calculation. Age breakouts required by AHRQ and Core Set specifications were reported.*	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	Congestive 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			✓	✓	✓	✓	✓	✓	✓

Table 2—List of Performance Measures for CY 2013												
		Method	Specifications			Populations					
	Performance Measure	A=Admin H=Hybrid	Core Set	AHRQ	HEDIS	GF*	FFS	All	MAO	CCSP	FC
38	Plan All-Cause Readmissions *Note: Core Set specification was followed for calculation. In addition to the Medicaid Age breakouts as required by the Core Set, rates were also reported according to HEDIS age breakouts.*	A	*Custom*			✓	✓	✓	✓	✓	✓
39	Appropriate Treatment for Children with Upper Respiratory Infection	A			✓	✓	✓	✓			✓
40	Screening for Clinical Depression and Follow-Up Plan	H	✓			✓	✓	✓	✓	✓	✓
41	Annual HIV/AIDS Medical Visit	A	✓			✓	✓	✓	✓	✓	✓
42	Adult BMI Assessment	H	✓		✓	✓	✓	✓	✓	✓	✓
43	Developmental Screening in the First Three Years of Life	H	✓			✓	✓	✓			✓
44	Elective Delivery	H	✓			✓	✓	✓	✓		✓
45	Antenatal Steroids	H	✓			✓	✓	✓	✓		✓
46	Adherence to Antipsychotics for Individuals with Schizophrenia	A	✓		✓	✓	✓	✓	✓	✓	✓
47	Care Transition—Transition Record Transmitted to Health Care Professional	H	✓			✓	✓	✓	✓	✓	✓
48	Persistence of Beta-Blocker Treatment After a Heart Attack	A			✓		✓	✓	✓	✓	
49	Colorectal Cancer Screening *Note: HEDIS specification of this Medicare measure was followed for calculation, but reported for Medicaid.*	H	*Custom*				✓	✓	✓	✓	
50	Pharmacotherapy Management of COPD Exacerbation	A			✓		✓	✓	✓	✓	
51	Human Papillomavirus Vaccine for Female Adolescents	H	✓		✓	✓	✓	✓			✓
52	Medication Management for People With Asthma	A	✓		✓	✓	✓	✓	✓	✓	✓
53	Behavioral Health Risk Assessment for Pregnant Women	H	✓			✓	✓	✓	✓		✓
* The Georgia Families 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 vendor, to discuss the medical record review 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 meetings 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 *Lead Auditor; Director, Audits/State & Corporate Services*	Management of audit department; Certified HEDIS Compliance Auditor; HEDIS knowledge; performance measure knowledge; statistics, analysis, and source code programming knowledge.
Jennifer Lenz, MPH, CHCA *Secondary Auditor; Executive Director, State & Corporate Services*	Certified HEDIS Compliance Auditor, HEDIS knowledge, performance measure knowledge.
Melissa Pineo, MBA *Project Manager, State & Corporate Services*	HEDIS knowledge, performance measure knowledge, statistics and analytic knowledge.
Marilea Rose, RN, BA *Associate Director, State & Corporate Services; Medical Record Review, Over-read Process Supervisor*	Medical record review, clinical consulting and expertise, abstraction, tool development, HEDIS knowledge, and supervision of nurse reviewers.

Table 3—Validation Team	
Name and Role	**Skills and Expertise**
Maricris Kueny *Project Coordinator, Medical Record Review*	Coordinator for the medical record review process, liaison between the audit team and clients, maintains record tracking database, and manages deliverables and timelines.
Judy Yip-Reyes, PhD, CHCA *Source Code Review Manager; Associate Director, Audits/State & Corporate Services*	Auditing experience, HEDIS knowledge, performance measure knowledge, and source code review management.
Ron Holcomb, AS *Source Code Reviewer*	Statistics, analysis, and source code programming knowledge.
Tammy GianFrancisco *Project Leader, Audits*	Project coordination, communication, and scheduling.

On-site Activities

HSAG conducted an on-site visit with DCH and HP on October 28–29, 2014. HSAG collected information using several methods, including interviews, system demonstration, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

- **Opening meeting:** The opening meeting included an introduction of the validation team and key 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 primary source verification 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 HPHEDIS Lead
Debra Stone	Clinical Quality Manager, GMCF
Yvonne Greene	Eligibility Program Director, DCH
Sandy Choate	Deputy Director, GMCF
Theresa Harris	Developer, HP
Lynnette Rhodes (phone)	GA DCH
Megan Wyatt (phone)	GA DCH
Ramakanth Rallapalli	GA DCH
Bernice Williams	SE-HP
Anika Washington	Policy Consultant/Member Services, DCH
Betsy Elrod	PM-ASE Backup, HP
Pamela B. White	Claims Operations Manager, HP
Kimberly Foster	GA DCH
Tiffany Simmons	GA DCH
Terri Portis	GA DCH
Janice Carson	Deputy Director, DCH
David Burnett (phone)	HP

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 type 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 medical record review vendor, GMCF, were responsible for completing the medical record review section within the Roadmap. In addition, the following attachments were requested and reviewed by HSAG: medical record

hybrid tools and instructions, training materials for medical record review 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 an NCQA-Certified software vendor. 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 and assessing the degree of bias (if any). 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 Georgia Families 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 Georgia Families 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 (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. Processes were in place to quantify encounters to ensure data completeness.

The encounter data from the CMOs were used in the calculation of the Georgia Families performance measure rates. Along with standard International Classification of Diseases, Ninth Revision (ICD-9) and Current Procedural Terminology (CPT) codes, if diagnosis-related group (DRG) codes were submitted by the CMOs, then HP used the DRGs in measures that used DRG coding. However, HP did not use a DRG grouper for CMO-submitted encounter data that did not contain DRGs; therefore, some measures that rely on DRGs, such as the inpatient utilization measures, may be underreported for the Georgia Families and ALL populations. A change service request was submitted to HP in October of 2014 to include DRG mapping for CMO encounters, which may correct the underreporting in future years.

HSAG reviewed encounter data rejection reports from HP for each CMO. In the prior year, HSAG recommended DCH explore the high error rejection rate for one of the CMOs who had a 9.6 percent error rejection rate, which impacted the overall rejection rate of approximately 6.0 percent. For 2013, the overall rejection rate was approximately 1.3 percent, and HSAG found that the outlying CMO had reduced its error rejection rate to less than 2.0 percent. The CMOs were required by DCH to meet a 99 percent pass rate, so currently this standard has not been met; however, significant progress towards the 99 percent pass rate was demonstrated. Incomplete encounter data can negatively impact the rates for the GF and the ALL populations.

Medical Service Data (Claims)

The process for HP has not changed since last year's audit. All FFS facilities and providers submit claims data to HP. Electronic claims continue to be the bulk of the claims data processing. Ninety-six percent of facility claims and 94 percent of professional claims were submitted electronically. Paper claims were received at the HP facility, and then batched, scanned, and given an internal control number. Following this process, the claims were routed to an optical character recognition (OCR) system where claim operators reviewed the OCR claims to ensure the claims were read correctly, and then routed the claims for processing.

There were sufficient quality checks in place for the oversight of the scanning of claims, the data entry, and the processing of claims. HP confirmed that it did not use or accept nonstandard codes.

As with last year, electronic claims processing accounted for the bulk of data processing, with approximately 95 percent of the claims received via electronic data interchange (EDI) submissions, which left very few claims for manual processing.

HSAG confirmed the appropriate use of standard code sets, and HP indicated that it had claim edits in place to accurately capture 4th and 5th digit specificity for ICD-9 codes. This was an issue in prior years and the audit team requested a query to determine if a significant number of paid claims had invalid ICD-9 codes (i.e., missing 4th and 5th digit specificity when required). Accepting ICD-9 codes without a required 4th or 5th 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, Persistence of Beta-Blocker Treatment After a Heart Attack,* and *Low Birth Weight*. HSAG acknowledged that DCH's policy does not require 4th or 5th digit specificity for payment of claims, but HSAG's findings are specific to those measures where a 4th or 5th digit is required for accurate HEDIS reporting. Although the specificity issue was not completely eliminated, HSAG determined the final rates would not be biased for reporting these measures.

HSAG evaluated the use of DRG and MS-DRG codes for inpatient hospitalizations. This was also an issue in the prior year since the 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. 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 Georgia Families and the ALL performance measure rates for AHRQ measures that require DRGs. Further discussion is warranted between HP, DCH, and HSAG regarding the use of a DRG for CMOs for inpatient services in the future since HP will not validate the DRG which could have an impact on 2015 reporting.

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. Based on last year's feedback, HP appropriately removed pharmacy reversals before the files were sent to ViPS to ensure that rates impacted by pharmacy data were not over-inflated.

Similar to last year, a significant portion of claims for maternity deliveries were paid through global billing. Global billing is the submission of a single claim for a fixed fee that covers all care related to a particular condition over a particular period of time, such as the billing for the prenatal and postpartum care visits in conjunction with the delivery. HSAG did not find any discrepancies with the global billing data, and determined 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 HP eligibility data file feeds daily, which included a file (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 Health 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 (GAMMIS). There were appropriate edits 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 first year that HP reported performance measure rates for the FC population, which presented some challenges. HP included all DCH-designated categories of aid (COA 131-134). In addition, DCH directed HP to remove any continuous enrollment criteria for this population and include members who were enrolled for at least one day. It was identified that a small population of members were older than 21 years of age and were inappropriately designated as FC. The impact to the rates was minimal; however, in future years, an upper age limit should be included to ensure that members incorrectly identified as FC are removed from reporting.

Approximately 30 percent of the FFS population were dual-eligible members for Medicare and Medicaid. Because Medicare was the primary payer for these members and there was a potential for missing data, HSAG determined that the FFS and ALL population rates could be impacted, resulting in lower rates since CMS was not required to share Medicare data with the State. Consistent with NCQA technical specifications for HEDIS reporting, the dual-eligible population was excluded from the performance measure rate calculations for all populations with the exception of the CCSP population, for which HP appropriately included dual-eligible members based on direction from DCH.

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. HSAG requested and received a file with all members less than one year of age during 2013 from HP and was able to determine that less than 0.2 percent of births were not reconciled during this process. This confirmed DCH's impression that there was no backlog in 2013 and that this process has improved. During the previous audit process, HSAG determined that the process for assigning an ID at birth was advantageous for the purposes of ensuring complete data for the newborn. HP also provided information on how it avoids duplicates via the newborn list and various data checks (e.g., multiple births on the same day are reviewed).

Based on feedback from the prior year's audit, HP removed all members under the age of 18 for the MAO population, meaning that CY 2013 rates truly reflect the Medicaid adult population. In the prior year, members under 18 years of age were included in rates for measures that had specifications without age requirements of 18 years and older. Because the Medicaid population is predominantly children, the reduction of the eligible population was significant from roughly 16 million member months for CY 2012 to 5 million member months for CY 2013.

HSAG verified the buckets of reporting for the GF, FFS, ALL, MAO, CCSP, and FC 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 ABD population.

Provider Data

There were no significant changes from the prior year's audit. The State-contracted providers continued to be enrolled via a paper-based 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, ViPS, to produce the HEDIS performance measure rates and found a few areas for improvement. Provider types of cardiologist and cardiovascular disease were being pulled into the primary care practitioner (PCP) bucket erroneously. In addition the eye care professional specialty contained eye care centers. Eye care centers cannot be mapped as an eye professional since there is no guarantee that an optometrist or ophthalmologist saw the patient. Community Health Center was listed under the behavioral health profession category, which does not meet the requirements of the specifications. For example, the *Children and Adolescents' Access to Primary Care Practitioners* measure states the visit must be with a PCP, which is defined as a physician or non-physician who offers primary care medical services. Examples of PCPs include general or family practice physicians, geriatricians, general internal medicine physicians, general pediatricians, and/or obstetricians/gynecologists. Expanding on the allowed provider specialties for this measure could result in over reporting; however, the audit team did not identify a bias with the reported rates.

As identified last year, DCH did not require the capture of a rendering provider type on all claims. This impacts measures that require a specific provider type to perform the service, such as the well-child visit measures and mental health follow-up measures. For hybrid measures, this typically results in increased medical record review, but the rate should not be biased. However, for administrative only measures, the missing rendering provider information may cause a significantly biased, underreported rate. This issue is especially important for group providers such as Federally Qualified Health Centers (FQHCs). The FQHCs 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 recommends that DCH and HP continue to work 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 Process

Several of the required performance measure rates were reported using the hybrid method – a combination of administrative claims, encounter data, and medical record abstracted data. The hybrid approach was conducted across five populations: FFS, ALL, MAO, CCSP, and FC. HP contracted with GMCF to perform the medical record procurement and abstraction. GMCF used the ViPS/MedCapture hybrid reporting tools to collect the hybrid data. HSAG reviewed the MedCapture hybrid tool screen prints and corresponding instructions. The hybrid tools contained all of the required measure-specific data elements and appropriate edits. To ensure accuracy of the

hybrid data being abstracted by the GMCF staff, and because new hybrid measures were being reported, HSAG requested that GMCF participate in a convenience sample of selected hybrid measures. No critical abstraction errors were detected during HSAG's validation of the convenience sample.

HSAG reviewed HP's and GMCF's processes for medical record review performance for all reported hybrid measures. This review included evaluating the GMCF medical record review staff qualifications, training, hybrid/tools, accuracy of data collection, reviewer oversight, and the method used for combining medical record review data with administrative data. Additionally, HSAG also validated GMCF's abstraction accuracy for the sample of cases across NCQA-designated measure groups by comparing its validation results to GMCF's abstraction results.

HSAG completed the medical record review validation process and reabstracted sample records across the appropriate measure groups and compared the results to GMCF's findings for the same medical records. For each of the validated measures, HSAG randomly selected 16 cases from each measure group of medical record review numerator positives as identified by GMCF. If fewer than 16 medical records were found to meet numerator requirements, all records were reviewed. If an abstraction discrepancy was noted, only critical errors were considered errors. A critical error is defined as an abstraction error that affects the final outcome of the numerator event (i.e., changes a positive event to a negative one). The medical record review validation process completed the medical record portion of the audit and provided an assessment of GMCF's medical record abstraction accuracy.

Using the results of the medical record review validation process, the audit team determined if findings impacted the audit designation. The goal of the medical record review validation 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 medical record review processes of audited organizations. The NCQA process was employed, and one error 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.

As shown in Table 5 and Table 6, HP/GMCF passed the medical record review validation (MRRV) process for the listed measures.

Table 5—Medical Record Review Validation – HEDIS Measures

Group	Measure	Number of Records	Validation Results
A	Adult BMI Assessment	16	Passed
B	Well-Child Visits in the First 15 Months of Life (6+ Visits)	First sample—16	One critical error found; removed from numerator positive category—second sample required
		Second sample—16	Passed

Table 5—Medical Record Review Validation – HEDIS Measures			
Group	**Measure**	**Number of Records**	**Validation Results**
B	Adolescent Well-Care Visits	16	Passed
B	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	16	Passed
C	Cervical Cancer Screening	16	Passed
C	Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)	16	Passed
D	Immunizations for Adolescents	16	Passed
F	Exclusions	19	Passed (One—not approved; 18 approved)

Starting this year, HP was required to use hybrid methodology to report six CMS Adult and Child Core Set measures and the custom *Colorectal Cancer Screening* measure. There were challenges associated with interpretation of the measure specifications. HSAG assisted GMCF (HP's medical record vendor) in developing the hybrid tools and abstraction instructions. Review of the medical record section (Section 4) of the Roadmap showed that GMCF's reviewer qualifications, training, and oversight were appropriate. A convenience sample was required for the *Colorectal Cancer Screening* measure and subsequently passed.

Table 6 lists the MRRV results for these measures. Due to the complexity of the *Elective Delivery* measure and to ensure accurate reporting, records from the numerator positive, numerator negative, and exclusion lists were requested and validated.

Table 6—Medical Record Review Validation – Custom Measures			
Group	**Measure**	**Number of Records Validated**	**Validation Results**
NA	Antenatal Steroids	First sample—16	One abstraction error found; removed from numerator positive category—second sample required
		Second sample—16	Passed
NA	Behavioral Health Risk Assessment for Pregnant Women	16	Passed
NA	Care Transition—Transition Record Transmitted to Health Care Professional	14	Passed

Table 6—Medical Record Review Validation – Custom Measures			
Group	**Measure**	**Number of Records Validated**	**Validation Results**
NA	Developmental Screening in the First Three Years of Life (1st Year, 2nd Year, 3rd Year)	First sample—16	One abstraction error found; removed from numerator positive category – second sample required
		Second sample—16	Three abstraction errors found; removed from numerator positive category—third sample required
		Third sample—14	Passed
NA	Elective Delivery	First sample— Positive: 16 Negative: 16 Exclusions: 16	Numerator positive and negative list were not correctly assigned (Corrected by GMCF and HP)
		Second sample— Positive: 16 Negative: 16 Exclusions: 16	Two abstraction errors—numerator negative list 12 abstraction errors—numerator positive list One abstraction error—Exclusion list Third sample required
		Third sample— Positive: 6 Negative: 16 Exclusions: 16	All passed
NA	Screening for Clinical Depression and Follow-up Plan	8	Passed
NA	Colorectal Cancer Screening	First sample—16	Two abstraction errors found; removed from numerator positive category—second sample required
		Second sample—16	Passed
NA	Exclusions[1]	First sample—51	Two abstraction errors found; removed from the exclusion category—second sample required
		Second sample—16	Passed

[1] Records in the *Exclusions* group are those that are considered excluded cases from the *Antenatal Steroids, Elective Delivery, Care Transition- Transition Record Transmitted to Health Care Professional, and Screening for Clinical Depression and Follow-up Plan* measures.

Upon validation of the *Antenatal Steroids* measure, one abstraction error was found. The non-compliant case was removed from the numerator positive category, and a second sample was requested. The measure was subsequently passed for the MRR process.

Upon validation of the *Developmental Screening in the First Three Years of Life* measure, one abstraction error was found. The noncompliant case was removed from the numerator positive category, and a second sample was requested. Upon validation of the second sample, three abstraction errors were found. The noncompliant cases were removed from the numerator positive category, and a third sample was requested. The measure was subsequently passed for the MRR process.

Upon validation of the *Elective Delivery* measure, HSAG found that numerator positive and negative lists were not correctly assigned. GMCF and HP were directed to correct the lists and resubmit them to HSAG. Upon correction and subsequent validation of the sample, two abstraction errors were found in the numerator negative category; twelve abstraction errors were found in the numerator positive category; one abstraction error was found in the exclusions category. A third sample was requested. The measure was subsequently passed for the MRR process.

Upon validation of the *Colorectal Cancer Screening* measure, two abstraction errors were found. The noncompliant cases were removed from the numerator positive category and a second sample was requested. The measure was subsequently passed for the MRR process.

Upon validation of records in the *Exclusions* category, two abstraction errors were found. The noncompliant cases were removed from the Exclusion category, and a second sample was requested. The measure was subsequently passed for the MRR process.

