Georgia Department of Community Health

Validation of the Performance Measures Reporting Period—CY 2011

for

Georgia Department of Community Health

October 2012

HSAG HEALTH SERVICES ADVISORY GROUP

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Validation of Performance Measures

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Validation Overview

The Centers for Medicare & Medicaid Services (CMS) requires that states, through their contracts with managed care plans, measure and report on performance to assess the quality and appropriateness of care and services provided to members. Validation of these performance measures is one of the three mandatory external quality review activities described at 42 CFR 438.358(b)(2). The requirement allows states, agents that are not a managed care organization, or an external quality review organization (EQRO) to conduct the performance measure validation.

The purpose of performance measure validation is to ensure that managed care plans calculate performance measure rates according to state specifications. CMS also requires that states assess the extent to which the managed care plans' information systems provide accurate and complete information.

During state fiscal year (SFY) 2012, the Georgia Department of Community Health (DCH) required its care management organizations (CMOs) to report performance measure data using calendar year 2011 (CY11) as the reporting period. Additionally, the DCH contracted with Hewlett-Packard Enterprise Services (HP), its medical management information systems (MMIS) vendor, to calculate performance measures for the Medicaid and PeachCare for Kids® Fee-for-Service (FFS) populations, Georgia Families Medicaid and PeachCare for Kids® managed care populations (Georgia Families), and the total of all Medicaid and PeachCare for Kids® (ALL) populations for the purposes of rate comparison, and for voluntary reporting of data to CMS for the Children's Health Insurance Program Reauthorization Act (CHIPRA) core set measures (Core Set). PeachCare for Kids® is the name of Georgia's stand-alone Children's Health Insurance Program (CHIP).

DCH contracted with Health Services Advisory Group, Inc. (HSAG), to conduct performance measure validation (PMV) activities on the performance measure results generated for each of these three (3) populations and this report addresses the validation of the state's FFS, Georgia Families, and ALL populations' performance measure results. DCH identified a set of performance measure rates to be calculated and reported by HP for validation. HSAG conducted the validation activities as outlined in the Centers for Medicare & Medicaid Services (CMS) publication, *Validating Performance Measures: A Protocol for Use in Conducting External Quality Review Activities*, Final Protocol, Version 1.0, May 1, 2002 (CMS performance measure validation protocol).

Georgia Department of Community Health Information

HSAG validated performance measure rates calculated and reported by HP on behalf of the DCH. Information about DCH 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:	May 17–18, 2012

Audited Populations

Fee-for-Service (FFS)—the FFS population included Medicaid and PeachCare for Kids® members not enrolled in the Georgia Families managed care program. In order to be included in the FFS rates, a member had to be continuously enrolled in the FFS population for the entire measurement period.

Georgia Families Managed Care (Georgia Families)—the Georgia Families population consists of Medicaid and PeachCare for Kids® members enrolled in the three contracted care management organizations (CMOs): Peach State Health Plan, WellCare of Georgia, and AMERIGROUP Community Care. The Georgia Families rates were calculated by HP using encounter data submitted by the CMOs on a monthly basis. HSAG is contracted to perform performance measure validation audits for each CMO and review their processes and procedures for calculating CMO-specific performance measures for non-Healthcare Effectiveness Data and Information Set (HEDIS®[1]) measures. The DCH also required its CMOs to undergo an NCQA HEDIS Compliance Audit™. Where applicable, the individual CMO rates were used to test for reasonability of the calculated Georgia Families rates. In order to be included in the Georgia Families rates, a member had to be continuously enrolled in any one CMO or could have switched CMOs during the measurement period.

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

Total Population (ALL)—the ALL population consists of all members covered under the Georgia Medicaid and PeachCare for Kids® programs during the measurement period. The ALL population consists of the members included in the FFS and Georgia Families populations, as well as members that may have switched between managed care and FFS during the measurement period.