Recommendations:

During the medical record review process for the custom measures, HSAG noted that the above volume of errors could be attributed to GMCF's procurement and abstraction practices. HSAG has identified the following opportunities for improvement:

- **Convenience Sample**—During the review of the convenience sample, HSAG identified abstraction errors involving the *Elective Delivery* and *Screening for Clinical Depression and Follow-up Plan* measures. HSAG notified GMCF of the abstraction errors and provided clarification regarding these measures. Similar abstraction errors were identified during MRRV. In the future, HSAG recommends that abstraction practices be corrected prior to MRRV.

- **Oversight of Medical Record Review Staff**: The GMCF Quality Assurance/Inter-Rater Reliability (IRR) Policy and HEDIS Roadmap section IS 4 contained the requirement that GMCF would conduct IRR review of ten percent of the total volume of abstracted cases per abstractor. Upon review of the final IRR report, HSAG noted that the *Elective Delivery* measure was validated at only 6 percent of the total volume of abstracted cases per abstractor. HSAG recommends that GMCF consider an increased validation of new measures and adhere to the 10 percent validation.

- **Medical Record Procurement Process**: As in prior years, GMCF provided HSAG with large volumes of non-relevant medical record documentation when uploading the supporting documentation for the MRRV process. Considering that the GMCF reviewers were required to review this volume of documentation, this could have resulted in a higher number of abstraction errors and subsequent difficulty in performing the validations. It is recommended that GMCF

reviewers bookmark or reference a page number in the abstraction tool. This step will help to ensure that during validation by both GMCF and HSAG, the supporting documentation can be easily identified.

- **Medical Record Storage Process:** Several files of supporting medical record documentation were not complete when uploaded to HSAG for review. This resulted in numerous requests to GMCF for the additional information. This problem could be associated with the large volume of documentation or to GMCF's medical record storage method. HSAG suggests that GMCF review this issue for the cause.

- **Record Request Process**: The large volumes of medical record documentation could be attributed to the verbiage included in the Provider Request Letters. HSAG recommends that the Provider Request Letter clearly explain the specific documentation necessary for the review. GMCF may want to review letters submitted this past year with providers who sent large volumes of data. Such providers may be able to offer suggestions as to the verbiage that would have more clearly identified the required medical record documentation.

- **Abstraction Errors:** HSAG recommends that GMCF review the cases identified as having abstraction errors and use those as training examples during future training sessions.

Data Integration

HP followed the same process as last year with load data from the MMIS to ViPS, the software vendor. Weekly, HP pulled data from the MMIS into the data warehouse (ad-hoc system). HP used data stored within the ad-hoc system to provide the data extract files to ViPS. HP worked with ViPS on data issues identified throughout the data import process until all issues were resolved. HP used test files to ensure mapping back to the ad-hoc system prior to the submission. HP retained its change order and technical/testing documents. Data were reconciled between HP and ViPS data to ensure no data were lost during transfer procedures. ViPS also provided data analysis reports for reconciliation. HSAG did not identify any areas of concern with the data integration process.

In benchmarking rates to prior years as well as the CMOs' results, some rates were lower than anticipated. In particular, some hybrid measures had lower than expected rates. The primary driver of the lower than anticipated rates appears to be the procurement of medical records. HSAG, HP, and DCH reviewed the chart chase logic for each of the hybrid measures and identified some potential opportunities to strengthen the logic in future years. A key change that should be made in subsequent years is to add in Community Health Center providers, which includes FQHCs as an initial search for identifying the primary care provider.

In conducting primary source verification, HSAG identified a P4HB® member whose enrollment span showed her eligible after the member became pregnant and was no longer eligible for the program. HSAG recommends that DCH run a query on all P4HB® enrollees to determine if other members are listed inappropriately and should have their eligibility spans terminated.

The *Childhood Immunization Status* rate was also lower than anticipated. HP noted that hospitals are coding a V05.3 as a Hepatitis B vaccination; however, that code is not recognized as a valid code for

HEDIS reporting by NCQA since this code can also be used to identify a Hepatitis A vaccination. HSAG recommends that HP add the hospital of birth to the chart chase logic to identify the Hepatitis B vaccination given at birth as part of the medical record review. In addition, HSAG understands that DCH has already contacted NCQA about revising the coding for this rate to allow for capture of the Hepatitis B vaccination administered in the hospital setting from claims data in future years.

Since DCH has a delay in receiving vital statistics data needed to obtain gestational age for the *Elective Delivery* and *Antenatal Steroids* measures, HP created a birth file, using member data from the SUCCESS file that populates the mother's last menstrual period. The birth file data were used as a work-around for determining gestational age for births that could be matched between mother and baby. This provided HP with a denominator from which to sample for medical record review. However, based on medical record review results, there were over 200 exclusions due to an incorrect gestational age recorded in the medical record, demonstrating that the birth file created as a work-around was not a good predictor of gestational age.

In the absence of the vital statistics data, the true eligible population for these two measures cannot be determined using the current methodology. HP appropriately reported the rate for the sampled population; however, the sampled population is not necessarily representative of the entire eligible population and caution should be exercised when reporting these rates.

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 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, ALL, MAO, CCSP, and FC 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

Table 8—Key Review Findings and Audit Results for DCH (GF, FFS, ALL, MAO, CCSP, and FC Populations)			
Performance Measure		**Key Review Findings**	**Audit Results**
11	Breast Cancer Screening	No concerns were identified.	R
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	No concerns were identified.	R
22	Inpatient Utilization—General Hospital/Acute Care	HP does not use a DRG grouper for CMO-submitted 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 Rate for Nulliparous Singleton Vertex	No concerns were identified.	R
27	Low Birth Weight Rate—Percentage of 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
31	Congestive Heart Failure Admission Rate	No concerns were identified.	R
32	Asthma in Younger Adults Admission Rate	No concerns were identified.	R

Table 8—Key Review Findings and Audit Results for DCH (GF, FFS, ALL, MAO, CCSP, and FC Populations)			
Performance Measure		Key Review Findings	Audit Results
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	Annual HIV/AIDS Medical Visit	No concerns were identified.	R
42	Adult BMI Assessment	No concerns were identified.	R
43	Developmental Screening in the First Three Years of Life	No concerns were identified.	R
44	Elective Delivery	The process for identifying the eligible population was not valid.	R* (with limitations)
45	Antenatal Steroids	The process for identifying the eligible population was not valid.	R* (with limitations)
46	Adherence to Antipsychotics for Individuals with Schizophrenia	No concerns were identified.	R
47	Care Transition—Transition Record Transmitted to Health Care Professional	No concerns were identified.	R
48	Persistence of Beta-Blocker Treatment After a Heart Attack	No concerns were identified.	R
49	Colorectal Cancer Screening	No concerns were identified.	R
50	Pharmacotherapy Management of COPD Exacerbation	No concerns were identified.	R
51	Human Papillomavirus Vaccine for Female Adolescents	No concerns were identified.	R
52	Medication Management for People With Asthma	No concerns were identified.	R
53	Behavioral Health Risk Assessment for Pregnant Women	No concerns were identified.	R
*Based on the available data, the full eligible population cannot be accurately determined for these measures, but the rates derived from the sample cases were reported in accordance with the technical specifications.			

HSAG HEALTH SERVICES ADVISORY GROUP

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:	October 28–29, 2014
Reviewers:	David Mabb, MS, CHCA; Jennifer Lenz, MPH, CHCA; Melissa Pineo, MBA

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.	☒	☐	☐	
Samples of data from the performance measure data repository are complete and accurate.	☒	☐	☐	
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.	☒	☐	☐	
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	☒	☐	☐	
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance measure database.	☒	☐	☐	
Computer program reports or documentation reflect vendor coordination activities, and no data necessary to performance measure reporting are lost or inappropriately modified during transfer.	☒	☐	☐	
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.	☒	☐	☐	
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	☒	☐	☐	

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.	☒	☐	☐	
Prescribed data cutoff dates are followed.	☒	☐	☐	
The State retains copies of files or databases used for performance measure reporting in case results need to be reproduced.	☒	☐	☐	
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.	☒	☐	☐	
The State's processes and documentation comply with the State standards associated with reporting program specifications, code review, and testing.	☒	☐	☐	

Appendix B. Denominator and Numerator Validation

for **Georgia Department of Community Health**

Reviewer Worksheets

Name:	Georgia Department of Community Health and Hewlett-Packard Enterprise Services
On-Site Visit Date:	October 28–29, 2014
Reviewers:	David Mabb, MS, CHCA; Jennifer Lenz, MPH, CHCA; Melissa Pineo, MBA

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.	☒	☐	☐	HSAG confirmed that HP appropriately included members within the GF, FFS, ALL, MAO, CCSP 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.	☒	☐	☐	
The State correctly calculates member months and member years if applicable to the performance measure.	☒	☐	☐	
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.	☒	☐	☐	
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).	☒	☐	☐	
Exclusion criteria included in the performance measure specifications are followed.	☒	☐	☐	
Systems or methods used by the State to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	☐	☒	☐	Methods to identify gestational age for the Early Elective Delivery and Antenatal Steroids 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.	☒	☐	☐	
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.	☒	☐	☐	
The State avoids or eliminates all double-counted members or numerator events.	☒	☐	☐	
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.	☐	☐	☒	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).	☒	☐	☐	

Appendix C. **Performance Measure Validation Reporting Spreadsheet**

for **Georgia Department of Community Health**

Appendix C contains DCH's audited CY 2013 performance measure results.

Measure ID	Measure Description	Georgia Families		Fee For Service		ALL		Medicaid Adult Only		CCSP		Foster Care	
		2013 Admin Rate	2013 Hybrid Rate	2013 Admin Rate	2013 Hybrid Rate	2013 Admin Rate	2013 Hybrid Rate	2013 Admin Rate	2013 Hybrid Rate	2013 Admin Rate	2013 Hybrid Rate	2013 Admin Rate	2013 Hybrid Rate
SAA	Adherence to Antipsychotics for Individuals with Schizophrenia	37.55%		64.62%		63.64%		63.64%		NA		80.00%	
AWC	Adolescent Well-Care Visits	42.13%		27.10%	31.87%	38.96%	40.15%	18.82%				34.00%	38.44%
PQI-15	Asthma in Younger Adults Admission Rate (Total Visits/100,000 Member Months) - Ages 18-39	6.36		16.84		10.49		10.92		0.00		0.00	
ABA	Adult BMI Assessment	14.71%		12.01%	55.23%	12.53%	50.61%	12.53%	51.82%	13.67%	54.99%	3.07%	40.15%
AAP	Adults' Access to Preventive/Ambulatory Health Services *(Ages 20-44)*	84.02%		78.27%		81.63%		81.63%		92.45%		49.72%	
AAP	Adults' Access to Preventive/Ambulatory Health Services *(Ages 45-64)*	90.55%		89.04%		89.19%		89.19%		93.69%		NA	
AAP	Adults' Access to Preventive/Ambulatory Health Services *(Ages 65+)*	NA		86.26%		86.26%		86.26%		85.51%		NA	
AAP	Adults' Access to Preventive/Ambulatory Health Services *(Total)*	84.89%		85.12%		85.20%		85.20%		88.01%		49.72%	
AMB	Ambulatory Care—ED Visits *(Total Visits/1,000 Member Months) - Age < 1*	98.00		91.87		97.48				0.00		97.08	
AMB	Ambulatory Care—ED Visits *(Total Visits/1,000 Member Months) - Ages 1-9*	50.94		62.49		52.73				0.00		34.65	
AMB	Ambulatory Care—ED Visits *(Total Visits/1,000 Member Months) - Ages 10-19*	38.25		49.63		40.32		74.29		23.81		32.34	
AMB	Ambulatory Care—ED Visits *(Total Visits/1,000 Member Months) - Age 20-44*	128.74		146.41		136.59		136.59		104.94		39.15	
AMB	Ambulatory Care—ED Visits *(Total Visits/1,000 Member Months) - Age 45-64*	93.36		126.93		123.53		123.52		111.66			
AMB	Ambulatory Care—ED Visits *(Total Visits/1,000 Member Months) - Age 65-74*	29.70		67.24		67.22		67.21		111.71			
AMB	Ambulatory Care—ED Visits *(Total Visits/1,000 Member Months) - Age 75-84*	68.97		48.98		48.98		48.98		91.69			
AMB	Ambulatory Care—ED Visits *(Total Visits/1,000 Member Months) - Age 85+*	200.00		36.32		36.33		36.32		63.08			
AMB	Ambulatory Care—ED Visits *(Total Visits/1,000 Member Months)*	58.91		91.38		68.58		112.64		96.44		35.20	
AMB	Ambulatory Care—ED Visits *(Total Visits)*	797,543		524,494		1,322,037		647,696		7,460		14,449	
AMB	Ambulatory Care—Outpatient Visits *(Total Visits/1,000 Member Months) - Age < 1*	820.45		927.34		829.55				0.00		929.48	
AMB	Ambulatory Care—Outpatient Visits *(Total Visits/1,000 Member Months) - Ages 1-9*	328.57		295.10		323.39				0.00		299.43	
AMB	Ambulatory Care—Outpatient Visits *(Total Visits/1,000 Member Months) - Ages 10-19*	231.55		226.01		230.54		247.82		261.90		211.08	
AMB	Ambulatory Care—Outpatient Visits *(Total Visits/1,000 Member Months) - Age 20-44*	409.56		402.92		406.61		406.61		693.09		134.03	
AMB	Ambulatory Care—Outpatient Visits *(Total Visits/1,000 Member Months) - Age 45-64*	715.92		681.95		685.39		685.39		821.59			
AMB	Ambulatory Care—Outpatient Visits *(Total Visits/1,000 Member Months) - Age 65-74*	702.97		646.45		646.48		646.48		731.43			
AMB	Ambulatory Care—Outpatient Visits *(Total Visits/1,000 Member Months) - Age 75-84*	1,448.28		638.42		638.49		638.49		607.16			
AMB	Ambulatory Care—Outpatient Visits *(Total Visits/1,000 Member Months) - Age 85+*	600.00		560.00		560.00		560.00		466.57			
AMB	Ambulatory Care—Outpatient Visits *(Total Visits/1,000 Member Months)*	342.10		457.75		376.54		495.88		667.55		263.93	
AMB	Ambulatory Care—Outpatient Visits *(Total Visits)*	4,631,472		2,627,353		7,258,825		2,851,301		51,635		108,328	
ADV	Annual Dental Visit *(Ages 2-3)*	47.79%		42.20%		45.61%		NA		NA		42.48%	
ADV	Annual Dental Visit *(Ages 4-6)*	76.27%		64.03%		74.00%		NA		NA		70.50%	
ADV	Annual Dental Visit *(Ages 7-10)*	79.10%		65.98%		76.58%		NA		NA		70.99%	
ADV	Annual Dental Visit *(Ages 11-14)*	71.68%		59.54%		69.04%		NA		NA		65.88%	
ADV	Annual Dental Visit *(Ages 15-18)*	60.99%		50.34%		58.49%		47.70%		NA		57.50%	
ADV	Annual Dental Visit *(Ages 19-21)*	35.02%		29.55%		30.32%		28.97%		NA		30.53%	
ADV	Annual Dental Visit *(Total)*	69.47%		54.70%		66.35%		39.04%		NA		60.79%	
HIV	Annual HIV/AIDS Medical Visit—*90 days between (Ages 18-64)*	39.06%		58.22%		55.34%		55.41%		73.33%		68.18%*	
HIV	Annual HIV/AIDS Medical Visit—*90 days between (Ages 65+)*	0.00%*		58.24%		58.06%		58.06%		45.45%*		NA	
HIV	Annual HIV/AIDS Medical Visit—*90 days between (Total)*	39.02%		58.22%		55.46%		55.53%		65.85%		68.18%*	

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HIV	Annual HIV/AIDS Medical Visit—*180 days between (Ages 18-64)*	23.90%		43.62%		41.16%		41.21%		60.00%		31.82%*	
HIV	Annual HIV/AIDS Medical Visit—*180 days between (Ages 65+)*	0.00%*		45.00%		44.87%		44.87%		27.27%*		NA	
HIV	Annual HIV/AIDS Medical Visit—*180 days between (Total)*	23.87%		43.69%		41.32%		41.37%		51.22%		31.82%*	
MPM	Annual Monitoring for Patients on Persistent Medications—*ACE Inhibitors or ARBs*	88.64%		90.50%		90.17%		90.19%		82.50%		NA	
MPM	Annual Monitoring for Patients on Persistent Medications—*Digoxin*	84.38%		90.86%		90.74%		90.85%		NA		NA	
MPM	Annual Monitoring for Patients on Persistent Medications—*Diuretics*	88.01%		90.84%		90.25%		90.25%		81.82%		NA	
MPM	Annual Monitoring for Patients on Persistent Medications—*Anti-convulsants*	55.78%		67.09%		66.33%		66.37%		NA		72.03%	
MPM	Annual Monitoring for Patients on Persistent Medications	86.87%		87.10%		87.02%		87.04%		77.38%		70.59%	
PC-03	Antenatal Steroids	0.00%		1.37%	18.82%	0.21%	11.92%	0.22%	10.95%			NA	
ABX	Antibiotic Utilization—*Percent of antibiotics of concern for all antibiotic prescriptions*	41.17%		43.89%		41.82%		40.53%		49.65%		40.31%	
AMM	Antidepressant Medication Management—*Effective Continuation Phase Treatment*	31.47%		38.15%		37.01%		37.17%		14.86%		40.24%	
AMM	Antidepressant Medication Management—*Effective Acute Phase Treatment*	48.66%		51.63%		52.04%		52.10%		29.73%		62.20%	
CWP	Appropriate Testing for Children With Pharyngitis	76.50%		72.75%		76.11%						75.44%	
URI	Appropriate Treatment for Children With Upper Respiratory Infection	81.95%		80.94%		81.91%						81.49%	
BHRA	Behavioral Health Risk Assessment for Pregnant Women	0.00%		0.00%	12.41%	0.00%	13.87%	0.00%	11.92%			0.00%	17.27%
BCS	Breast Cancer Screening	72.90%		31.49%		32.88%		32.88%		16.97%			
CTR	Care Transition—Transition Record Transmitted to Health Care Professional *(Ages 18-64)*	0.00%		0.00%	0.73%	0.00%	0.29%	0.00%	0.29%	0.00%	0.84%	0.00%	0.00%
CTR	Care Transition—Transition Record Transmitted to Health Care Professional *(Ages 65+)*	NA		0.00%	2.92%	0.00%	3.03%	0.00%	0.00%	0.00%	1.03%	NA	NA
CTR	Care Transition—Transition Record Transmitted to Health Care Professional *(Ages 18+)*	0.00%		0.00%	1.46%	0.00%	0.73%	0.00%	0.24%	0.00%	0.97%	0.00%	0.00%
CCS	Cervical Cancer Screening	69.61%		32.85%	35.77%	48.84%	51.58%	48.83%	52.55%	11.74%	19.95%		
IQI-21	Cesarean Delivery Rate	31.88%		31.08%		31.79%		32.23%				21.26%	
CSEC	Cesarean Rate for Nulliparous Singleton Vertex	18.02%		16.94%		18.11%		18.21%				21.36%	
CIS	Childhood Immunization Status—*Combo 2*	16.21%		13.00%	57.91%	15.65%	37.71%					13.82%	59.85%
CIS	Childhood Immunization Status—*Combo 3*	15.03%		11.80%	54.50%	14.46%	34.55%					12.65%	53.53%
CIS	Childhood Immunization Status—*Combo 4*	14.74%		11.60%	54.26%	14.17%	34.55%					12.41%	53.04%
CIS	Childhood Immunization Status—*Combo 5*	11.65%		7.83%	36.74%	11.07%	27.01%					8.31%	35.04%
CIS	Childhood Immunization Status—*Combo 6*	7.14%		6.28%	34.06%	6.69%	15.33%					6.44%	31.14%
CIS	Childhood Immunization Status—*Combo 7*	11.47%		7.78%	36.50%	10.89%	27.01%					8.20%	34.55%
CIS	Childhood Immunization Status—*Combo 8*	7.07%		6.28%	33.82%	6.60%	15.33%					6.44%	30.90%
CIS	Childhood Immunization Status—*Combo 9*	5.77%		4.42%	23.84%	5.34%	12.41%					4.45%	20.68%
CIS	Childhood Immunization Status—*Combo 10*	5.72%		4.42%	23.60%	5.28%	12.41%					4.45%	20.44%
CIS	Childhood Immunization Status—*Diphtheria, Tetanus, and Acellular Pertussis (DTaP)*	64.22%		40.21%	65.69%	60.98%	66.67%					52.81%	70.80%
CIS	Childhood Immunization Status—*Polio (IPV)*	76.07%		50.55%	74.94%	73.38%	79.81%					65.57%	82.24%
CIS	Childhood Immunization Status—*Measles, Mumps, and Rubella (MMR)*	88.33%		78.61%	83.94%	86.08%	86.13%					80.80%	86.13%
CIS	Childhood Immunization Status—*H Influenza Type B (HiB)*	83.19%		66.11%	79.81%	80.52%	82.97%					71.90%	83.45%
CIS	Childhood Immunization Status—*Hepatitis B*	20.91%		18.02%	69.10%	20.63%	44.77%					19.32%	70.56%
CIS	Childhood Immunization Status—*Chicken Pox (VZV)*	88.98%		79.52%	83.21%	86.68%	87.59%					81.73%	86.62%
CIS	Childhood Immunization Status—*Pneumococcal Conjugate (PCV)*	64.98%		40.31%	65.45%	61.69%	67.40%					52.11%	66.91%

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CIS	Childhood Immunization Status—*Hepatitis A*	88.62%		80.72%	82.00%	87.17%	86.86%					83.84%	86.62%
CIS	Childhood Immunization Status—*Rotavirus (RV)*	55.53%		34.19%	47.45%	53.07%	59.37%					39.34%	48.66%
CIS	Childhood Immunization Status—*Influenza (Flu)*	40.35%		42.37%	49.88%	38.23%	37.71%					38.99%	45.26%
CAP	Children and Adolescents' Access to Primary Care Practitioners *(Ages 12-24 Months)*	94.71%		93.36%		94.69%						91.42%	
CAP	Children and Adolescents' Access to Primary Care Practitioners *(Ages 25 Months-6 Years)*	87.18%		86.39%		86.74%						80.99%	
CAP	Children and Adolescents' Access to Primary Care Practitioners *(Ages 7-11 Years)*	88.76%		85.92%		88.34%						84.51%	
CAP	Children and Adolescents' Access to Primary Care Practitioners *(Ages 12-19 Years)*	86.10%		78.56%		84.82%						77.75%	
CAP	Children and Adolescents' Access to Primary Care Practitioners *(Total)*	87.81%		82.70%		87.15%						80.77%	
CHL	Chlamydia Screening in Women *(Ages 16-20)*	46.09%		44.39%		47.52%		54.91%		NA		50.54%	
CHL	Chlamydia Screening in Women *(Ages 21-24)*	63.66%		42.00%		60.80%		60.80%		NA		45.37%	
CHL	Chlamydia Screening in Women *(Total)*	50.11%		43.42%		51.55%		58.13%		NA		50.29%	
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate—*Per 100,000 Member Months (Ages 40-64)*	39.66		249.44		216.16		216.10		185.12		0.00	
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate—*Per 100,000 Member Months (Ages 65+)*	0.00		642.68		642.52		642.41		444.53		NA	
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate—*Per 100,000 Member Months (Total)*	39.63		404.29		366.85		366.78		369.71		0.00	
COL	Colorectal Cancer Screening			26.16%	28.22%	26.44%	28.95%	26.44%	26.03%	27.02%	34.79%		
CDC	Comprehensive Diabetes Care—*Blood Pressure Control (<140/80 mm Hg)*	0.37%		0.72%	17.15%	0.68%	14.96%	0.68%	15.15%	1.25%	32.48%	0.00%	29.41%
CDC	Comprehensive Diabetes Care—*Blood Pressure Control (<140/90 mm Hg)*	0.72%		1.00%	25.18%	0.96%	25.00%	0.96%	23.18%	1.54%	43.80%	0.00%	41.18%
CDC	Comprehensive Diabetes Care—*Eye Exam*	36.90%		34.83%	37.23%	34.92%	39.42%	34.92%	39.05%	37.49%	40.51%	39.22%	41.18%
CDC	Comprehensive Diabetes Care—*HbA1c Control (<7.0% for a Selected Population)*	0.59%		1.21%	20.51%	1.08%	14.47%	1.08%	14.40%	2.83%	20.00%	0.00%	8.33%
CDC	Comprehensive Diabetes Care—*HbA1c Control (<8.0%)*	0.58%		1.47%	22.99%	1.37%	17.70%	1.37%	18.43%	2.71%	30.47%	0.00%	15.69%
CDC	Comprehensive Diabetes Care—*HbA1c Poor Control (>9.0%) (Note: Lower rate is better)*	98.85%		97.66%	72.99%	97.80%	78.83%	97.79%	77.74%	96.55%	62.96%	100.00%	76.47%
CDC	Comprehensive Diabetes Care—*HbA1c Testing (Total)*	75.07%		58.05%	67.88%	59.92%	64.96%	59.89%	66.06%	43.29%	62.59%	62.75%	62.75%
CDC	Comprehensive Diabetes Care—*LDL-C Level (<100 mg/dL)*	0.60%		2.28%	15.88%	2.10%	15.33%	2.10%	13.87%	3.15%	25.36%	3.92%	13.73%
CDC	Comprehensive Diabetes Care—*LDL-C Screening (Total)*	67.53%		49.78%	60.04%	51.61%	58.21%	51.62%	58.21%	31.77%	53.83%	52.94%	54.90%
CDC	Comprehensive Diabetes Care—*Medical Attention for Nephropathy*	67.88%		61.10%	68.61%	61.82%	65.15%	61.84%	66.61%	52.82%	72.26%	43.14%	45.10%
PQI-08	Congestive Heart Failure Admission Rate—*Per 100,000 Member Months (Ages 18-64)*	5.00		120.08		69.77		71.65		162.67		0.00	
PQI-08	Congestive Heart Failure Admission Rate—*Per 100,000 Member Months (Ages 65+)*	0.00		707.45		707.27		706.24		438.90		NA	
PQI-08	Congestive Heart Failure Admission Rate—*Per 100,000 Member Months (Total)*	5.00		277.82		178.96		182.79		353.22		0.00	
CBP	Controlling High Blood Pressure				27.74%		30.17%		29.44%		29.20%		29.41%
DEV	Developmental Screening in the First Three Years of Life *(Age 1)*	34.33%		27.84%	33.58%	33.91%	36.50%					34.82%	35.77%
DEV	Developmental Screening in the First Three Years of Life *(Age 2)*	39.14%		34.67%	45.99%	38.15%	42.34%					38.52%	38.69%
DEV	Developmental Screening in the First Three Years of Life *(Age 3)*	30.72%		26.60%	32.12%	29.89%	29.20%					27.52%	29.20%
DEV	Developmental Screening in the First Three Years of Life *(Total)*	34.36%		29.97%	37.23%	33.86%	36.01%					33.29%	34.55%
PQI-01	Diabetes, Short-term Complications Admission Rate—*Per 100,000 Member Months (Ages 18-64)*	16.67		47.15		33.82		34.50		33.37		4.92	
PQI-01	Diabetes, Short-term Complications Admission Rate—*Per 100,000 Member Months (Ages 65+)*	0.00		16.76		16.75		16.75		20.63		NA	
PQI-01	Diabetes, Short-term Complications Admission Rate—*Per 100,000 Member Months (Total)*	16.66		38.99		30.90		31.39		24.58		4.92	
PC-01	Elective Delivery	17.63%		30.06%	13.77%	33.76%	18.52%	34.01%	22.50%			25.00%*	16.67%*
PC-01	Elective Delivery without Denominator Reduction	11.91%		15.54%	4.62%	17.53%	6.08%	17.71%	6.57%			11.11%*	5.56%*

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FUH	Follow-Up After Hospitalization for Mental Illness—*7-Day Follow-Up*	47.59%		40.69%		43.43%		38.23%		15.69%		56.56%	
FUH	Follow-Up After Hospitalization for Mental Illness—*30-Day Follow-Up*	68.89%		60.54%		62.74%		57.67%		37.25%		78.47%	
ADD	Follow-Up Care for Children Prescribed ADHD Medication—*Continuation and Maintenance Phase*	48.76%		45.32%		47.27%						45.08%	
ADD	Follow-Up Care for Children Prescribed ADHD Medication—*Initiation Phase*	35.74%		33.58%		35.21%						36.62%	
FPC	Frequency of Ongoing Prenatal Care—*(<21 Percent)*	59.83%		57.91%	38.20%	68.24%	48.66%	61.14%	33.74%			59.60%	32.00%
FPC	Frequency of Ongoing Prenatal Care *(21-40 Percent)*	21.21%		23.15%	13.14%	16.30%	15.65%	23.26%	13.69%			19.87%	15.33%
FPC	Frequency of Ongoing Prenatal Care *(41-60 Percent)*	7.99%		10.41%	9.98%	6.29%	7.33%	7.86%	9.29%			13.91%	15.33%
FPC	Frequency of Ongoing Prenatal Care *(61-80 Percent)*	4.21%		4.81%	9.98%	3.07%	5.87%	3.73%	10.51%			4.64%	18.00%
FPC	Frequency of Ongoing Prenatal Care *(81-100 Percent)*	6.76%		3.72%	28.71%	6.10%	22.49%	4.02%	32.76%			1.99%	19.33%
HPV	Human Papillomavirus Vaccine for Female Adolescents	18.02%		12.16%	16.79%	16.65%	20.44%					13.46%	15.09%
IMA	Immunizations for Adolescents—*Combo 1*	68.50%		57.62%	60.39%	65.99%	67.11%					58.74%	63.70%
IMA	Immunizations for Adolescents—*Meningococcal*	71.14%		60.47%	61.61%	68.73%	69.74%					62.09%	65.93%
IMA	Immunizations for Adolescents—*Tdap/Td Total*	78.22%		66.88%	68.70%	75.51%	76.05%					66.31%	73.83%
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—*Engagement (Ages 13-17)*	11.62%		13.13%		12.54%		NA		NA		15.23%	
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—*Engagement (Ages 18+)*	6.61%		4.55%		5.11%		5.07%		0.00%		10.57%	
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—*Engagement (Total)*	7.65%		4.72%		5.67%		5.07%		0.00%		13.72%	
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—*Initiation (Ages 13-17)*	36.64%		34.93%		36.37%		NA		NA		36.33%	
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—*Initiation (Ages 18+)*	35.36%		40.25%		38.84%		38.86%		37.97%		37.40%	
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—*Initiation (Total)*	35.62%		40.15%		38.65%		38.86%		37.97%		36.68%	
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		Rates reported in separate table		Rates reported in separate table	
LSC	Lead Screening in Children	75.24%		63.38%	67.40%	72.12%	72.99%					65.43%	68.61%
PQI-09	Low Birth Weight—Percentage of Live Births Weighing Less Than 2,500 Grams	8.92%		10.34%		9.18%		0.00%				28.63%	
MMA	Medication Management for People With Asthma—*50% Compliance (Ages 5-11)*	55.78%		63.59%		56.97%		NA		NA		67.86%	
MMA	Medication Management for People With Asthma—*50% Compliance (Ages 12-18)*	52.04%		63.40%		53.85%		55.81%		NA		63.73%	
MMA	Medication Management for People With Asthma—*50% Compliance (Ages 19-50)*	57.99%		64.30%		60.62%		60.38%		NA		44.12%	
MMA	Medication Management for People With Asthma—*50% Compliance (Ages 51-64)*	69.77%		71.61%		71.28%		71.28%		NA		NA	
MMA	Medication Management for People With Asthma—*50% Compliance (Total)*	54.57%		64.75%		56.69%		62.42%		NA		64.66%	
MMA	Medication Management for People With Asthma—*75% Compliance (Ages 5-11)*	31.78%		41.78%		33.21%		NA		NA		41.88%	
MMA	Medication Management for People With Asthma—*75% Compliance (Ages 12-18)*	28.85%		42.05%		31.19%		33.43%		NA		43.79%	
MMA	Medication Management for People With Asthma—*75% Compliance (Ages 19-50)*	28.01%		44.66%		38.47%		38.31%		NA		29.41%	
MMA	Medication Management for People With Asthma—*75% Compliance (Ages 51-64)*	48.84%		52.79%		52.62%		52.62%		NA		NA	
MMA	Medication Management for People With Asthma—*75% Compliance (Total)*	30.65%		43.98%		33.58%		41.13%		NA		42.13%	
MPT	Mental Health Utilization	Rates reported in separate table		Rates reported in separate table		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			59.20%		60.45%		60.69%		NA			
PCE	Pharmacotherapy Management of COPD Exacerbation—*Bronchodilator*			48.23%		49.26%		49.24%		9.92%			
PCE	Pharmacotherapy Management of COPD Exacerbation—*Systemic Corticosteroid*			34.44%		35.65%		35.65%		2.29%			
PCR	Plan All-Cause Readmissions	Rates reported in separate table		Rates reported in separate table		Rates reported in separate table		Rates reported in separate table		Rates reported in separate table		Rates reported in separate table	

Measure ID	Measure Description	Georgia Families		Fee For Service		ALL		Medicaid Adult Only		CCSP		Foster Care	
		2013 Admin Rate	2013 Hybrid Rate	2013 Admin Rate	2013 Hybrid Rate	2013 Admin Rate	2013 Hybrid Rate	2013 Admin Rate	2013 Hybrid Rate	2013 Admin Rate	2013 Hybrid Rate	2013 Admin Rate	2013 Hybrid Rate
PPC	Prenatal and Postpartum Care—*Postpartum Care*	36.58%		19.83%	34.06%	27.29%	40.49%	26.72%	37.41%			17.22%	37.09%
PPC	Prenatal and Postpartum Care—*Timeliness of Prenatal Care*	35.03%		41.75%	48.42%	29.65%	46.83%	38.78%	51.34%			39.74%	48.34%
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		Rates reported in separate table		Rates reported in separate table	
SCD	Screening for Clinical Depression and Follow-Up Plan *(Ages 18-64)*	0.00%		0.03%	0.30%	0.02%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	1.46%
SCD	Screening for Clinical Depression and Follow-Up Plan *(Ages 65+)*	0.00%		0.11%	1.23%	0.11%	0.00%	0.11%	0.00%	0.10%	0.36%	NA	NA
SCD	Screening for Clinical Depression and Follow-Up Plan *(Total)*	0.00%		0.04%	0.49%	0.03%	0.00%	0.03%	0.00%	0.07%	0.24%	0.00%	1.46%
ASM	Use of Appropriate Medications for People with Asthma *(Ages 5-11)*	92.32%		91.71%		91.80%		NA		NA		91.39%	
ASM	Use of Appropriate Medications for People with Asthma *(Ages 12-18)*	88.67%		90.77%		88.48%		81.71%		NA		87.18%	
ASM	Use of Appropriate Medications for People with Asthma *(Ages 19-50)*	72.77%		68.20%		70.06%		69.96%		NA		82.93%	
ASM	Use of Appropriate Medications for People with Asthma *(Ages 51-64)*	81.13%		63.33%		64.17%		64.17%		NA		NA	
ASM	Use of Appropriate Medications for People with Asthma *(Total)*	90.06%		80.28%		87.31%		69.69%		NA		88.89%	
WOP	Weeks of Pregnancy at Time of Enrollment *(<0 Weeks)*	9.87%		21.65%		11.07%						79.10%	
WOP	Weeks of Pregnancy at Time of Enrollment *(1-12 Weeks)*	10.33%		2.35%		9.52%						7.34%	
WOP	Weeks of Pregnancy at Time of Enrollment *(13-27 Weeks)*	62.35%		9.21%		56.94%						7.91%	
WOP	Weeks of Pregnancy at Time of Enrollment *(28+ Weeks)*	15.69%		61.36%		20.34%						4.52%	
WOP	Weeks of Pregnancy at Time of Enrollment *(Unknown)*	1.75%		5.44%		2.13%						1.13%	
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*BMI Percentile (Ages 3-11)*	18.27%		12.59%	28.17%	17.61%	28.68%					15.19%	31.12%
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*BMI Percentile (Ages 12-17)*	17.57%		11.85%	29.56%	16.73%	32.88%					12.92%	31.18%
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*BMI Percentile (Total)*	18.04%		12.29%	28.71%	17.33%	30.17%					14.21%	31.14%
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*Counseling for Nutrition (Ages 3-11)*	9.17%		6.46%	35.71%	8.81%	44.15%					7.59%	41.91%
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*Counseling for Nutrition (Ages 12-17)*	9.04%		5.91%	26.42%	8.55%	44.52%					6.49%	33.53%
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*Counseling for Nutrition (Total)*	9.13%		6.24%	32.12%	8.73%	44.28%					7.11%	38.44%
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*Counseling for Physical Activity (Ages 3-11)*	8.39%		5.41%	25.79%	8.01%	36.60%					6.94%	32.37%
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*Counseling for Physical Activity (Ages 12-17)*	8.11%		5.03%	23.27%	7.63%	40.41%					5.84%	31.18%
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*Counseling for Physical Activity (Total)*	8.30%		5.25%	24.82%	7.89%	37.96%					6.46%	31.87%
W15	Well-Child Visits in the First 15 Months of Life—*Zero Visits*	5.06%		22.32%	19.95%	5.36%	3.65%					6.68%	5.84%
W15	Well-Child Visits in the First 15 Months of Life—*One Visit*	3.13%		4.48%	2.68%	3.30%	2.43%					3.95%	2.92%
W15	Well-Child Visits in the First 15 Months of Life—*Two Visits*	4.41%		5.46%	3.41%	4.65%	4.38%					4.25%	4.14%
W15	Well-Child Visits in the First 15 Months of Life—*Three Visits*	6.90%		9.75%	7.06%	7.59%	6.81%					10.32%	9.25%
W15	Well-Child Visits in the First 15 Months of Life—*Four Visits*	10.95%		15.20%	14.11%	11.97%	8.76%					12.44%	10.22%
W15	Well-Child Visits in the First 15 Months of Life—*Five Visits*	16.63%		17.15%	21.90%	17.64%	15.57%					17.60%	18.98%
W15	Well-Child Visits in the First 15 Months of Life—*Six+ Visits*	52.92%		25.63%	30.90%	49.49%	58.39%					44.76%	48.66%
W34	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	63.09%		52.80%	57.32%	61.51%	60.00%					56.33%	56.30%