Performance Measures Validated

DCH identified a set of performance measures for the FFS, Georgia Families, and ALL populations for validation. The measure set included National Committee for Quality Assurance (NCQA) HEDIS measures, Agency for Healthcare Research and Quality (AHRQ) measures, and CHIPRA core set measures. The measurement period was calendar year (CY) 2011. Table 2 lists the performance measures validated for these populations.

Table 2—List of Performance Measures for CY 2011

	Measure	Measure Set
1.	Well-Child Visits in the First 15 Months of Life	HEDIS
2.	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	HEDIS
3.	Adolescent Well-Care Visits	HEDIS
4.	Children's and Adolescents' Access to Primary Care Practitioners	HEDIS
5.	Adults' Access to Preventive/Ambulatory Health Services	HEDIS
6.	Childhood Immunization Status (Combo 3)	HEDIS
7.	Childhood Immunization Status (Combo 6)	HEDIS
8.	Childhood Immunization Status (Combo 10)	HEDIS
9.	Lead Screening in Children	HEDIS
10.	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	HEDIS
11.	Annual Dental Visit	HEDIS
12.	Cervical Cancer Screening	HEDIS
13.	Breast Cancer Screening	HEDIS
14.	Prenatal and Postpartum Care	HEDIS
15.	Frequency of Ongoing Prenatal Care	HEDIS
16.	Chlamydia Screening for Women	HEDIS
17.	Immunizations for Adolescents	HEDIS
18.	Appropriate Testing for Children With Pharyngitis	HEDIS
19.	Use of Appropriate Medications for People With Asthma	HEDIS
20.	Comprehensive Diabetes Care	HEDIS
21.	Follow-Up Care for Children Prescribed ADHD Medication	HEDIS
22.	Follow-Up After Hospitalization for Mental Illness	HEDIS
23.	Ambulatory Care	HEDIS
24.	Inpatient Utilization—General Hospital/Acute Care	HEDIS
25.	Appropriate Treatment for Children With Upper Respiratory Infection	HEDIS

Table 2—List of Performance Measures for CY 2011		
	Measure	Measure Set
26.	Weeks of Pregnancy at Time of Enrollment	HEDIS
27.	Race/Ethnicity Diversity of Membership	HEDIS
28.	Cesarean Delivery Rate: Number of Provider-Level Cesarean Deliveries per 100 Deliveries	AHRQ
29.	Rate of Infants With Low Birth Weight: Rate of Low-Weight Infants per 100 Births	AHRQ
30.	Antidepressant Medication Management	HEDIS
31.	Annual Pediatric Hemoglobin (HbA1C) Testing—Ages 5–17	HEDIS
32.	Diabetes Short-Term Complications Admission Rate: Rate per 100,000 Population	AHRQ
33.	Chronic Obstructive Pulmonary Disease (COPD) Admission Rate	AHRQ
34.	Congestive Heart Failure Admission Rate	AHRQ
35.	Antibiotic Utilization—% of Antibiotics of Concern of All Antibiotic Scrips—Total	HEDIS
36.	Controlling High Blood Pressure	HEDIS
37.	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	HEDIS
38.	Annual Monitoring for Patients on Persistent Medications	HEDIS
39.	Mental Health Utilization	HEDIS
40.	Plan All-Cause Readmission	HEDIS
41.	Persistence of Beta Blocker Treatment After a Heart Attack	HEDIS
42.	Colorectal Cancer Screening	HEDIS
43.	Pharmacotherapy Management of COPD Exacerbation	HEDIS
44.	Otitis Media with Effusion—Avoidance of Inappropriate Use of Systemic Antimicrobials	Core Set
45.	Cesarean Rate for Nulliparous Singleton Vertex	Core Set
46.	Asthma Admission Rate: Rate per 100,000 Population	AHRQ
47.	Annual Percentage of Asthma Patients with One or More Asthma-Related ER Visit—Ages 2–20	Core Set

Description of Validation Activities

Pre-audit Strategy

HSAG conducted the validation activities as outlined in the CMS performance measure validation protocol. To complete the validation activities, HSAG obtained a list of the measures selected by DCH for validation.