***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.**

Georgia Families

Inpatient Utilization—General Hospital/Acute Care

Total Inpatient

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	6,276	6.73	42,010	45.02	6.69
1-9	6,413	1.02	20,535	3.27	3.20
10-19	11,708	2.50	35,898	7.67	3.07
20-44	56,731	37.66	161,893	107.48	2.85
45-64	1,900	13.05	9,314	63.97	4.90
65-74	2	9.90	4	19.80	2.00
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	83,030	6.13	269,654	19.92	3.25

Medicine

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	4,772	5.11	21,810	23.37	4.57
1-9	4,736	0.76	12,364	1.97	2.61
10-19	2,197	0.47	7,289	1.56	3.32
20-44	3,245	2.15	11,354	7.54	3.50
45-64	1,051	7.22	4,316	29.64	4.11
65-74	1	4.95	2	9.90	2.00
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	16,002	1.18	57,135	4.22	3.57

Georgia Families

Inpatient Utilization—General Hospital/Acute Care

Surgery

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1,482	1.59	19,957	21.39	13.47
1-9	1,677	0.27	8,171	1.30	4.87
10-19	1,575	0.34	7,794	1.66	4.95
20-44	2,410	1.60	12,544	8.33	5.20
45-64	799	5.49	4,843	33.26	6.06
65-74	1	4.95	2	9.90	2.00
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	7,944	0.59	53,311	3.94	6.71

Maternity*

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	7,936	1.70	20,815	4.45	2.62
20-44	51,076	33.91	137,995	91.61	2.70
45-64	50	0.34	155	1.06	3.10
Unknown	0	0.00	0	0.00	0.00
Total	59,062	9.33	158,965	25.10	2.69

***For discharges, only discharges per 1000 member years were reported, not discharges per 1000 member months.**
****The maternity category is calculated using member months for members 10-64 years.**

Fee-for-Service

Inpatient Utilization—General Hospital/Acute Care

Total Inpatient

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	2,039	23.47	30,054	345.92	14.74
1-9	5,471	4.77	27,101	23.65	4.95
10-19	5,174	4.98	26,425	25.41	5.11
20-44	22,239	18.48	124,512	103.48	5.60
45-64	39,353	30.48	244,721	189.57	6.22
65-74	7,911	17.53	44,224	97.98	5.59
75-84	5,102	16.20	29,484	93.62	5.78
85+	2,914	14.12	15,256	73.93	5.24
Unknown	0	0.00	0	0.00	0.00
Total	90,203	15.72	541,777	94.39	6.01

Medicine

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1,300	14.96	7,623	87.74	5.86
1-9	3,835	3.35	13,685	11.94	3.57
10-19	2,786	2.68	11,955	11.50	4.29
20-44	10,989	9.13	52,061	43.27	4.74
45-64	26,421	20.47	122,098	94.58	4.62
65-74	5,474	12.13	24,801	54.95	4.53
75-84	3,812	12.10	17,522	55.64	4.60
85+	2,315	11.22	10,400	50.40	4.49
Unknown	0	0.00	0	0.00	0.00
Total	56,932	9.92	260,145	45.32	4.57

Surgery

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay

Fee-for-Service					
Inpatient Utilization—General Hospital/Acute Care					
<1	707	8.14	22,222	255.77	31.43
1-9	1,635	1.43	13,413	11.70	8.20
10-19	1,295	1.25	11,459	11.02	8.85
20-44	5,377	4.47	54,662	45.43	10.17
45-64	12,886	9.98	122,437	94.84	9.50
65-74	2,433	5.39	19,409	43.00	7.98
75-84	1,289	4.09	11,961	37.98	9.28
85+	596	2.89	4,848	23.49	8.13
Unknown	0	0.00	0	0.00	0.00
Total	26,218	4.57	260,411	45.37	9.93
Maternity*					
Age	**Discharges**	**Discharges / 1,000 Member Months**	**Days**	**Days / 1,000 Members Months**	**Average Length of Stay**
10-19	1,093	1.05	3,011	2.90	2.75
20-44	5,873	4.88	17,789	14.78	3.03
45-64	46	0.04	186	0.14	4.04
Unknown	0	0.00	0	0.00	0.00
Total	7,012	1.98	20,986	5.94	2.99

***For discharges, only discharges per 1000 member years were reported, not discharges per 1000 member months.**
****The maternity category is calculated using member months for members 10-64 years.**

ALL

Inpatient Utilization—General Hospital/Acute Care

Total Inpatient

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	8,315	8.15	72,064	70.65	8.67
1-9	11,884	1.60	47,636	6.42	4.01
10-19	16,882	2.95	62,323	10.89	3.69
20-44	78,970	29.15	286,405	105.71	3.63
45-64	41,253	28.72	254,035	176.84	6.16
65-74	7,913	17.52	44,228	97.94	5.59
75-84	5,105	16.21	29,501	93.66	5.78
85+	2,914	14.12	15,256	73.93	5.24
Unknown	0	0.00	0	0.00	0.00
Total	173,236	8.99	811,448	42.09	4.68

Medicine

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	6,072	5.95	29,433	28.86	4.85
1-9	8,571	1.16	26,049	3.51	3.04
10-19	4,983	0.87	19,244	3.36	3.86
20-44	14,234	5.25	63,415	23.40	4.46
45-64	27,472	19.12	126,414	88.00	4.60
65-74	5,475	12.12	24,803	54.93	4.53
75-84	3,815	12.11	17,539	55.69	4.60
85+	2,315	11.22	10,400	50.40	4.49
Unknown	0	0.00	0	0.00	0.00
Total	72,937	3.78	317,297	16.46	4.35

Surgery

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	2,189	2.15	42,179	41.35	19.27
1-9	3,312	0.45	21,584	2.91	6.52
10-19	2,870	0.50	19,253	3.36	6.71
20-44	7,787	2.87	67,206	24.80	8.63
45-64	13,685	9.53	127,280	88.60	9.30

ALL					
Inpatient Utilization—General Hospital/Acute Care					
65-74	2,434	5.39	19,411	42.99	7.97
75-84	1,289	4.09	11,961	37.98	9.28
85+	596	2.89	4,848	23.49	8.13
Unknown	0	0.00	0	0.00	0.00
Total	34,162	1.77	313,722	16.27	9.18
Maternity*					
Age	**Discharges**	**Discharges / 1,000 Member Months**	**Days**	**Days / 1,000 Members Months**	**Average Length of Stay**
10-19	9,029	1.58	23,826	4.16	2.64
20-44	56,949	21.02	155,784	57.50	2.74
45-64	96	0.07	341	0.24	3.55
Unknown	0	0.00	0	0.00	0.00
Total	66,074	6.70	179,951	18.24	2.72

***For discharges, only discharges per 1000 member years were reported, not discharges per 1000 member months.**
****The maternity category is calculated using member months for members 10-64 years.**

Medicaid Adult Only

Inpatient Utilization—General Hospital/Acute Care

Total Inpatient

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	0	0.00	0	0.00	0.00
1-9	0	0.00	0	0.00	0.00
10-19	8,763	13.88	29,183	46.24	3.33
20-44	78,968	29.15	286,392	105.70	3.63
45-64	41,254	28.72	254,065	176.86	6.16
65-74	7,918	17.53	44,269	98.03	5.59
75-84	5,099	16.19	29,458	93.53	5.78
85+	2,923	14.16	15,271	74.00	5.22
Unknown	0	0.00	0	0.00	0.00
Total	144,925	25.20	658,638	114.54	4.54

Medicine

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	0	0.00	0	0.00	0.00
1-9	0	0.00	0	0.00	0.00
10-19	1,031	1.63	4,737	7.51	4.59
20-44	14,234	5.25	63,416	23.41	4.46
45-64	27,474	19.13	126,463	88.03	4.60
65-74	5,480	12.14	24,831	54.99	4.53
75-84	3,811	12.10	17,512	55.60	4.60
85+	2,319	11.24	10,396	50.38	4.48
Unknown	0	0.00	0	0.00	0.00
Total	54,349	9.45	247,355	43.02	4.55

Surgery

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	0	0.00	0	0.00	0.00
1-9	0	0.00	0	0.00	0.00
10-19	564	0.89	5,511	8.73	9.77
20-44	7,785	2.87	67,192	24.80	8.63
45-64	13,684	9.53	127,261	88.59	9.30
65-74	2,434	5.39	19,424	43.01	7.98
75-84	1,287	4.09	11,945	37.92	9.28
85+	601	2.91	4,867	23.58	8.10
Unknown	0	0.00	0	0.00	0.00
Total	26,355	4.58	236,200	41.08	8.96

Medicaid Adult Only

Inpatient Utilization—General Hospital/Acute Care

Maternity*

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	7,168	11.36	18,935	30.00	2.64
20-44	56,949	21.02	155,784	57.50	2.74
45-64	96	0.07	341	0.24	3.55
Unknown	0	0.00	0	0.00	0.00
Total	64,213	13.44	175,060	36.65	2.73

***For discharges, only discharges per 1000 member years were reported, not discharges per 1000 member months.**
****The maternity category is calculated using member months for members 10-64 years.**

CCSP

Inpatient Utilization—General Hospital/Acute Care

Total Inpatient

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	0	0.00	0	0.00	0.00
1-9	0	0.00	0	0.00	0.00
10-19	1	4.76	2	9.52	2.00
20-44	107	26.42	830	204.94	7.76
45-64	680	34.39	3,695	186.85	5.43
65-74	650	34.93	3,575	192.10	5.50
75-84	634	32.75	3,302	170.57	5.21
85+	357	23.26	2,010	130.98	5.63
Unknown	0	0.00	0	0.00	0.00
Total	2,429	31.40	13,414	173.42	5.52

Medicine

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	0	0.00	0	0.00	0.00
1-9	0	0.00	0	0.00	0.00
10-19	1	4.76	2	9.52	2.00
20-44	63	15.56	305	75.31	4.84
45-64	471	23.82	2,155	108.98	4.58
65-74	498	26.76	2,303	123.75	4.62
75-84	510	26.34	2,240	115.71	4.39
85+	293	19.09	1,348	87.84	4.60
Unknown	0	0.00	0	0.00	0.00
Total	1,836	23.74	8,353	107.99	4.55

Surgery

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	0	0.00	0	0.00	0.00
1-9	0	0.00	0	0.00	0.00
10-19	0	0.00	0	0.00	0.00
20-44	43	10.62	522	128.89	12.14
45-64	209	10.57	1540	77.88	7.37
65-74	152	8.17	1272	68.35	8.37
75-84	124	6.41	1062	54.86	8.56
85+	64	4.17	662	43.14	10.34
Unknown	0	0.00	0	0.00	0.00
Total	592	7.65	5058	65.39	8.54

CCSP					
Inpatient Utilization—General Hospital/Acute Care					
Maternity*					
Age	**Discharges**	**Discharges / 1,000 Member Months**	**Days**	**Days / 1,000 Members Months**	**Average Length of Stay**
10-19	0	0.00	0	0.00	0.00
20-44	1	0.25	3	0.74	3.00
45-64	0	0.00	0	0.00	0.00
Unknown	0	0.00	0	0.00	0.00
Total	1	0.04	3	0.12	3.00

***For discharges, only discharges per 1000 member years were reported, not discharges per 1000 member months.**
****The maternity category is calculated using member months for members 10-64 years.**

Foster Care

Inpatient Utilization—General Hospital/Acute Care

Total Inpatient

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	294	26.11	3,750	333.07	12.76
1-9	411	2.52	2,045	12.56	4.98
10-19	532	2.35	2,315	10.24	4.35
20-44	44	4.32	184	18.05	4.18
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	1,281	3.12	8,294	20.21	6.47

Medicine

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	207	18.39	1,499	133.14	7.24
1-9	259	1.59	987	6.06	3.81
10-19	233	1.03	842	3.72	3.61
20-44	8	0.78	32	3.14	4.00
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
Unknown	0	0.00	0	0.00	0.00
Total	707	1.72	3,360	8.19	4.75

Surgery

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	87	7.73	2,251	199.93	25.87
1-9	152	0.93	1,058	6.50	6.96
10-19	136	0.60	1,002	4.43	7.37
20-44	10	0.98	73	7.16	7.30
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

Foster Care					
Inpatient Utilization—General Hospital/Acute Care					
Total	385	0.94	4,384	10.68	11.39
Maternity*					
Age	**Discharges**	**Discharges / 1,000 Member Months**	**Days**	**Days / 1,000 Members Months**	**Average Length of Stay**
10-19	163	0.72	471	2.08	2.89
20-44	26	2.55	79	7.75	3.04
45-64	0	0	0	0.00	0.00
Unknown	0	0	0	0.00	0.00
Total	189	0.8	550	2.33	2.91

***For discharges, only discharges per 1000 member years were reported, not discharges per 1000 member months.**
****The maternity category is calculated using member months for members 10-64 years.**

Georgia Families

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	155,354	76.76%	392,306	38.02%	133,527	40.59%	0	0.00%	681,187	43.57%
Black or African American	3,743	1.85%	600,018	58.14%	125,254	38.08%	0	0.00%	729,015	46.63%
American-Indian and Alaska Native	347	0.17%	871	0.08%	232	0.07%	0	0.00%	1,450	0.09%
Asian	511	0.25%	20,782	2.01%	12,604	3.83%	0	0.00%	33,897	2.17%
Native Hawaiian and Other Pacific Islanders	584	0.29%	624	0.06%	33	0.01%	0	0.00%	1,241	0.08%
Some Other Race	41,514	20.51%	11,330	1.10%	629	0.19%	0	0.00%	53,473	3.42%
Two or More Races	1	0.00%	2	0.00%	0	0.00%	0	0.00%	3	0.00%
Unknown	165	0.08%	2,649	0.26%	528	0.16%	0	0.00%	3,342	0.21%
Declined	161	0.08%	3,386	0.33%	56,140	17.07%	0	0.00%	59,687	3.82%
Total									1,563,295	100.00%

Fee-for-Service

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	76,561	79.59%	270,108	32.16%	50,935	30.31%	0	0.00%	397,604	36.01%
Black or African American	2,333	2.43%	433,577	51.62%	61,585	36.64%	0	0.00%	497,495	45.05%
American-Indian and Alaska Native	211	0.22%	855	0.10%	148	0.09%	0	0.00%	1,214	0.11%
Asian	333	0.35%	18,456	2.20%	4,310	2.56%	0	0.00%	23,099	2.09%
Native Hawaiian and Other Pacific Islanders	303	0.31%	464	0.06%	22	0.01%	0	0.00%	789	0.07%
Some Other Race	13,996	14.55%	9,801	1.17%	490	0.29%	0	0.00%	24,287	2.20%
Two or More Races	2	0.00%	3	0.00%	1	0.00%	0	0.00%	6	0.00%
Unknown	1,624	1.69%	79,317	9.44%	23,669	14.08%	0	0.00%	104,610	9.47%
Declined	837	0.87%	27,379	3.26%	26,911	16.01%	0	0.00%	55,127	4.99%
Total									1,104,231	100.00%

ALL

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	163,478	76.02%	474,916	34.41%	147,668	36.19%	0	0.00%	786,062	39.24%
Black or African American	4,202	1.95%	750,488	54.38%	153,064	37.51%	0	0.00%	907,754	45.32%
American-Indian and Alaska Native	389	0.18%	1,280	0.09%	294	0.07%	0	0.00%	1,963	0.10%
Asian	592	0.28%	28,322	2.05%	13,952	3.42%	0	0.00%	42,866	2.14%
Native Hawaiian and Other Pacific Islanders	627	0.29%	737	0.05%	55	0.01%	0	0.00%	1,419	0.07%
Some Other Race	43,222	20.10%	15,686	1.14%	1,080	0.26%	0	0.00%	59,988	2.99%
Two or More Races	2	0.00%	5	0.00%	1	0.00%	0	0.00%	8	0.00%
Unknown	1,647	0.77%	79,699	5.78%	23,814	5.84%	0	0.00%	105,160	5.25%
Declined	885	0.41%	28870	2.09%	68,162	16.70%	0	0.00%	97,917	4.89%
Total									2,003,137	100.00%

Medicaid Adult Only

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	14,496	83.96%	168,090	31.24%	16,115	19.93%	0	0.00%	198,701	31.24%
Black or African American	796	4.61%	267,275	49.68%	30,361	37.54%	0	0.00%	298,432	46.91%
American-Indian and Alaska Native	48	0.28%	565	0.11%	166	0.21%	0	0.00%	779	0.12%
Asian	110	0.64%	12,030	2.24%	1,349	1.67%	0	0.00%	13,489	2.12%
Native Hawaiian and Other Pacific Islanders	105	0.61%	181	0.03%	8	0.01%	0	0.00%	294	0.05%
Some Other Race	1,263	7.31%	4,353	0.81%	352	0.44%	0	0.00%	5,968	0.94%
Two or More Races	2	0.01%	4	0.00%	0	0.00%	0	0.00%	6	0.00%
Unknown	269	1.56%	67,756	12.59%	14,016	17.33%	0	0.00%	82,041	12.90%
Declined	177	1.03%	17,745	3.30%	18,501	22.88%	0	0.00%	36,423	5.73%
Total									636,133	100.00%

CCSP

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	67	85.90%	3,773	56.10%	648	57.70%	0	0.00%	4,488	56.62%
Black or African American	8	10.26%	2,858	42.50%	471	41.94%	0	0.00%	3,337	42.10%
American-Indian and Alaska Native	0	0.00%	5	0.07%	0	0.00%	0	0.00%	5	0.06%
Asian	0	0.00%	50	0.74%	2	0.18%	0	0.00%	52	0.66%
Native Hawaiian and Other Pacific Islanders	1	1.28%	3	0.04%	0	0.00%	0	0.00%	4	0.05%
Some Other Race	2	2.56%	10	0.15%	0	0.00%	0	0.00%	12	0.15%
Two or More Races	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unknown	0	0.00%	13	0.19%	1	0.09%	0	0.00%	14	0.18%
Declined	0	0.00%	13	0.19%	1	0.09%	0	0.00%	14	0.18%
Total									7,926	100.00%

Foster Care 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	1,005	86.79%	11,756	44.45%	2,728	39.55%	0	0.00%	15,489	44.89%
Black or African American	65	5.61%	13,614	51.47%	3,826	55.47%	0	0.00%	17,505	50.73%
American-Indian and Alaska Native	9	0.78%	49	0.19%	0	0.00%	0	0.00%	58	0.17%
Asian	2	0.17%	77	0.29%	21	0.30%	0	0.00%	100	0.29%
Native Hawaiian and Other Pacific Islanders	6	0.52%	27	0.10%	17	0.25%	0	0.00%	50	0.14%
Some Other Race	60	5.18%	563	2.13%	202	2.93%	0	0.00%	825	2.39%
Two or More Races	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unknown	5	0.43%	187	0.71%	5	0.07%	0	0.00%	197	0.57%
Declined	6	0.52%	177	0.67%	98	1.42%	0	0.00%	281	0.81%
Total									34,505	100.00%