HSAG then prepared a document request letter that was submitted to DCH outlining the steps in the performance measure validation process. The document request letter included a request for a completed Record of Administration, Data Management and Processes (Roadmap) that was

modified to address all components of the CMS protocol, source code for each performance measure (unless the source code was produced by NCQA-certified software), 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 calculation vendor, and the Georgia Medical Care Foundation (GMCF), the medical record review vendor, to discuss the medical record review procurement and abstraction processes.

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

Validation Team

The HSAG performance measure validation team was composed of a lead auditor and validation team members. HSAG assembled the team based on the skills required for the validation and the requirements of DCH. Some team members, including the lead auditor, participated in the on-site meetings at DCH; others conducted their work at HSAG's offices. Table 3 lists the validation team members, their positions, and their skills and expertise.

Table 3—Validation Team

Name / Role	Skills and Expertise
Wendy Talbot, MPH, CHCA *Associate Director, Audits*	Certified HEDIS compliance auditor with extensive experience leading HEDIS audits and PMV activities in multiple states. Additional experience in epidemiology, data analysis and management, state Medicaid programs and health care/disease program management.
David Mabb, MS, CHCA *Lead Auditor; Associate Director, Audits; Source Code Review Manager*	Certified HEDIS compliance auditor, HEDIS knowledge, source code review management, statistics, analysis and source code programming knowledge
Jennifer Lenz, MPH, CHCA *Secondary Auditor; Executive Director, State and Corporate Services*	Certified HEDIS compliance auditor, HEDIS knowledge, statistics and analysis
Marilea Rose, RN, BA *Associate Director, State and 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
Ron Holcomb, AS *Source Code Reviewer*	Statistics, analysis and source code programming knowledge
Tammy GianFrancisco *Project Leader, Audits*	Health plan and physician organization communications, project coordination, HEDIS and P4P knowledge, scheduling, organization, tracking and administrative support

Technical Methods of Data Collection and Analysis

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

- **Modified Roadmap:** DCH and HP were responsible for completing and submitting the Roadmap document to HSAG. Upon receipt, HSAG conducted a cursory review of the Roadmap to ensure that DCH and HP completed all sections and included all attachments. The validation team then reviewed all Roadmap documents, noting issues or items that needed further follow-up. The validation team used the information in the Roadmap to complete the review tools, as applicable.
- **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, and policies and procedures outlining the processes for monitoring the accuracy of the review staff.
- **Source code (programming language) for performance measures:** HSAG requested source code (computer programming language) from HP for all performance measures except the HEDIS performance measures generated using NCQA-certified software. HSAG source code reviewers completed a line-by-line code review and evaluation of program logic flow to ensure compliance with State measure definitions. The source code reviewers identified areas of deviation and shared them with HP for adjustment. The source code reviewers also informed the audit team of any deviations from the measure specifications so the team could evaluate the impact of the deviation on the measure and assess the degree of bias (if any).
- **Supporting documentation:** HSAG requested any documentation that would provide reviewers with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. The validation team reviewed all supporting documentation, identifying issues or clarifications for follow-up.

On-site Activities

HSAG conducted an on-site visit with DCH on May 17–18, 2012. 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 involved in the performance measure activities. The review purpose, the required documentation, basic meeting logistics and session topics were discussed.
- **Evaluation of System Compliance:** The evaluation included a review of the information systems assessment, focusing on the processing of claims and encounter data, pharmacy data, and enrollment/eligibility information.

Additionally, the review evaluated the processes used to collect and calculate the performance measures, 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 the processes used for collecting, storing, validating and reporting performance measure data. The goal 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, 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 measures. HSAG performed primary source verification to further validate the output files and reviewed backup documentation on data integration. HSAG also addressed data control and security procedures.
- **Closing Conference:** The closing conference included a summation of preliminary findings based on the review of the Roadmap and the on-site visit, as well as a review of the documentation requested for any post-visit activities.