Georgia Families									
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**	32,259	8.50	569	0.15	286	0.08	32,159	8.48
	F	19,722	5.32	394	0.11	175	0.05	19,664	5.30
	Total	51,981	6.93	963	0.13	461	0.06	51,823	6.91
13-17	**M**	12,683	12.39	888	0.87	283	0.28	12,481	12.19
	F	12,455	11.99	1,532	1.48	427	0.41	12,123	11.67
	Total	25,138	12.19	2,420	1.17	710	0.34	24,604	11.93
18-64	**M**	2,163	7.76	253	0.91	35	0.13	2,046	7.34
	F	14,711	10.24	1,266	0.88	209	0.15	14,240	9.91
	Total	16,874	9.84	1,519	0.89	244	0.14	16,286	9.50
65+	**M**	0	0.00	0	0.00	0	0.00	0	0.00
	F	1	8.39	0	0.00	0	0.00	1	8.39
	Total	1	4.98	0	0.00	0	0.00	1	4.98
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**	47,105	9.24	1,710	0.34	604	0.12	46,686	9.16
	F	46,889	7.58	3,192	0.52	811	0.13	46,028	7.44
	Total	93,994	8.33	4,902	0.43	1,415	0.13	92,714	8.22

Fee-for-Service									
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**	12,355	17.31	216	0.30	69	0.10	12,310	17.25
	F	6,616	10.95	81	0.13	30	0.05	6,602	10.93
	Total	18,971	14.40	297	0.23	99	0.08	18,912	14.35
13-17	**M**	7,496	30.16	357	1.44	58	0.23	7,441	29.94
	F	5,064	25.51	387	1.95	54	0.27	4,993	25.16
	Total	12,560	28.10	744	1.66	112	0.25	12,434	27.81
18-64	**M**	20,244	21.99	2,919	3.17	73	0.08	19,414	21.08
	F	26,410	20.61	3,143	2.45	78	0.06	25,548	19.94
	Total	46,654	21.19	6,062	2.75	151	0.07	44,962	20.42
65+	**M**	2,453	10.67	1,463	6.37	1	0.00	1,192	5.19
	F	6,309	10.86	3,893	6.70	0	0.00	2,872	4.95
	Total	8,762	10.81	5,356	6.61	1	0.00	4,064	5.01
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**	42,548	20.14	4,955	2.35	201	0.10	40,357	19.10
	F	44,399	16.66	7,504	2.82	162	0.06	40,015	15.02
	Total	86,947	18.20	12,459	2.61	363	0.08	80,372	16.82

ALL									
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**	44,544	9.88	785	0.17	355	0.08	44,469	9.86
	F	26,307	6.10	475	0.11	205	0.05	26,266	6.09
	Total	70,851	8.03	1,260	0.14	560	0.06	70,735	8.02
13-17	**M**	20,121	15.82	1,245	0.98	341	0.27	19,922	15.66
	F	17,408	14.07	1,919	1.55	481	0.39	17,116	13.84
	Total	37,529	14.96	3,164	1.26	822	0.33	37,038	14.76
18-64	**M**	22,386	18.66	3,172	2.64	108	0.09	21,460	17.89
	F	41,023	15.10	4,409	1.62	287	0.11	39,788	14.64
	Total	63,409	16.19	7,581	1.94	395	0.10	61,248	15.64
65+	**M**	2,453	10.67	1,463	6.36	1	0.00	1,192	5.19
	F	6,310	10.86	3,893	6.70	0	0.00	2,873	4.95
	Total	8,763	10.81	5,356	6.61	1	0.00	4,065	5.01
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**	89,504	12.41	6,665	0.92	805	0.11	87,043	12.07
	F	91,048	10.28	10,696	1.21	973	0.11	86,043	9.72
	Total	180,552	11.24	17,361	1.08	1,778	0.11	173,086	10.78

Medicaid Adult Only									
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**	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
13-17	**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
18-64	**M**	22,082	19.26	3,143	2.74	100	0.09	21,169	18.46
	F	40,712	15.27	4,367	1.64	278	0.10	39,496	14.81
	Total	62,794	16.47	7,510	1.97	378	0.10	60,665	15.91
65+	**M**	2,451	10.66	1,462	6.36	1	0.00	1,192	5.19
	F	6,308	10.86	3,891	6.70	0	0.00	2,873	4.95
	Total	8,759	10.80	5,353	6.60	1	0.00	4,065	5.01
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**	24,533	17.82	4,605	3.35	101	0.07	22,361	16.25
	F	47,020	14.48	8,258	2.54	278	0.09	42,369	13.05
	Total	71,553	15.48	12,863	2.78	379	0.08	64,730	14.00

CCSP									
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**	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
13-17	**M**	1	52.17	0	0.00	0	0.00	1	52.17
	F	0	0.00	0	0.00	0	0.00	0	0.00
	Total	1	20.00	0	0.00	0	0.00	1	20.00
18-64	**M**	128	14.81	12	1.39	1	0.12	124	14.34
	F	208	18.35	18	1.59	0	0.00	202	17.82
	Total	336	16.82	30	1.50	1	0.05	326	16.32
65+	**M**	93	8.53	31	2.84	0	0.00	69	6.33
	F	284	8.47	101	3.01	0	0.00	203	6.06
	Total	377	8.49	132	2.97	0	0.00	272	6.12
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**	222	11.34	43	2.20	1	0.05	194	9.91
	F	492	10.96	119	2.65	0	0.00	405	9.02
	Total	714	11.08	162	2.51	1	0.02	599	9.29

Foster Care

Mental Health Utilization

Age	Sex	Any Services		Inpatient		Intensive		Outpatient/ED	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-12	M	4,570	43.64	123	1.17	41	0.39	4,555	43.49
	F	3,482	36.55	50	0.52	18	0.19	3,476	36.49
	Total	8,052	40.26	173	0.87	59	0.29	8,031	40.16
13-17	M	2,987	53.70	202	3.63	30	0.54	2,972	53.43
	F	2,724	51.87	280	5.33	43	0.82	2,714	51.68
	Total	5,711	52.81	482	4.46	73	0.68	5,686	52.58
18-64	M	372	21.40	24	1.38	0	0.00	371	21.34
	F	313	18.95	33	1.99	1	0.06	311	18.83
	Total	685	20.21	57	1.68	1	0.03	682	20.12
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	7,929	44.61	349	1.96	71	0.39	7,898	44.44
	F	6,519	39.68	363	2.21	62	0.38	6,501	39.57
	Total	14,448	42.24	712	2.08	133	0.39	14,399	42.09

Georgia Families				
Plann All-Cause Readmission Rate				
Age	**Sex**	**Count of Index Stays (Denominator)**	**Count of 30-Day Readmissions (Numerator)**	**Observed Readmission (Num/Den)**
18-44	Male	474	54	11.39%
	Female	2541	230	9.05%
	Total:	3015	284	9.42%
45-54	Male	110	13	11.82%
	Female	551	57	10.34%
	Total:	661	70	10.59%
55-64	Male	18	3	16.67%
	Female	173	27	15.61%
	Total:	191	30	15.71%
Total	Male	602	70	11.63%
	Female	3265	314	9.62%
	Total:	3867	384	9.93%

Fee-for-Service				
Plan All-Cause Readmission Rate				
Age	**Sex**	**Count of Index Stays (Denominator)**	**Count of 30-Day Readmissions (Numerator)**	**Observed Readmission (Num/Den)**
18-44	Male	5396	781	14.47%
	Female	6067	822	13.55%
	Total:	11463	1603	13.98%
45-54	Male	4489	619	13.79%
	Female	6738	791	11.74%
	Total:	11227	1410	12.56%
55-64	Male	5446	703	12.91%
	Female	7650	830	10.85%
	Total:	13096	1533	11.71%
65-74	Male	2054	51	2.48%
	Female	3896	96	2.46%
	Total:	5950	147	2.47%
75-84	Male	974	28	2.87%
	Female	2694	50	1.86%
	Total:	3668	78	2.13%
85+	Male	298	7	2.35%
	Female	1686	14	0.83%
	Total:	1984	21	1.06%
Total	Male	18657	2189	11.73%
	Female	28731	2603	9.06%
	Total:	47388	4792	10.11%

Fee-for-Service				
Plan All-Cause Readmission Rate				
Age	**Sex**	**Count of Index Stays (Denominator)**	**Count of 30-Day Readmissions (Numerator)**	**Observed Readmission (Num/Den)**
18-64	Male	15331	2103	13.72%
	Female	20455	2443	11.94%
	Total:	35786	4546	12.70%
65+	Male	3326	86	2.59%
	Female	8276	160	1.93%
	Total:	11602	246	2.12%
Total	Male	18657	2189	11.73%
	Female	28731	2603	9.06%
	Total:	47388	4792	10.11%

ALL				
Plan All-Cause Readmission Rate				
Age	**Sex**	**Count of Index Stays (Denominator)**	**Count of 30-Day Readmissions (Numerator)**	**Observed Readmission (Num/Den)**
18-44	Male	6094	862	14.15%
	Female	10048	1218	12.12%
	Total:	16142	2080	12.89%
45-54	Male	4657	645	13.85%
	Female	7542	881	11.68%
	Total:	12199	1526	12.51%
55-64	Male	5479	707	12.90%
	Female	7902	869	11.00%
	Total:	13381	1576	11.78%
65-74	Male	2055	51	2.48%
	Female	3899	97	2.49%
	Total:	5954	148	2.49%
75-84	Male	975	28	2.87%
	Female	2694	50	1.86%
	Total:	3669	78	2.13%
85+	Male	298	7	2.35%
	Female	1686	14	0.83%
	Total:	1984	21	1.06%
Total	Male	19558	2300	11.76%
	Female	33771	3129	9.27%
	Total:	53329	5429	10.18%

Medicaid Adult Only				
Plan All-Cause Readmission Rate				
Age	**Sex**	**Count of Index Stays (Denominator)**	**Count of 30-Day Readmissions (Numerator)**	**Observed Readmission (Num/Den)**
18-44	**Male**	**6005**	**850**	**14.15%**
	Female	**9968**	**1211**	**12.15%**
	Total:	**15973**	**2061**	**12.90%**
45-54	**Male**	**4655**	**644**	**13.83%**
	Female	**7549**	**881**	**11.67%**
	Total:	**12204**	**1525**	**12.50%**
55-64	**Male**	**5480**	**708**	**12.92%**
	Female	**7898**	**868**	**10.99%**
	Total:	**13378**	**1576**	**11.78%**
65-74	***Male***	**2053**	**51**	**2.48%**
	Female	**3901**	**97**	**2.49%**
	Total:	**5954**	**148**	**2.49%**
75-84	***Male***	**981**	**28**	**2.85%**
	Female	**2696**	**49**	**1.82%**
	Total:	**3677**	**77**	**2.09%**
85+	***Male***	**301**	**7**	**2.33%**
	Female	**1693**	**14**	**0.83%**
	Total:	**1994**	**21**	**1.05%**
Total	**Male**	**19475**	**2288**	**11.75%**
	Female	**33705**	**3120**	**9.26%**
	Total:	**53180**	**5408**	**10.17%**

Medicaid Adult Only				
Plan All-Cause Readmission Rate				
Age	**Sex**	**Count of Index Stays**	**Count of 30-Day Readmissions**	**Observed Readmission**
18-64	Male	16140	2202	13.65%
	Female	25415	2960	11.65%
	Total:	41555	5162	12.42%
65+	Male	3335	86	2.58%
	Female	8290	160	1.93%
	Total:	11625	246	2.12%
Total	Male	19475	2288	11.75%
	Female	33705	3120	9.26%
	Total:	53180	5408	10.17%

CCSP				
Plan All-Cause Readmission Rate				
Age	**Sex**	**Count of Index Stays (Denominator)**	**Count of 30-Day Readmissions (Numerator)**	**Observed Readmission (Num/Den)**
18-44	Male	32	2	6.25%
	Female	30	1	3.33%
	Total:	62	3	4.84%
45-54	Male	53	0	0.00%
	Female	98	2	2.04%
	Total:	151	2	1.32%
55-64	Male	117	4	3.42%
	Female	155	5	3.23%
	Total:	272	9	3.31%
65-74	Male	134	3	2.24%
	Female	309	5	1.62%
	Total:	443	8	1.81%
75-84	Male	95	0	0.00%
	Female	318	5	1.57%
	Total:	413	5	1.21%
85+	Male	26	0	0.00%
	Female	175	4	2.29%
	Total:	201	4	1.99%
Total	Male	457	9	1.97%
	Female	1085	22	2.03%
	Total:	1542	31	2.01%

CCSP				
Plan All-Cause Readmission Rate				
Age	**Sex**	**Count of Index Stays**	**Count of 30-Day Readmissions**	**Observed Readmission**
18-64	Male	202	6	2.97%
	Female	283	8	2.83%
	Total:	485	14	2.89%
65+	Male	255	3	1.18%
	Female	802	14	1.75%
	Total:	1057	17	1.61%
Total	Male	457	9	1.97%
	Female	1085	22	2.03%
	Total:	1542	31	2.01%

Foster Care				
Plan All-Cause Readmission Rate				
Age	**Sex**	**Count of Index Stays (Denominator)**	**Count of 30-Day Readmissions (Numerator)**	**Observed Readmission (Num/Den)**
18-44 (Total)	**Male**	**57**	**6**	**10.53%**
	Female	**64**	**8**	**12.50%**
	Total:	**121**	**14**	**11.57%**

Demographic Stratification by Gender Measures Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)	**Medicaid Adult Only (MAO) -Cy 2013**		**CCSP - CY 2013**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CCS—Female	48.33%	52.55%	11.74%	19.95%
CBP—Female	0.00%	30.50%	0.00%	27.14%
CBP—Male	0.00%	27.13%	0.00%	33.10%
CDC/Blood Pressure Level <140/80mm Hg—Female	0.69%	15.99%	1.36%	32.77%
CDC/Blood Pressure Level <140/80mm Hg—Male	0.68%	13.41%	1.04%	31.96%
CDC/Blood Pressure Level <140/90mm Hg—Female	0.98%	24.12%	1.70%	44.35%
CDC/Blood Pressure Level <140/90mm Hg—Male	0.93%	21.23%	1.25%	42.78%
CDC/Eye Exam—Female	36.74%	43.09%	39.37%	44.35%
CDC/Eye Exam—Male	30.95%	30.73%	34.03%	33.51%
CDC/HbA1c <7% for Selected Population—Female	1.10%	15.29%	2.38%	23.64%
CDC/HbA1c <7% for Selected Population—Male	1.03%	12.33%	3.49%	12.00%
CDC/HbA1c <8%—Female	1.45%	21.68%	2.49%	29.10%
CDC/HbA1c <8%—Male	1.20%	11.73%	3.13%	32.99%
CDC/HbA1c Poor Control—Female	97.66%	74.53%	96.49%	58.47%
CDC/HbA1c Poor Control—Male	98.09%	81.01%	96.66%	57.22%
CDC/HbA1c Testing—Female	61.26%	67.21%	42.65%	62.99%
CDC/HbA1c Testing—Male	56.90%	63.69%	44.47%	61.86%
CDC/LDL-C Control <100 mg/dL—Female	2.09%	14.09%	3.17%	25.14%
CDC/LDL-C Control <100 mg/dL—Male	2.13%	13.41%	3.13%	25.77%
CDC/LDL-C Screening—Female	52.40%	59.08%	31.90%	54.80%
CDC/LDL-C Screening—Male	49.91%	56.42%	31.52%	52.06%
CDC/Medical Attention for Nephropathy—Female	61.29%	65.04%	52.83%	75.14%
CDC/Medical Attention for Nephropathy—Male	63.05%	69.83%	52.82%	67.01%

Demographic Stratification by Race/Ethnicity Measures Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)	**Medicaid Adult Only**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CCS—American Indian and Alaska Native	45.12%	0.00%		
CCS—Asian	48.29%	75.00%	0.00%	0.00%
CCS—Black or African American	54.21%	57.89%	13.28%	23.36%
CCS—White	53.50%	61.70%	10.60%	17.57%
CCS—Declined	36.49%	50.00%	0.00%	0.00%
CCS—Hispanic-Hispanic or Latino	64.68%	60.00%	10.00%	16.67%
CCS—Hispanic-Not Hispanic or Latino	48.85%	52.97%	11.84%	18.73%
CCS—Hispanic or Latino - unknown	47.56%	49.06%	11.46%	25.68%
CCS—Some Other race	43.11%	42.86%	0.00%	0.00%
CBP - American Indian and Alaska Native	0.00%	0.00%	0.00%	0.00%
CBP—Asian	0.00%	26.67%	0.00%	0.00%
CBP—Black or African American	0.00%	25.76%	0.00%	23.26%
CBP—White	0.00%	35.14%	0.00%	33.90%
CBP—Declined	0.00%	50.00%	0.00%	0.00%
CBP—Hispanic-Hispanic or Latino	0.00%	0.00%	0.00%	33.33%
CBP—Hispanic-Not Hispanic or Latino	0.00%	30.06%	0.00%	28.75%
CBP—Hispanic or Latino - unknown	0.00%	27.45%	0.00%	30.53%
CBP—Some Other race	0.00%	0.00%	0.00%	0.00%
CDC/Blood Pressure Level <140/80mm Hg—American Indian or Alaskan Native	1.37%	0.00%	0.00%	0.00%
CDC/Blood Pressure Level <140/80 mm Hg—Asian	1.34%	27.27%	0.00%	100.00%
CDC/Blood Pressure Level <140/80 mm Hg—Black or African American	0.59%	11.36%	1.59%	26.97%
CDC/Blood Pressure Level <140/80 mm Hg—White	0.66%	17.78%	0.96%	38.04%

Demographic Stratification by Race/Ethnicity Measures Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)	**Medicaid Adult Only**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CDC/Blood Pressure Level <140/80 mm Hg—Declined	0.37%	16.67%	0.00%	0.00%
CDC/Blood Pressure Level <140/80 mm Hg—Hispanic-Hispanic or Latino	0.35%	33.33%	0.00%	0.00%
CDC/Blood Pressure Level <140/80 mm Hg— Hispanic-Not Hispanic or Latino	0.69%	14.76%	1.19%	30.87%
CDC/Blood Pressure Level <140/80 mm Hg—Hispanic - Unknown	0.67%	15.91%	1.56%	41.67%
CDC/Blood Pressure Level <140/80 mm Hg—Some other race	0.66%	25.00%	0.00%	0.00%
CDC/Blood Pressure Level <140/80 mm Hg—Native Hawaiian and Other Pacific Islander	0.00%	0.00%		
CDC/Blood Pressure Level <140/80 mm Hg—Unknown	0.84%	18.59%		
CDC/Blood Pressure Level <140/90mm Hg—American Indian or Alaskan Native	1.37%	0.00%	0.00%	0.00%
CDC/Blood Pressure Level <140/90 mm Hg—Asian	1.52%	27.27%	0.00%	100.00%
CDC/Blood Pressure Level <140/90 mm Hg—Black or African American	0.87%	17.05%	1.91%	37.45%
CDC/Blood Pressure Level <140/90 mm Hg—White	0.91%	27.78%	1.24%	50.00%
CDC/Blood Pressure Level <140/90 mm Hg—Declined	0.64%	27.78%	0.00%	0.00%
CDC/Blood Pressure Level <140/90 mm Hg—Hispanic-Hispanic or Latino	0.53%	33.33%	0.00%	40.00%
CDC/Blood Pressure Level <140/90 mm Hg— Hispanic-Not Hispanic or Latino	0.96%	22.47%	1.46%	42.95%
CDC/Blood Pressure Level <140/90 mm Hg—Hispanic - Unknown	1.02%	26.14%	1.95%	47.92%
CDC/Blood Pressure Level <140/90 mm Hg—Some other race	0.80%	50.00%	0.00%	50.00%
CDC/Blood Pressure Level <140/90 mm Hg—Native Hawaiian and Other Pacific Islander	0.00%	0.00%		
CDC/Blood Pressure Level <140/90 mm Hg—Unknown	1.16%	28.85%		
CDC/Eye Exam - American Indian and Alaska Native	42.47%	100.00%	100.00%	100.00%
CDC / Eye Exam —Asian	44.76%	45.45%	33.33%	100.00%
CDC / Eye Exam -Black or African American	36.38%	40.15%	37.00%	40.07%
CDC / Eye Exam —White	33.15%	34.44%	37.64%	40.22%

Demographic Stratification by Race/Ethnicity Measures Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)	**Medicaid Adult Only**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CDC /Eye Exam -Declined	34.18%	44.44%	100.00%	0.00%
CDC / Eye Exam —Hispanic-Hispanic or Latino	43.33%	33.33%	45.45%	40.00%
CDC / Eye Exam—Hispanic-Not Hispanic or Latino	34.79%	37.67%	37.08%	40.72%
CDC / Eye Exam —Hispanic or Latino - unknown	35.14%	46.59%	38.91%	39.58%
CDC/ Eye Exam -Some other race	42.02%	0.00%	50.00%	50.00%
CDC/Eye Exam—Native Hawaiian and Other Pacific Islander	60.00%	0.00%		
CDC/ Eye Exam—Unknown	32.56%	40.38%		
CDC / HbA1c <7% for Selected Populations - American Indian and Alaska Native	0.00%	0.00%	0.00%	0.00%
CDC / HbA1c <7% for Selected Populations —Asian	1.33%	25.00%	0.00%	0.00%
CDC / HbA1c <7% for Selected Populations -Black or African American	0.87%	7.09%	2.04%	15.91%
CDC / HbA1c <7% for Selected Populations —White	1.24%	20.51%	3.51%	25.00%
CDC / HbA1c <7% for Selected Populations -Declined	0.58%	16.67%	0.00%	0.00%
CDC / HbA1c <7% for Selected Populations—Hispanic-Hispanic or Latino	0.72%	0.00%	16.67%	0.00%
CDC / HbA1c <7% for Selected Populations—Hispanic-Not Hispanic or Latino	1.09%	15.03%	3.07%	19.35%
CDC / HbA1c <7% for Selected Populations —Hispanic or Latino - unknown	1.06%	12.50%	0.00%	25.00%
CDC / HbA1c <7% for Selected Populations —Some other race	0.35%	20.00%	0.00%	0.00%
CDC/ HbA1c <7% for Selected Populations —Native Hawaiian and Other Pacific Islander	0.00%	0.00%		
CDC/ HbA1c <7% for Selected Populations —Unknown	1.47%	24.19%		
CDC / HbA1c <8% - American Indian and Alaska Native	1.37%	0.00%	0.00%	50.00%
CDC / HbA1c <8% —Asian	2.51%	18.18%	0.00%	100.00%
CDC / HbA1c <8% -Black or African American	1.13%	13.64%	2.55%	26.22%
CDC / HbA1c <8% —White	1.26%	20.00%	2.88%	34.06%

Demographic Stratification by Race/Ethnicity Measures Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)	**Medicaid Adult Only**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CDC / HbA1c <8% -Declined	1.01%	22.22%	0.00%	0.00%
CDC / HbA1c <8% -Hispanic-Hispanic or Latino	1.05%	16.67%	9.09%	20.00%
CDC / HbA1c <8% —Hispanic-Not Hispanic or Latino	1.37%	17.62%	2.56%	30.65%
CDC / HbA1c <8% —Hispanic or Latino - unknown	1.37%	22.73%	3.11%	30.21%
CDC / HbA1c <8% —Some other race	0.93%	25.00%	0.00%	50.00%
CDC/ HbA1c <8% —Native Hawaiian and Other Pacific Islander	0.00%	0.00%		
CDC/ HbA1c <8% —Unknown	1.82%	25.00%		
CDC / HbA1c Poor Control - American Indian and Alaska Native	97.26%	100.00%	100.00%	50.00%
CDC / HbA1c Poor Control —Asian	95.97%	81.82%	100.00%	0.00%
CDC / HbA1c Poor Control -Black or African American	98.11%	82.58%	96.81%	61.05%
CDC / HbA1c Poor Control —White	98.04%	74.44%	96.29%	55.43%
CDC / HbA1c Poor Control -Declined	98.34%	77.78%	100.00%	0.00%
CDC / HbA1c Poor Control -Hispanic-Hispanic or Latino	98.07%	66.67%	90.91%	80.00%
CDC / HbA1c Poor Control —Hispanic-Not Hispanic or Latino	97.80%	77.31%	96.99%	58.17%
CDC / HbA1c Poor Control —Hispanic or Latino - unknown	97.75%	73.86%	94.94%	56.25%
CDC / HbA1c Poor Control —Some other race	98.01%	62.50%	100.00%	50.00%
CDC/ HbA1c Poor Control —Native Hawaiian and Other Pacific Islander	100.00%	0.00%		
CDC/ HbA1c Poor Control —Unknown	97.16%	67.95%		
CDC/HbA1c Testing—American Indian or Alaskan native	60.27%	0.00%	50.00%	50.00%
CDC/HbA1c Testing—Asian	55.51%	72.73%	0.00%	100.00%
CDC/HbA1c Testing—Black	60.18%	64.77%	42.90%	59.18%
CDC/HbA1c Testing—White	55.40%	56.67%	43.96%	65.94%

Demographic Stratification by Race/Ethnicity Measures Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)	**Medicaid Adult Only**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CDC/HbA1c Testing—Declined	62.24%	72.22%	0.00%	0.00%
CDC / HbA1c Testing -Hispanic-Hispanic or Latino	63.16%	83.33%	45.45%	60.00%
CDC / HbA1c Testing —Hispanic-Not Hispanic or Latino	60.02%	67.18%	42.92%	63.31%
CDC / HbA1c Testing —Hispanic or Latino - unknown	58.96%	59.09%	44.75%	59.38%
CDC/HbA1c Testing—Some other race	56.65%	62.50%	0.00%	50.00%
CDC/ HbA1c Testing —Native Hawaiian and Other Pacific Islander	80.00%	0.00%		
CDC/ HbA1c Testing —Unknown	62.10%	73.08%		
CDC/ LDL-C Control <100mg/dL—American Indian or Alaskan native	2.74%	0.00%	0.00%	0.00%
CDC / /LDL-C Control <100 mg/dL —Asian	4.12%	18.18%	0.00%	100.00%
CDC /LDL-C Control <100 mg/dL -Black or African American	1.73%	11.36%	2.55%	23.60%
CDC /LDL-C Control <100 mg/dL—White	1.69%	16.67%	3.71%	26.81%
CDC /LDL-C Control <100 mg/dL-Declined	1.75%	16.67%	0.00%	0.00%
CDC /LDL-C Control <100 mg/dL-Hispanic-Hispanic or Latino	1.05%	0.00%	0.00%	0.00%
CDC /LDL-C Control <100 mg/dL—Hispanic-Not Hispanic or Latino	2.14%	14.98%	2.92%	25.95%
CDC /LDL-C Control <100 mg/dL—Hispanic or Latino - unknown	1.98%	9.09%	4.28%	23.96%
CDC /LDL-C Control <100 mg/dL —Some other race	0.93%	12.50%	0.00%	50.00%
CDC/ /LDL-C Control <100 mg/dL —Native Hawaiian and Other Pacific Islander	0.00%	0.00%		
CDC/ /LDL-C Control <100 mg/dL —Unknown	2.94%	16.03%		
CDC/ LDL-C Screening <100mg/dL—American Indian or Alaskan native	47.95%	0.00%	0.00%	0.00%
CDC / /LDL-C Screening <100 mg/dL —Asian	47.99%	72.73%	0.00%	100.00%
CDC /LDL-C Screening <100 mg/dL -Black or African American	51.66%	57.95%	30.46%	52.06%
CDC /LDL-C Screening <100 mg/dL—White	46.86%	48.89%	33.24%	55.80%

Demographic Stratification by Race/Ethnicity Measures Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)	**Medicaid Adult Only**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CDC /LDL-C Screening <100 mg/dL-Declined	53.31%	66.67%	0.00%	0.00%
CDC /LDL-C Screening<100 mg/dL-Hispanic-Hispanic or Latino	52.98%	66.67%	36.36%	40.00%
CDC /LDL-C Screening <100 mg/dL—Hispanic-Not Hispanic or Latino	51.80%	58.81%	31.42%	55.03%
CDC /LDL-C Screening <100 mg/dL—Hispanic or Latino - unknown	50.49%	54.55%	33.07%	48.96%
CDC /LDL-C Screening <100 mg/dL —Some other race	46.81%	50.00%	0.00%	50.00%
CDC /LDL-C Screening <100 mg/dL—Native Hawaiian and Other Pacific Islander	80.00%	0.00%		
CDC /LDL-C Screening <100 mg/dL —Unknown	54.49%	62.82%		
CDC/Medical Attention for Nephropathy—American Indian or Alaskan Native	76.71%	100.00%	100.00%	100.00%
CDC/Medical Attention for Nephropathy—Asian	52.19%	72.73%	66.67%	100.00%
CDC/Medical Attention for Nephropathy—Black or African American	65.01%	65.15%	59.65%	74.91%
CDC/Medical Attention for Nephropathy—White	55.73%	58.89%	46.84%	69.20%
CDC/Medical Attention for Nephropathy—Declined	63.39%	77.78%	0.00%	0.00%
CDC/Medical Attention for Nephropathy—Hispanic or Latino	57.02%	50.00%	63.64%	60.00%
CDC/Medical Attention for Nephropathy—Hispanic-Not Hispanic or Latino	62.23%	66.52%	53.52%	72.93%
CDC/Medical Attention for Nephropathy—Hispanic or Latino-unknown	59.96%	68.18%	49.42%	69.79%
CDC/Medical Attention for Nephropathy—Some Other Race	56.65%	50.00%	50.00%	100.00%
CDC/ Medical Attention for Nephropathy—Native Hawaiian and Other Pacific Islander	60.00%	0.00%		
CDC/Medical Attention for Nephropathy—Unknown	60.55%	72.44%		

Note: Gray cells indicated that there were no members included in the eligible population/denominator for that category.

Demographic Stratification <u>by Region</u> Measures Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)	**Medicaid Adult Only**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CCS—Urban	49.99%	54.52%	11.68%	23.38%
CCS—Rural	45.32%	47.32%	11.88%	12.78%
CCS—Missing	88.89%	0.00%		
CBP—Urban	0.00%	33.68%	0.00%	27.65%
CBP—Rural	0.00%	19.17%	0.00%	31.97%
CBP—Missing	0.00%	0.00%		
CDC/Blood Pressure Level <140/80 mm Hg—Urban	0.70%	15.05%	1.32%	30.95%
CDC/Blood Pressure Level <140/80 mm Hg—Rural	0.64%	15.38%	1.14%	34.91%
CDC/Blood Pressure Level <140/80 mm Hg—Missing	0.00%	0.00%		
CDC/Blood Pressure Level <140/90 mm Hg—Urban	0.99%	22.96%	1.68%	44.35%
CDC/Blood Pressure Level <140/90 mm Hg—Rural	0.89%	23.72%	1.33%	42.92%
CDC/Blood Pressure Level <140/90 mm Hg—Missing	0.00%	0.00%		
CDC/Eye Exam—Urban	34.94%	38.52%	37.60%	39.58%
CDC/Eye Exam—Rural	34.90%	40.38%	37.31%	41.98%
CDC/Eye Exam—Missing	0.00%	0.00%		
CDC/HbA1c <7% for Selected Populations—Urban	0.99%	13.77%	2.24%	22.64%
CDC/HbA1c <7% for Selected Populations—Rural	1.31%	15.79%	3.85%	14.81%
CDC/HbA1c <7% for Selected Populations—Missing	0.00%	0.00%		
CDC/HbA1c <8%—Urban	1.30%	17.35%	2.99%	32.14%
CDC/HbA1c <8%—Rural	1.54%	21.15%	2.27%	27.83%
CDC/HbA1c <8%—Missing	0.00%	0.00%		
CDC/HbA1c Poor Control—Urban	97.87%	77.81%	96.29%	55.95%
CDC/HbA1c Poor Control—Rural	97.61%	73.72%	96.97%	61.32%

Demographic Stratification <u>by Region</u> Measures Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)	**Medicaid Adult Only**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CDC/HbA1c Poor Control—Missing	100.00%	0.00%		
CDC/HbA1c Testing—Urban	59.88%	64.80%	43.23%	63.99%
CDC/HbA1c Testing—Rural	59.92%	69.23%	43.37%	60.38%
CDC/HbA1c Testing—Missing	50.00%	0.00%		
CDC/LDL-C Control <100 mg/dL—Urban	2.01%	13.78%	3.59%	28.27%
CDC/LDL-C Control <100 mg/dL—Rural	2.33%	14.10%	2.46%	20.75%
CDC/LDL-C Control <100 mg/dL—Missing	0.00%	0.00%		
CDC/LDL-C Screening—Urban	52.13%	58.67%	32.22%	55.65%
CDC/LDL-C Screening—Rural	50.34%	57.05%	31.06%	50.94%
CDC/LDL-C Screening—Missing	50.00%	0.00%		
CDC/Medical Attention for Nephropathy—Urban	62.29%	67.86%	53.89%	72.92%
CDC/Medical Attention for Nephropathy—Rural	60.73%	63.46%	51.14%	71.23%
CDC/Medical Attention for Nephropathy—Missing	0.00%	0.00%		

Measure ID	Measure Description	Admin Rates			Hybrid Rates			Comments
		Num	Den	Rate	Num	Den	Rate	
ABA	Adult BMI Assessment (Ages 18-64)	20381	160882	12.67	182	355	51.27	
ABA	Adult BMI Assessment (Ages 65-74)	3173	27093	11.71	31	56	55.36	
ABA	Adult BMI Assessment (Total)	23554	187975	12.53	213	411	51.82	
BCS	Breast Cancer Screening (Ages 42-64)	14376	36398	39.50				
BCS	Breast Cancer Screening (Ages 65-69)	2472	10292	24.02				
BCS	Breast Cancer Screening (Total)	16848	46690	36.08				
CCS	Cervical Cancer Screening	67955	139158	48.83	216	411	52.55	
CDF	Screening for Clinical Depression and Follow-Up Plan (Ages 18-64)	44	268057	0.02	0	351	0.00	
CDF	Screening for Clinical Depression and Follow-Up Plan (Ages 65+)	50	44353	0.11	0	60	0.00	
CDF	Screening for Clinical Depression and Follow-Up Plan (Total)	94	312410	0.03	0	411	0.00	
PCR	Plan All-Cause Readmission Rate: 18 - 44 Male	850	6005	14.15				
PCR	Plan All-Cause Readmission Rate: 18 - 44 Female	1211	9968	12.15				
PCR	Plan All-Cause Readmission Rate: 18 - 44 Total	2061	15973	12.90				
PCR	Plan All-Cause Readmission Rate: 45 - 54 Male	644	4655	13.83				
PCR	Plan All-Cause Readmission Rate: 45 - 54 Female	881	7549	11.67				
PCR	Plan All-Cause Readmission Rate: 45 - 54 Total	1525	12204	12.50				
PCR	Plan All-Cause Readmission Rate: 55 - 64 Male	708	5480	12.92				
PCR	Plan All-Cause Readmission Rate: 55 - 64 Female	868	7898	10.99				
PCR	Plan All-Cause Readmission Rate: 55 - 64 Total	1576	13378	11.78				
PCR	Plan All-Cause Readmission Rate: 65 - 74 Male	51	2053	2.48				
PCR	Plan All-Cause Readmission Rate: 65 - 74 Female	97	3901	2.49				
PCR	Plan All-Cause Readmission Rate: 65 - 74 Total	148	5954	2.49				
PCR	Plan All-Cause Readmission Rate: 75 - 84 Male	28	981	2.85				
PCR	Plan All-Cause Readmission Rate: 75 - 84 Female	49	2696	1.82				
PCR	Plan All-Cause Readmission Rate: 75 - 84 Total	77	3677	2.09				
PCR	Plan All-Cause Readmission Rate: 85+ Male	7	301	2.33				
PCR	Plan All-Cause Readmission Rate: 85+ Female	14	1693	0.83				
PCR	Plan All-Cause Readmission Rate: 85+ Total	21	1994	1.05				
PCR	Plan All-Cause Readmission Rate: Total Male	2288	19475	11.75				
PCR	Plan All-Cause Readmission Rate: Total Female	3120	33705	9.26				
PCR	Plan All-Cause Readmission Rate: Total	5408	53180	10.17				
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Members (Ages 18-64)	1581	4582135	34.50				
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Members (Ages 65+)	163	972894	16.75				
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Members (Total)	1744	5555029	31.39				
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Ages 40-64)	3846	1779716	216.10				
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Ages 65+)	6250	972894	642.41				
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Total)	10096	2752610	366.78				
PQI-08	Congestive Heart Failure Admission Rate—Per 100,000 Members (Ages 18-64)	3283	4582135	71.65				
PQI-08	Congestive Heart Failure Admission Rate—Per 100,000 Members (Ages 65+)	6871	972894	706.24				
PQI-08	Congestive Heart Failure Admission Rate—Per 100,000 Members (Total)	10154	5555029	182.79				
PQI-15	Asthma in Younger Adults Admission Rate: Ages 18-39	306	2802419	10.92				
CHL	Chlamydia Screening in Women (Ages 21-24)	7662	12602	60.80				
FUH	Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (Ages 21-64)	6575	2495	37.95				
FUH	Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (Ages 65+)	212	52	24.53				
FUH	Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (Total)	6787	2547	37.53				
FUH	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (Ages 21-64)	6575	3807	57.90				
FUH	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (Ages 65+)	212	87	41.04				
FUH	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (Total)	6787	3894	57.37				
PC-01	Elective Delivery	2368	6963	34.01	27	120	22.50	
PC-01	Elective Delivery w/o denominator reduction	2368	13372	17.71	27	411	6.57	
PC-03	Antenatal Steroids	3	1369	0.22	45	411	10.95	
HIV	Annual HIV/AIDS Medical Visit—90 days between (Ages 18-64)	4042	7295	55.41				This is the older HIV measure, and not the new viral load measure