HSAG conducted several interviews with key individuals who were involved in performance measure reporting. Table 4 lists key interviewees:

Table 4—List of Interviewees

Name	Title
Jennifer Bass	Compliance Auditor (DCH)
Melinda Ford-Williams	Compliance Auditor (DCH)
Janice Carson	Deputy Director, Performance, Quality and Outcomes (DCH)
Michele Hunter	Tech Lead—HEDIS(HP)
Theresa Harris	Information Analyst-Developer (HP)
Anna Wheeler	Business Associate/Tester (HP)
David Burnett	Solution Architect (HP)
Betsy Elrod	Project Manager for Managed Care, TPL, Performance Reporting (HP)
Franklin Martin	Project Manager (HP)
Donna Johnson	Eligibility Policy Specialist (DCH)
Yvonne Greene	Eligibility Program Director, Medicaid (DCH)
Melody Mobley	Tech Lead, Managed Care (HP)
Debra Stone	GMCF
Terry Greene	Managed Care Quality Director (DCH)
Carol Allen	VP/COO GMCF

Table 4—List of Interviewees	
Name	**Title**
Anita Mills	Quality (DCH)
Bernice Williams	Services Information Developer (HP)
Ramakanth Rallapalli	(DCH)
Ramona Clark	Program Director II, Office of Inspector General (DCH)
Joyce Wilson	MMIS Manager (DCH)
Talecia Hodge	Technical Director (HP)
Pamela B. White	Claims Operations Manager (HP)

Data Integration, Data Control, and Performance Measure Documentation

There are several aspects crucial to the calculation of performance measure rates. These include data integration, data control, and documentation of performance measure rate calculations. Each of the following sections describes the validation processes used and the validation findings. For more detailed information, see Appendix A of this report.

Data Integration

Accurate data integration is essential 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, the validation team determined that the data integration processes at DCH 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, the validation team determined that the data control processes at DCH 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, the validation team determined that the documentation of performance measure rate calculations was:

☒ Acceptable

☐ Not acceptable

Validation Results

Through the validation process the audit team evaluated HP's data systems for processing of each type of data used for reporting the DCH-required performance measures. General findings are described below.

Enrollment Data

The DCH staff described its process for providing HP eligibility data file feeds on a daily basis, which included a file from the Division of Family and Children Services within the Department of Human Services, data from the PeachCare for Kids® program, and a data interface file from the Social Security Administration. The auditors did not identify any issues related to the processing of enrollment files for the use in performance measure rate reporting.

During 2011, DCH implemented the CMS approved 1115 Demonstration, Planning for Healthy Babies℠, P4HB℠, program which was designed to assist Georgia in reducing its low birth weight rate. The audit team noted that this membership should have been excluded from the performance measure rate calculations and was not; however, the impact of this population not being excluded from the population was minimal and did not present a bias. The audit team recommended that in future years, HP treat the P4HB℠ program as an eligibility gap to aid in the identification and exclusion of this population.

Similar to the prior year, the audit revealed approximately 30 percent of the FFS population as dual-eligibles for Medicare and Medicaid. Because Medicare was the primary payer for these members and there was a potential for missing data, the audit team determined that the FFS and ALL population rates could be impacted, resulting in lower rates since Medicare (CMS) was not required to share data. Consistent with NCQA technical specifications for HEDIS reporting, the audit team recommended that DCH consider excluding the dual-eligible population from the performance measure rate calculations in subsequent years. During the interview process and on-site visit, DCH indicated its intent to exclude this population in future years.

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. During the previous audit process, the audit team determined that the process for assigning an ID at birth was advantageous for the purposes of ensuring complete data for the newborn; however, the audit team indicated the potential for duplicate payment. This is possible when a provider bills for a newborn "baby boy" and then resubmits a duplicate claim with the child's actual name if the link has not been performed at the time of payment. During the on-site visit this year, DCH provided information that it increased resources to reconcile births more timely and had tied its two systems to more closely address this issue.

HSAG verified the buckets of reporting for the GF, FFS, and ALL populations and identified no concerns.

Medical Service Data (Encounters)

HP began serving as DCH's fiscal agent as of November 1, 2010. The three contracted CMOs submitted encounter data to HP on a monthly basis. CMOs can submit encounter data as frequently as they would like, but their contracts require them to submit encounter data monthly at a minimum. The CMOs transmitted all encounter data to HP using an 837 file through secure data transfer. HSAG did not identify any issues with the encounter data submitted by the CMOs. These encounter data were used in the calculation of the Georgia Families performance measure rates. HP does not use a DRG grouper for CMO-submitted encounter data; therefore, some measures that rely on DRGs, such as the inpatient utilization measures, may be underreported.

Medical Service Data (Claims)

All FFS contracted providers and facilities submitted claims data to HP. Paper claims were received at the HP facility. HP has quality checks in place for oversight of the scanning of claims, the data entry and processing of claims. HP confirmed that it did not use or accept nonstandard codes. Electronic claims processing accounts for approximately 95 percent of the claims received, which left very few claims for manual processing.

During the claims processing review, the auditors 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. However, the audit team requested a query and determined that 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,* and *Persistence of Beta Blocker Treatment After a Heart Attack*. 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 reporting. The audit team found one measure, *Persistence of Beta Blocker Treatment After a Heart Attack*, for the FFS and ALL populations that was significantly impacted and presented a bias in reporting because the number of individuals identified as having a heart attack without the specificity to determine if it was an initial presentation leads to underreporting in the denominator. While the other measures did not result in a Not Reportable designation, HP will need to implement edit checks to correct this issue to ensure reportable results in subsequent years.

Consistent with last year, the auditors evaluated the use of DRG and MS-DRG codes by the hospitals in Georgia. Georgia hospitals have not switched to using the MS-DRGs at this time, and the CMOs receive the ICD-9 and CPT codes from the hospitals, but may not receive the DRGs. Therefore, the CMOs and HP were required to use a DRG grouper on inpatient claims in order to run many of the AHRQ measures. The audit found that 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 performance measure rates for AHRQ

measures that require DRGs. The Georgia Families performance measure rates were calculated using the submitted encounter data from the CMOs. Of note, all of the data received by HP were 5010 compliant.

The State contracts with a pharmacy vendor to administer pharmacy benefits to its FFS population. HP was able to demonstrate adequate reconciliation between pharmacy data and financial payments.

The audit revealed that a significant portion of claims for maternity deliveries were paid through global billing. Global billing is submission of a single claim for a fixed fee that covers all care related to a particular procedure over a particular period of time, such as prenatal and post-partum care visits claimed at the time of delivery. HSAG conducted primary source verification on measures impacted by global billing and identified that the global bill includes the date of delivery, which is important for the calculation of the *Prenatal and Postpartum Care* and *Frequency of Ongoing Prenatal Care* measures. The audit team was able to confirm through primary source verification that postpartum care visits were not allowable for payment outside of the global bill rate.

Provider Data

The State-contracted providers were enrolled via a paper-based or Web-based application submission. Each provider was assigned a provider type and/or specialty based on the provider license. The audit team reviewed the provider mapping crosswalk used by ViPS, HP's sub-contractor that uses HEDIS certified software, to produce the HEDIS performance measure rates and found the mapping to be appropriate for the measures being audited. The audit team noted that 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. This issue is especially important for group providers such as Federally Qualified Health Centers (FQHCs). Depending on how the data are mapped, measures can be under- or over-reported. HSAG recommends that DCH implement a policy change to require the rendering provider be submitted on all claims in future years to avoid Not Reportable rates.