Measure ID	Measure Description	Admin Rates			Hybrid Rates			Comments
		Num	Den	Rate	Num	Den	Rate	
HIV	Annual HIV/AIDS Medical Visit—90 days between (Ages 65+)	198	341	58.06				This is the older HIV measure, and not the new viral load measure
HIV	Annual HIV/AIDS Medical Visit—90 days between (Total)	4240	7636	55.53				This is the older HIV measure, and not the new viral load measure
HIV	Annual HIV/AIDS Medical Visit—180 days between (Ages 18-64)	3006	7295	41.21				This is the older HIV measure, and not the new viral load measure
HIV	Annual HIV/AIDS Medical Visit—180 days between (Ages 65+)	153	341	44.87				This is the older HIV measure, and not the new viral load measure
HIV	Annual HIV/AIDS Medical Visit—180 days between (Total)	3159	7636	41.37				This is the older HIV measure, and not the new viral load measure
CBP	Controlling High Blood Pressure (Ages 18-64)	0	59265	0	90	285	31.58	
CBP	Controlling High Blood Pressure (Ages 65-85)	0	25325	0	31	126	24.60	
CBP	Controlling High Blood Pressure (Total)	0	84590	0	121	411	29.44	
CDC	Comprehensive Diabetes Care—LDL-C Screening (Ages 18-64)	25899	44700	57.94	245	401	61.1	
CDC	Comprehensive Diabetes Care—LDL-C Screening (Ages 65-75)	4957	15079	32.87	74	147	50.34	
CDC	Comprehensive Diabetes Care—LDL-C Screening (Total)	30856	59779	51.62	319	548	58.21	
CDC	Comprehensive Diabetes Care—HbA1c Testing (Ages 18-64)	29172	44700	65.26	276	401	68.83	
CDC	Comprehensive Diabetes Care—HbA1c Testing (Ages 65-75)	6632	15079	43.98	86	147	58.50	
CDC	Comprehensive Diabetes Care—HbA1c Testing (Total)	35804	59779	59.89	362	548	66.06	
AMM	Antidepressant Medication Management—Effective Continuation Phase Treatment (Ages 18-64)	4949	12982	38.12				
AMM	Antidepressant Medication Management—Effective Continuation Phase Treatment (Ages 65+)	77	503	15.31				
AMM	Antidepressant Medication Management—Effective Continuation Phase Treatment (Total)	5026	13485	37.27				
AMM	Antidepressant Medication Management—Effective Acute Phase Treatment (Ages 18-64)	6866	12982	52.89				
AMM	Antidepressant Medication Management—Effective Acute Phase Treatment (Ages 65+)	158	503	31.41				
AMM	Antidepressant Medication Management—Effective Acute Phase Treatment (Total)	7024	13485	52.09				
SAA	Adherence to Antipsychotics for Individuals with Schizophrenia (Ages 19-64)	6332	9949	63.64				
MPM	Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs (Ages 18-64)	26533	29316	90.51				
MPM	Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs (Ages 65+)	1657	1939	85.46				
MPM	Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs (Total)	28190	31255	90.19				
MPM	Annual Monitoring for Patients on Persistent Medications—Digoxin (Ages 18-64)	724	794	91.18				
MPM	Annual Monitoring for Patients on Persistent Medications—Digoxin (Ages 65+)	50	58	86.21				
MPM	Annual Monitoring for Patients on Persistent Medications—Digoxin (Total)	774	852	90.85				
MPM	Annual Monitoring for Patients on Persistent Medications—Diuretics (Ages 18-64)	23166	25608	90.46				
MPM	Annual Monitoring for Patients on Persistent Medications—Diuretics (Ages 65+)	1275	1473	86.56				
MPM	Annual Monitoring for Patients on Persistent Medications—Diuretics (Total)	24441	27081	90.25				
MPM	Annual Monitoring for Patients on Persistent Medications—Anti-convulsants (Ages 18-64)	5896	8914	66.14				
MPM	Annual Monitoring for Patients on Persistent Medications—Anti-convulsants (Ages 65+)	154	202	76.24				
MPM	Annual Monitoring for Patients on Persistent Medications—Anti-convulsants (Total)	6050	9116	66.37				
MPM	Annual Monitoring for Patients on Persistent Medications—Total (Ages 18-64)	56319	64632	87.14				
MPM	Annual Monitoring for Patients on Persistent Medications—Total (Ages 65+)	3136	3672	85.4				
MPM	Annual Monitoring for Patients on Persistent Medications (Total)	59455	68304	87.04				
CTR	Care Transition—Transition Record Transmitted to Health Care Professional (Ages 18-64)	0	107271	0	1	343	0.29	
CTR	Care Transition—Transition Record Transmitted to Health Care Professional (Ages 65+)	0	21235	0	0	67	0.00	
CTR	Care Transition—Transition Record Transmitted to Health Care Professional (Total)	0	128506	0	1	411	0.24	
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement (Ages 18-64)	1145	21802	5.25				
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement (Ages 65+)	37	1496	2.47				
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement (Total)	1182	23298	5.07				
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation (Ages 18-64)	8446	21802	38.74				
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation (Ages 65+)	607	1496	40.57				
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation (Total)	9053	23298	38.86				
PPC	Prenatal and Postpartum Care—Postpartum Care	16578	62043	26.72	153	409	37.41	

Measure ID	Measure Description	Numerator Indicator	Category	Category Description	Admin Rates			Hybrid Rates		
					Num	Den	Rate	Num	Den	Rate
CCS	Cervical Cancer Screening		Gender	F	67955	139158	48.83%	216	411	52.55%
CCS	Cervical Cancer Screening		Hispanic	Empty	10278	21610	47.56%	26	53	49.06%
CCS	Cervical Cancer Screening		Hispanic	N	56646	115954	48.85%	187	353	52.97%
CCS	Cervical Cancer Screening		Hispanic	Y	1031	1594	64.68%	3	5	60.00%
CCS	Cervical Cancer Screening		Member Custom 3	Empty	24	27	88.89%	0	0	0.00%
CCS	Cervical Cancer Screening		Member Custom 3	R	15707	34660	45.32%	53	112	47.32%
CCS	Cervical Cancer Screening		Member Custom 3	U	52224	104471	49.99%	163	299	54.52%
CCS	Cervical Cancer Screening		Race	American - Indian and Alaska Native	74	164	45.12%	0	1	0.00%
CCS	Cervical Cancer Screening		Race	Asian	580	1201	48.29%	3	4	75.00%
CCS	Cervical Cancer Screening		Race	Black or African - American	39658	73151	54.21%	121	209	57.89%
CCS	Cervical Cancer Screening		Race	Declined	1326	3634	36.49%	5	10	50.00%
CCS	Cervical Cancer Screening		Race	Native Hawaiian and Other Pacific Islander	26	38	68.42%	0	0	0.00%
CCS	Cervical Cancer Screening		Race	Some Other Race	466	1081	43.11%	3	7	42.86%
CCS	Cervical Cancer Screening		Race	Unknown	8501	27508	30.90%	26	86	30.23%
CCS	Cervical Cancer Screening		Race	White	17324	32381	53.50%	58	94	61.70%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/80 mm Hg	Gender	F	281	41001	0.69%	59	369	15.99%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/80 mm Hg	Gender	M	128	18778	0.68%	24	179	13.41%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/80 mm Hg	Hispanic	Empty	60	8894	0.67%	14	88	15.91%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/80 mm Hg	Hispanic	N	347	50315	0.69%	67	454	14.76%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/80 mm Hg	Hispanic	Y	2	570	0.35%	2	6	33.33%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/80 mm Hg	Member Custom 3	Empty	0	2	0.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/80 mm Hg	Member Custom 3	R	110	17058	0.64%	24	156	15.38%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/80 mm Hg	Member Custom 3	U	299	42719	0.70%	59	392	15.05%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/80 mm Hg	Race	American - Indian and Alaska Native	1	73	1.37%	0	1	0.00%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/80 mm Hg	Race	Asian	15	1117	1.34%	3	11	27.27%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/80 mm Hg	Race	Black or African - American	172	28909	0.59%	30	264	11.36%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/80 mm Hg	Race	Declined	8	2174	0.37%	3	18	16.67%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/80 mm Hg	Race	Native Hawaiian and Other Pacific Islander	0	5	0.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/80 mm Hg	Race	Some Other Race	5	752	0.66%	2	8	25.00%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/80 mm Hg	Race	Unknown	144	17055	0.84%	29	156	18.59%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/80 mm Hg	Race	White	64	9694	0.66%	16	90	17.78%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/90 mm Hg	Gender	F	401	41001	0.98%	89	369	24.12%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/90 mm Hg	Gender	M	175	18778	0.93%	38	179	21.23%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/90 mm Hg	Hispanic	Empty	91	8894	1.02%	23	88	26.14%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/90 mm Hg	Hispanic	N	482	50315	0.96%	102	454	22.47%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/90 mm Hg	Hispanic	Y	3	570	0.53%	2	6	33.33%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/90 mm Hg	Member Custom 3	Empty	0	2	0.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/90 mm Hg	Member Custom 3	R	152	17058	0.89%	37	156	23.72%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/90 mm Hg	Member Custom 3	U	424	42719	0.99%	90	392	22.96%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/90 mm Hg	Race	American - Indian and Alaska Native	1	73	1.37%	0	1	0.00%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/90 mm Hg	Race	Asian	17	1117	1.52%	3	11	27.27%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/90 mm Hg	Race	Black or African - American	252	28909	0.87%	45	264	17.05%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/90 mm Hg	Race	Declined	14	2174	0.64%	5	18	27.78%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/90 mm Hg	Race	Native Hawaiian and Other Pacific Islander	0	5	0.00%	0	0	0.00%

Measure ID	Measure Description	Numerator Indicator	Category	Category Description	Admin Rates			Hybrid Rates		
					Num	Den	Rate	Num	Den	Rate
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/90 mm Hg	Race	Some Other Race	6	752	0.80%	4	8	50.00%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/90 mm Hg	Race	Unknown	198	17055	1.16%	45	156	28.85%
CDC	Comprehensive Diabetes Care	Blood Pressure level < 140/90 mm Hg	Race	White	88	9694	0.91%	25	90	27.78%
CDC	Comprehensive Diabetes Care	Eye Exam	Gender	F	15065	41001	36.74%	159	369	43.09%
CDC	Comprehensive Diabetes Care	Eye Exam	Gender	M	5812	18778	30.95%	55	179	30.73%
CDC	Comprehensive Diabetes Care	Eye Exam	Hispanic	Empty	3125	8894	35.14%	41	88	46.59%
CDC	Comprehensive Diabetes Care	Eye Exam	Hispanic	N	17505	50315	34.79%	171	454	37.67%
CDC	Comprehensive Diabetes Care	Eye Exam	Hispanic	Y	247	570	43.33%	2	6	33.33%
CDC	Comprehensive Diabetes Care	Eye Exam	Member Custom 3	Empty	0	2	0.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	Eye Exam	Member Custom 3	R	5953	17058	34.90%	63	156	40.38%
CDC	Comprehensive Diabetes Care	Eye Exam	Member Custom 3	U	14924	42719	34.94%	151	392	38.52%
CDC	Comprehensive Diabetes Care	Eye Exam	Race	American - Indian and Alaska Native	31	73	42.47%	1	1	100.00%
CDC	Comprehensive Diabetes Care	Eye Exam	Race	Asian	500	1117	44.76%	5	11	45.45%
CDC	Comprehensive Diabetes Care	Eye Exam	Race	Black or African - American	10517	28909	36.38%	106	264	40.15%
CDC	Comprehensive Diabetes Care	Eye Exam	Race	Declined	743	2174	34.18%	8	18	44.44%
CDC	Comprehensive Diabetes Care	Eye Exam	Race	Native Hawaiian and Other Pacific Islander	3	5	60.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	Eye Exam	Race	Some Other Race	316	752	42.02%	0	8	0.00%
CDC	Comprehensive Diabetes Care	Eye Exam	Race	Unknown	5553	17055	32.56%	63	156	40.38%
CDC	Comprehensive Diabetes Care	Eye Exam	Race	White	3214	9694	33.15%	31	90	34.44%
CDC	Comprehensive Diabetes Care	HbA1c <7% for Selected Populations	Gender	F	207	41001	1.10%	26	170	15.29%
CDC	Comprehensive Diabetes Care	HbA1c <7% for Selected Populations	Gender	M	80	18778	1.03%	9	73	12.33%
CDC	Comprehensive Diabetes Care	HbA1c <7% for Selected Populations	Hispanic	Empty	45	8894	1.06%	6	48	12.50%
CDC	Comprehensive Diabetes Care	HbA1c <7% for Selected Populations	Hispanic	N	240	50315	1.09%	29	193	15.03%
CDC	Comprehensive Diabetes Care	HbA1c <7% for Selected Populations	Hispanic	Y	2	570	0.72%	0	2	0.00%
CDC	Comprehensive Diabetes Care	HbA1c <7% for Selected Populations	Member Custom 3	Empty	0	2	0.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	HbA1c <7% for Selected Populations	Member Custom 3	R	97	17058	1.31%	12	76	15.79%
CDC	Comprehensive Diabetes Care	HbA1c <7% for Selected Populations	Member Custom 3	U	190	42719	0.99%	23	167	13.77%
CDC	Comprehensive Diabetes Care	HbA1c <7% for Selected Populations	Race	American - Indian and Alaska Native	0	73	0.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	HbA1c <7% for Selected Populations	Race	Asian	3	1117	1.33%	1	4	25.00%
CDC	Comprehensive Diabetes Care	HbA1c <7% for Selected Populations	Race	Black or African - American	115	28909	0.87%	9	127	7.09%
CDC	Comprehensive Diabetes Care	HbA1c <7% for Selected Populations	Race	Declined	6	2174	0.58%	1	6	16.67%
CDC	Comprehensive Diabetes Care	HbA1c <7% for Selected Populations	Race	Native Hawaiian and Other Pacific Islander	0	5	0.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	HbA1c <7% for Selected Populations	Race	Some Other Race	1	752	0.35%	1	5	20.00%
CDC	Comprehensive Diabetes Care	HbA1c <7% for Selected Populations	Race	Unknown	106	17055	1.47%	15	62	24.19%
CDC	Comprehensive Diabetes Care	HbA1c <7% for Selected Populations	Race	White	56	9694	1.24%	8	39	20.51%
CDC	Comprehensive Diabetes Care	HbA1c <8%	Gender	F	593	41001	1.45%	80	369	21.68%
CDC	Comprehensive Diabetes Care	HbA1c <8%	Gender	M	226	18778	1.20%	21	179	11.73%
CDC	Comprehensive Diabetes Care	HbA1c <8%	Hispanic	Empty	122	8894	1.37%	20	88	22.73%
CDC	Comprehensive Diabetes Care	HbA1c <8%	Hispanic	N	691	50315	1.37%	80	454	17.62%
CDC	Comprehensive Diabetes Care	HbA1c <8%	Hispanic	Y	6	570	1.05%	1	6	16.67%
CDC	Comprehensive Diabetes Care	HbA1c <8%	Member Custom 3	Empty	0	2	0.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	HbA1c <8%	Member Custom 3	R	263	17058	1.54%	33	156	21.15%
CDC	Comprehensive Diabetes Care	HbA1c <8%	Member Custom 3	U	556	42719	1.30%	68	392	17.35%
CDC	Comprehensive Diabetes Care	HbA1c <8%	Race	American - Indian and Alaska Native	1	73	1.37%	0	1	0.00%
CDC	Comprehensive Diabetes Care	HbA1c <8%	Race	Asian	28	1117	2.51%	2	11	18.18%
CDC	Comprehensive Diabetes Care	HbA1c <8%	Race	Black or African - American	328	28909	1.13%	36	264	13.64%

Measure ID	Measure Description	Numerator Indicator	Category	Category Description	Admin Rates			Hybrid Rates		
					Num	Den	Rate	Num	Den	Rate
CDC	Comprehensive Diabetes Care	HbA1c <8%	Race	Declined	22	2174	1.01%	4	18	22.22%
CDC	Comprehensive Diabetes Care	HbA1c <8%	Race	Native Hawaiian and Other Pacific Islander	0	5	0.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	HbA1c <8%	Race	Some Other Race	7	752	0.93%	2	8	25.00%
CDC	Comprehensive Diabetes Care	HbA1c <8%	Race	Unknown	311	17055	1.82%	39	156	25.00%
CDC	Comprehensive Diabetes Care	HbA1c <8%	Race	White	122	9694	1.26%	18	90	20.00%
CDC	Comprehensive Diabetes Care	HbA1c Poor Control	Gender	F	40041	41001	97.66%	275	369	74.53%
CDC	Comprehensive Diabetes Care	HbA1c Poor Control	Gender	M	18419	18778	98.09%	145	179	81.01%
CDC	Comprehensive Diabetes Care	HbA1c Poor Control	Hispanic	Empty	8694	8894	97.75%	65	88	73.86%
CDC	Comprehensive Diabetes Care	HbA1c Poor Control	Hispanic	N	49207	50315	97.80%	351	454	77.31%
CDC	Comprehensive Diabetes Care	HbA1c Poor Control	Hispanic	Y	559	570	98.07%	4	6	66.67%
CDC	Comprehensive Diabetes Care	HbA1c Poor Control	Member Custom 3	Empty	2	2	100.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	HbA1c Poor Control	Member Custom 3	R	16651	17058	97.61%	115	156	73.72%
CDC	Comprehensive Diabetes Care	HbA1c Poor Control	Member Custom 3	U	41807	42719	97.87%	305	392	77.81%
CDC	Comprehensive Diabetes Care	HbA1c Poor Control	Race	American - Indian and Alaska Native	71	73	97.26%	1	1	100.00%
CDC	Comprehensive Diabetes Care	HbA1c Poor Control	Race	Asian	1072	1117	95.97%	9	11	81.82%
CDC	Comprehensive Diabetes Care	HbA1c Poor Control	Race	Black or African - American	28363	28909	98.11%	218	264	82.58%
CDC	Comprehensive Diabetes Care	HbA1c Poor Control	Race	Declined	2138	2174	98.34%	14	18	77.78%
CDC	Comprehensive Diabetes Care	HbA1c Poor Control	Race	Native Hawaiian and Other Pacific Islander	5	5	100.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	HbA1c Poor Control	Race	Some Other Race	737	752	98.01%	5	8	62.50%
CDC	Comprehensive Diabetes Care	HbA1c Poor Control	Race	Unknown	16570	17055	97.16%	106	156	67.95%
CDC	Comprehensive Diabetes Care	HbA1c Poor Control	Race	White	9504	9694	98.04%	67	90	74.44%
CDC	Comprehensive Diabetes Care	HbA1c Testing	Gender	F	25119	41001	61.26%	248	369	67.21%
CDC	Comprehensive Diabetes Care	HbA1c Testing	Gender	M	10685	18778	56.90%	114	179	63.69%
CDC	Comprehensive Diabetes Care	HbA1c Testing	Hispanic	Empty	5244	8894	58.96%	52	88	59.09%
CDC	Comprehensive Diabetes Care	HbA1c Testing	Hispanic	N	30200	50315	60.02%	305	454	67.18%
CDC	Comprehensive Diabetes Care	HbA1c Testing	Hispanic	Y	360	570	63.16%	5	6	83.33%
CDC	Comprehensive Diabetes Care	HbA1c Testing	Member Custom 3	Empty	1	2	50.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	HbA1c Testing	Member Custom 3	R	10221	17058	59.92%	108	156	69.23%
CDC	Comprehensive Diabetes Care	HbA1c Testing	Member Custom 3	U	25582	42719	59.88%	254	392	64.80%
CDC	Comprehensive Diabetes Care	HbA1c Testing	Race	American - Indian and Alaska Native	44	73	60.27%	0	1	0.00%
CDC	Comprehensive Diabetes Care	HbA1c Testing	Race	Asian	620	1117	55.51%	8	11	72.73%
CDC	Comprehensive Diabetes Care	HbA1c Testing	Race	Black or African - American	17396	28909	60.18%	171	264	64.77%
CDC	Comprehensive Diabetes Care	HbA1c Testing	Race	Declined	1353	2174	62.24%	13	18	72.22%
CDC	Comprehensive Diabetes Care	HbA1c Testing	Race	Native Hawaiian and Other Pacific Islander	4	5	80.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	HbA1c Testing	Race	Some Other Race	426	752	56.65%	5	8	62.50%
CDC	Comprehensive Diabetes Care	HbA1c Testing	Race	Unknown	10591	17055	62.10%	114	156	73.08%
CDC	Comprehensive Diabetes Care	HbA1c Testing	Race	White	5370	9694	55.40%	51	90	56.67%
CDC	Comprehensive Diabetes Care	LDL-C Control < 100 mg/dL (CDC)	Gender	F	857	41001	2.09%	52	369	14.09%
CDC	Comprehensive Diabetes Care	LDL-C Control < 100 mg/dL (CDC)	Gender	M	400	18778	2.13%	24	179	13.41%
CDC	Comprehensive Diabetes Care	LDL-C Control < 100 mg/dL (CDC)	Hispanic	Empty	176	8894	1.98%	8	88	9.09%
CDC	Comprehensive Diabetes Care	LDL-C Control < 100 mg/dL (CDC)	Hispanic	N	1075	50315	2.14%	68	454	14.98%
CDC	Comprehensive Diabetes Care	LDL-C Control < 100 mg/dL (CDC)	Hispanic	Y	6	570	1.05%	0	6	0.00%
CDC	Comprehensive Diabetes Care	LDL-C Control < 100 mg/dL (CDC)	Member Custom 3	Empty	0	2	0.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	LDL-C Control < 100 mg/dL (CDC)	Member Custom 3	R	398	17058	2.33%	22	156	14.10%
CDC	Comprehensive Diabetes Care	LDL-C Control < 100 mg/dL (CDC)	Member Custom 3	U	859	42719	2.01%	54	392	13.78%
CDC	Comprehensive Diabetes Care	LDL-C Control < 100 mg/dL (CDC)	Race	American - Indian and Alaska Native	2	73	2.74%	0	1	0.00%

Measure ID	Measure Description	Numerator Indicator	Category	Category Description	Admin Rates			Hybrid Rates		
					Num	Den	Rate	Num	Den	Rate
CDC	Comprehensive Diabetes Care	LDL-C Control < 100 mg/dL (CDC)	Race	Asian	46	1117	4.12%	2	11	18.18%
CDC	Comprehensive Diabetes Care	LDL-C Control < 100 mg/dL (CDC)	Race	Black or African - American	499	28909	1.73%	30	264	11.36%
CDC	Comprehensive Diabetes Care	LDL-C Control < 100 mg/dL (CDC)	Race	Declined	38	2174	1.75%	3	18	16.67%
CDC	Comprehensive Diabetes Care	LDL-C Control < 100 mg/dL (CDC)	Race	Native Hawaiian and Other Pacific Islander	0	5	0.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	LDL-C Control < 100 mg/dL (CDC)	Race	Some Other Race	7	752	0.93%	1	8	12.50%
CDC	Comprehensive Diabetes Care	LDL-C Control < 100 mg/dL (CDC)	Race	Unknown	501	17055	2.94%	25	156	16.03%
CDC	Comprehensive Diabetes Care	LDL-C Control < 100 mg/dL (CDC)	Race	White	164	9694	1.69%	15	90	16.67%
CDC	Comprehensive Diabetes Care	LDL-C Screening (CDC)	Gender	F	21484	41001	52.40%	218	369	59.08%
CDC	Comprehensive Diabetes Care	LDL-C Screening (CDC)	Gender	M	9372	18778	49.91%	101	179	56.42%
CDC	Comprehensive Diabetes Care	LDL-C Screening (CDC)	Hispanic	Empty	4491	8894	50.49%	48	88	54.55%
CDC	Comprehensive Diabetes Care	LDL-C Screening (CDC)	Hispanic	N	26063	50315	51.80%	267	454	58.81%
CDC	Comprehensive Diabetes Care	LDL-C Screening (CDC)	Hispanic	Y	302	570	52.98%	4	6	66.67%
CDC	Comprehensive Diabetes Care	LDL-C Screening (CDC)	Member Custom 3	Empty	1	2	50.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	LDL-C Screening (CDC)	Member Custom 3	R	8587	17058	50.34%	89	156	57.05%
CDC	Comprehensive Diabetes Care	LDL-C Screening (CDC)	Member Custom 3	U	22268	42719	52.13%	230	392	58.67%
CDC	Comprehensive Diabetes Care	LDL-C Screening (CDC)	Race	American - Indian and Alaska Native	35	73	47.95%	0	1	0.00%
CDC	Comprehensive Diabetes Care	LDL-C Screening (CDC)	Race	Asian	536	1117	47.99%	8	11	72.73%
CDC	Comprehensive Diabetes Care	LDL-C Screening (CDC)	Race	Black or African - American	14934	28909	51.66%	153	264	57.95%
CDC	Comprehensive Diabetes Care	LDL-C Screening (CDC)	Race	Declined	1159	2174	53.31%	12	18	66.67%
CDC	Comprehensive Diabetes Care	LDL-C Screening (CDC)	Race	Native Hawaiian and Other Pacific Islander	4	5	80.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	LDL-C Screening (CDC)	Race	Some Other Race	352	752	46.81%	4	8	50.00%
CDC	Comprehensive Diabetes Care	LDL-C Screening (CDC)	Race	Unknown	9293	17055	54.49%	98	156	62.82%
CDC	Comprehensive Diabetes Care	LDL-C Screening (CDC)	Race	White	4543	9694	46.86%	44	90	48.89%
CDC	Comprehensive Diabetes Care	Medical Attention for Nephropathy	Gender	F	25128	41001	61.29%	240	369	65.04%
CDC	Comprehensive Diabetes Care	Medical Attention for Nephropathy	Gender	M	11840	18778	63.05%	125	179	69.83%
CDC	Comprehensive Diabetes Care	Medical Attention for Nephropathy	Hispanic	Empty	5333	8894	59.96%	60	88	68.18%
CDC	Comprehensive Diabetes Care	Medical Attention for Nephropathy	Hispanic	N	31310	50315	62.23%	302	454	66.52%
CDC	Comprehensive Diabetes Care	Medical Attention for Nephropathy	Hispanic	Y	325	570	57.02%	3	6	50.00%
CDC	Comprehensive Diabetes Care	Medical Attention for Nephropathy	Member Custom 3	Empty	0	2	0.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	Medical Attention for Nephropathy	Member Custom 3	R	10359	17058	60.73%	99	156	63.46%
CDC	Comprehensive Diabetes Care	Medical Attention for Nephropathy	Member Custom 3	U	26609	42719	62.29%	266	392	67.86%
CDC	Comprehensive Diabetes Care	Medical Attention for Nephropathy	Race	American - Indian and Alaska Native	56	73	76.71%	1	1	100.00%
CDC	Comprehensive Diabetes Care	Medical Attention for Nephropathy	Race	Asian	583	1117	52.19%	8	11	72.73%
CDC	Comprehensive Diabetes Care	Medical Attention for Nephropathy	Race	Black or African - American	18793	28909	65.01%	172	264	65.15%
CDC	Comprehensive Diabetes Care	Medical Attention for Nephropathy	Race	Declined	1378	2174	63.39%	14	18	77.78%
CDC	Comprehensive Diabetes Care	Medical Attention for Nephropathy	Race	Native Hawaiian and Other Pacific Islander	3	5	60.00%	0	0	0.00%
CDC	Comprehensive Diabetes Care	Medical Attention for Nephropathy	Race	Some Other Race	426	752	56.65%	4	8	50.00%
CDC	Comprehensive Diabetes Care	Medical Attention for Nephropathy	Race	Unknown	10327	17055	60.55%	113	156	72.44%
CDC	Comprehensive Diabetes Care	Medical Attention for Nephropathy	Race	White	5402	9694	55.73%	53	90	58.89%
CBP	Controlling High Blood Pressure		Gender	F	0	57189	0.00%	86	282	30.50%
CBP	Controlling High Blood Pressure		Gender	M	0	27401	0.00%	35	129	27.13%
CBP	Controlling High Blood Pressure		Hispanic	Empty	0	12078	0.00%	14	51	27.45%
CBP	Controlling High Blood Pressure		Hispanic	N	0	71812	0.00%	107	356	30.06%
CBP	Controlling High Blood Pressure		Hispanic	Y	0	700	0.00%	0	4	0.00%
CBP	Controlling High Blood Pressure		Member Custom 3	Empty	0	0	0.00%	0	0	0.00%

Measure ID	Measure Description	Numerator Indicator	Category	Category Description	Admin Rates			Hybrid Rates		
					Num	Den	Rate	Num	Den	Rate
CBP	Controlling High Blood Pressure		Member Custom 3	R	0	23713	0.00%	23	120	19.17%
CBP	Controlling High Blood Pressure		Member Custom 3	U	0	60877	0.00%	98	291	33.68%
CBP	Controlling High Blood Pressure		Race	American - Indian and Alaska Native	0	107	0.00%	0	0	0.00%
CBP	Controlling High Blood Pressure		Race	Asian	0	2570	0.00%	4	15	26.67%
CBP	Controlling High Blood Pressure		Race	Black or African - American	0	40727	0.00%	59	229	25.76%
CBP	Controlling High Blood Pressure		Race	Declined	0	2794	0.00%	7	14	50.00%
CBP	Controlling High Blood Pressure		Race	Native Hawaiian and Other Pacific Islander	0	14	0.00%	0	0	0.00%
CBP	Controlling High Blood Pressure		Race	Some Other Race	0	1016	0.00%	0	6	0.00%
CBP	Controlling High Blood Pressure		Race	Unknown	0	26454	0.00%	38	110	34.55%
CBP	Controlling High Blood Pressure		Race	White	0	10908	0.00%	13	37	35.14%

Measure ID	Measure Description	Admin Rates			Hybrid Rates			Comments
		Num	Den	Rate	Num	Den	Rate	
PPC	Prenatal and Postpartum Care—*Timeliness of Prenatal Care*	18882	63682	29.65	192	410	46.83	
FPC	Frequency of Ongoing Prenatal Care—*(<21 Percent)*	43471	63704	68.24	199	409	48.66	
FPC	Frequency of Ongoing Prenatal Care *(21-40 Percent)*	10381	63704	16.3	64	409	15.65	
FPC	Frequency of Ongoing Prenatal Care *(41-60 Percent)*	4007	63704	6.29	30	409	7.33	
FPC	Frequency of Ongoing Prenatal Care *(61-80 Percent)*	1958	63704	3.07	24	409	5.87	
FPC	Frequency of Ongoing Prenatal Care *(81+ Percent)*	3887	63704	6.1	92	409	22.49	
LBW	Low Birth Weight—Percentage of Live Births Weighing Less Than 2,500 Grams	6733	73384	9.18				
CSEC	Cesarean Rate for Nulliparous Singleton Vertex	4862	26848	18.11				
CIS	Childhood Immunization Status—*Combo 2*	7575	48418	15.65	155	411	37.71	
CIS	Childhood Immunization Status—*Combo 3*	7001	48418	14.46	142	411	34.55	
CIS	Childhood Immunization Status—*Combo 4*	6860	48418	14.17	142	411	34.55	
CIS	Childhood Immunization Status—*Combo 5*	5360	48418	11.07	111	411	27.01	
CIS	Childhood Immunization Status—*Combo 6*	3237	48418	6.69	63	411	15.33	
CIS	Childhood Immunization Status—*Combo 7*	5272	48418	10.89	111	411	27.01	
CIS	Childhood Immunization Status—*Combo 8*	3196	48418	6.6	63	411	15.33	
CIS	Childhood Immunization Status—*Combo 9*	2585	48418	5.34	51	411	12.41	
CIS	Childhood Immunization Status—*Combo 10*	2555	48418	5.28	51	411	12.41	
CIS	Childhood Immunization Status—*Diphtheria, Tetanus, and Acellular Pertussis (DTaP)*	29524	48418	60.98	274	411	66.67	
CIS	Childhood Immunization Status—*Polio (IPV)*	35529	48418	73.38	328	411	79.81	
CIS	Childhood Immunization Status—*Measles, Mumps, and Rubella (MMR)*	41677	48418	86.08	354	411	86.13	
CIS	Childhood Immunization Status—*H Influenza Type B (HiB)*	38985	48418	80.52	341	411	82.97	
CIS	Childhood Immunization Status—*Hepatitis B*	9987	48418	20.63	184	411	44.77	
CIS	Childhood Immunization Status—*Chicken Pox (VZV)*	41967	48418	86.68	360	411	87.59	
CIS	Childhood Immunization Status—*Pneumococcal Conjugate (PCV)*	29870	48418	61.69	277	411	67.4	
CIS	Childhood Immunization Status—*Hepatitis A*	42207	48418	87.17	357	411	86.86	
CIS	Childhood Immunization Status—*Rotavirus (RV)*	25696	48418	53.07	244	411	59.37	
CIS	Childhood Immunization Status—*Influenza (Flu)*	18511	48418	38.23	155	411	37.71	
IMA	Immunizations for Adolescents—*Combo 1*	30955	46908	65.99	255	380	67.11	
IMA	Immunizations for Adolescents—*Meningococcal*	32238	46908	68.73	265	380	69.74	
IMA	Immunizations for Adolescents—*Tdap/Td Total*	35421	46908	75.51	289	380	76.05	
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*BMI Percentile (Ages 3-11)*	68167	387168	17.61	76	265	28.68	
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*BMI Percentile (Ages 12-17)*	30174	180350	16.73	48	146	32.88	
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*BMI Percentile (Total)*	98341	567518	17.33	124	411	30.17	
DEV	Developmental Screening in the First Three Years of Life *(Age 1)*	27127	79993	33.91	50	137	36.50	
DEV	Developmental Screening in the First Three Years of Life *(Age 2)*	18537	48584	38.15	58	137	42.34	
DEV	Developmental Screening in the First Three Years of Life *(Age 3)*	15976	53447	29.89	40	137	29.20	
DEV	Developmental Screening in the First Three Years of Life *(Total)*	61640	182024	33.86	148	411	36.01	
CHL	Chlamydia Screening in Women *(Ages 16-20)*	13751	28937	47.52				
W15	Well-Child Visits in the First 15 Months of Life—*Zero Visits*	2866	53472	5.36	15	411	3.65	
W15	Well-Child Visits in the First 15 Months of Life—*One Visit*	1766	53472	3.30	10	411	2.43	
W15	Well-Child Visits in the First 15 Months of Life—*Two Visits*	2485	53472	4.65	18	411	4.38	
W15	Well-Child Visits in the First 15 Months of Life—*Three Visits*	4060	53472	7.59	28	411	6.81	
W15	Well-Child Visits in the First 15 Months of Life—*Four Visits*	6400	53472	11.97	36	411	8.76	
W15	Well-Child Visits in the First 15 Months of Life—*Five Visits*	9433	53472	17.64	64	411	15.57	
W15	Well-Child Visits in the First 15 Months of Life—*Six+ Visits*	26462	53472	49.49	240	411	58.39	
W34	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	138265	224784	61.51	237	395	60.00	
AWC	Adolescent Well-Care Visits	116553	299198	38.96	165	411	40.15	
CAP	Children and Adolescents' Access to Primary Care Practitioners *(Ages 12-24 Months)*	52789	55751	94.69				
CAP	Children and Adolescents' Access to Primary Care Practitioners *(Ages 25 Months-6 Years)*	235632	271651	86.74				

Measure ID	Measure Description	Admin Rates			Hybrid Rates			Comments
		Num	Den	Rate	Num	Den	Rate	
CAP	Children and Adolescents' Access to Primary Care Practitioners *(Ages 7-11 Years)*	182211	206261	88.34				
CAP	Children and Adolescents' Access to Primary Care Practitioners *(Ages 12-19 Years)*	201316	237340	84.82				
AMB	Ambulatory Care—ED Visits *(Total Visits/1,000 Member Months) - Age < 1*	99428	1019987	97.48				
AMB	Ambulatory Care—ED Visits *(Total Visits/1,000 Member Months) - Ages 1-9*	391098	7417259	52.73				
AMB	Ambulatory Care—ED Visits *(Total Visits/1,000 Member Months) - Ages 10-19*	230699	5721777	40.32				
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Total <19 (CHIPRA - ***HSAG Calculated***)	721225	14159023	50.94				
ADD	Follow-Up Care for Children Prescribed ADHD Medication—*Continuation and Maintenance Phase*	1851	3916	47.27				
ADD	Follow-Up Care for Children Prescribed ADHD Medication—*Initiation Phase*	6670	18941	35.21				
FUH	Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (CHIPRA: Ages 6-20)							
FUH	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (CHIPRA: Ages 6-20)							
FUH	Follow-Up After Hospitalization for Mental Illness—*7-Day Follow-Up (HEDIS - All Ages 6 and Over)*	5013	11543	43.43				Value Populated is for all ages. Rates for ages 6-20 were not provided by HP
FUH	Follow-Up After Hospitalization for Mental Illness—*30-Day Follow-Up (HEDIS - All Ages 6 and Over)*	7242	11543	62.74				Value Populated is for all ages. Rates for ages 6-20 were not provided by HP
HPV	Human Papillomavirus Vaccine for Female Adolescents	3772	22658	16.65	84	411	20.44	
BHRA	Behavioral Health Risk Assessment	0	41847	0	57	411	13.87	
MMA	Medication Management for People With Asthma—*50% Compliance (Ages 5-11)*	7051	12377	56.97				
MMA	Medication Management for People With Asthma—*50% Compliance (Ages 12-18)*	3954	7342	53.85				
MMA	Medication Management for People With Asthma—*50% Compliance (Ages 19-20)*							Rates for ages 19-20 were not provided by HP
MMA	Medication Management for People With Asthma—*50% Compliance (Total: Ages 5-20 - CHIPRA)*							Rates for ages 5-20 were not provided by HP
MMA	Medication Management for People With Asthma—*75% Compliance (Ages 5-11)*	4111	12377	33.21				
MMA	Medication Management for People With Asthma—*75% Compliance (Ages 12-18)*	2290	7342	31.19				
MMA	Medication Management for People With Asthma—*75% Compliance (Ages 19-20)*							Rates for ages 19-20 were not provided by HP
MMA	Medication Management for People With Asthma—*75% Compliance (Total: Ages 5-20 - CHIPRA)*							Rates for ages 5-20 were not provided by HP
CWP	Appropriate Testing for Children With Pharyngitis - *old version, State still requires reporting*	40567	53302	76.11				Does not appear to be required for CARTS reporting this year