During primary source verification of the *Follow-Up After Hospitalization for Mental Illness* measure, the audit team found that claims could be submitted by FQHCs without a specific rendering provider identified and that certain FQHCs were designated as mental health providers. The specifications for this measure clearly define the qualifying providers to meet the measure criteria; therefore, there is the potential that some visits submitted by these agencies may not have met the measure requirements for appropriate rendering provider and should not have counted toward numerator compliance. The audit team reviewed claims counts of FQHCs and performed a reasonability check against the CMO-reported rates that were submitted to HSAG as part of each CMO's performance measure validation audit conducted in the spring of 2012 The audit team determined that there was not a significant bias in the reported rate for this measure; however, HP should work toward requiring that the rendering provider data field 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.

Data Integration

On a weekly basis, HP pulled data into the data warehouse (ad-hoc system). HP used data stored within the ad-hoc system to provide the data extract 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. The audit team did not identify any areas of concern within the data integration process.

Medical Record Data

Several of the required measures were reported using the hybrid method—a combination of administrative claims, encounter data, and medical record abstracted data. HP contracted with GMCF to perform the medical record 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. GMCF reviewer qualifications and the processes in place for training, procurement, and data entry were sufficient to ensure the reliability of the data collected.

To ensure accuracy of the hybrid data being abstracted by the GMCF staff, and because of the abstraction errors noted during the prior year's audit, HSAG requested that GMCF participate in a convenience sample of selected hybrid measures. No critical abstraction errors were found during HSAG's validation of the convenience sample. In addition to passing the validation of the convenience sample, GMCF increased the inter-rater reliability (IRR) process from 1 percent to 5 percent. Thus, HSAG did not have concerns regarding the accuracy of the abstracted hybrid data.

DCH followed HSAG's prior-year recommendation to require hybrid data reporting for the FFS and ALL populations and for HSAG to use methodology to combine the CMOs' reported hybrid data to derive a weighted average for the purposes of CHIPRA reporting. This change will result in DCH being able to report valid hybrid rates for the GF, FFS, and ALL populations for the first time.

Toward the end of the medical record abstraction process, HSAG selected hybrid measures for medical record validation over-read. This process included the selection of two hybrid measures and reabstraction by the HSAG audit team of 30 cases for each measure to ensure the accuracy of the abstracted medical record data. The results of the medical record validation over-read are displayed in Table 5.

Table 5—Selected Measures for Medical Record Validation

Measure	Number of Records Over-read	T-test Results	Pass/Fail
Comprehensive Diabetes Care—Retinal Exam	30	N/A	Pass
Timeliness of Prenatal Care	30	N/A	Pass

Upon conclusion of the 2011 PMV audit, HSAG identified several issues that impacted HP's ability to report some of the hybrid measure rates. GMCF implemented HSAG's recommendations and was able to address most concerns during the 2012 PMV audit. The following issues identified in 2011 were addressed in 2012 by GMCF as detailed below:

- **Potential for Missing Chart Data**—To better identify the most likely provider to have relevant chart data, GMCF used the ViPS Chart Prioritizing Tool and historical chase outcomes from the 2011 audit. The record procurement rates across most measures increased for the 2012 audit when compared with the 2011 audit.
- **Potential Record Tracking Issues**—GMCF designed a more efficient HEDIS Record Management Application that corrected most of the record tracking issues noted in last year's report. However, a true final record procurement rate was difficult to determine since records that were received but did not contain usable data were not removed from the "Members To Do" category. Therefore, it appeared that GMCF failed to procure, receive, and track the appropriate number of records. HSAG's analysis determined that GMCF retrieved and reviewed a sufficient number of records for each hybrid measure to ensure the hybrid measure rates were valid. HSAG suggests that HP and GMCF add an enhanced feature outside of the ViPS record tracking database to correctly account for each record received.
- **Potential Incomplete Records**—As in the prior audit year, all records were received via fax/mail directly from the provider offices. Therefore, the potential for missing medical record documentation continues to be a potential barrier to obtaining complete medical record data since GMCF reviewers may not have had the advantage of the entire chart for the specific review period. Going on-site to the provider's office is the solution to this potential issue.
- **Potential Problems with Record Storage**—During this audit review period, GMCF developed a Web application, HEDIS Record Management System, that tracked all records from receipt through the review process. Successful implementation was demonstrated by GMCF's ability to provide the correct medical record supporting documentation for each measure/indicator.
- **Potential Data Integration Issue**—GMCF addressed this issue early in the 2012 audit process by attending a ViPS-sponsored training. GMCF demonstrated an understanding of the integration process by the absence of multiple entries for the same date of service on the abstraction screen prints.
- **Potential Underreporting of Rates**—In addition to several of the potential issues mentioned above, the prior year's record procurement outcome demonstrated low procurement rates for obtaining medical record information. To correct these issues, HP and GMCF implemented the following corrective actions:
  - HP identified the hybrid samples earlier in the process, thus enabling GMCF to pursue both samples (FFS/ALL) concurrently and GMCF was able to request records earlier in the procurement process, which allowed enough time to send a second record request to nonresponsive providers.
  - Based on the provider pursuit logic outcomes from the previous year's procurement activity, GMCF had the tools to identify the most likely providers.
  - GMCF implemented a process that allowed administrative staff members to make outreach phone calls to nonresponsive providers, and allowed for direct communication between GMCF staff members and providers via e-mail.
  - GMCF implemented a process that allowed providers to upload medical record data directly to the GMCF FTP site.

- GMCF hired additional review staff members to complete the abstractions in a more timely manner.

Performance Measure Specific Findings

Based on all validation activities, the HSAG validation team determined validation results for each performance measure. Table 6 displays the key review results. For more detailed information, see Appendix B.

Table 6—Key Review Results for DCH Performance Measures for Georgia Families (GF), FFS, and ALL Populations

	Measure	Key Review Results
1.	Well-Child Visits in the First 15 Months of Life	No concerns were identified.
2.	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	No concerns were identified.
3.	Adolescent Well-Care Visits	No concerns were identified.
4.	Children's and Adolescents' Access to Primary Care Practitioners	No concerns were identified.
5.	Adults' Access to Preventive/Ambulatory Health Services	No concerns were identified.
6.	Childhood Immunization Status (Combo 3)	No concerns were identified; however, DCH and HP may consider using immunization registry data in subsequent years.
7.	Childhood Immunization Status (Combo 6)	No concerns were identified; however, DCH and HP may consider using immunization registry data in subsequent years.
8.	Childhood Immunization Status (Combo 10)	No concerns were identified; however, DCH and HP may consider using immunization registry data in subsequent years.
9.	Lead Screening in Children	No concerns were identified.
10.	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	No concerns were identified.
11.	Annual Dental Visit	No concerns were identified.
12.	Cervical Cancer Screening	No concerns were identified.
13.	Breast Cancer Screening	No concerns were identified.
14.	Prenatal and Postpartum Care	No concerns were identified.
15.	Frequency of Ongoing Prenatal Care	No concerns were identified.
16.	Chlamydia Screening for Women	No concerns were identified.
17.	Immunizations for Adolescents	No concerns were identified.
18.	Appropriate Testing for Children With Pharyngitis	No concerns were identified.
19.	Use of Appropriate Medications for People With Asthma	No concerns were identified.
20.	Comprehensive Diabetes Care	No concerns were identified.

Table 6—Key Review Results for DCH Performance Measures for Georgia Families (GF), FFS, and ALL Populations		
	Measure	**Key Review Results**
21.	Follow-Up Care for Children Prescribed ADHD Medication	No concerns were identified.
22.	Follow-Up After Hospitalization for Mental Illness	HP is not capturing the rendering provider for FQHCs when calculating GF, FFS, and ALL populations; however, the audit team determined that there was not a significant bias.
23.	Ambulatory Care	No concerns were identified.
24.	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 CMO and ALL population rates.
25.	Appropriate Treatment for Children With Upper Respiratory Infection	No concerns were identified.
26.	Weeks of Pregnancy at Time of Enrollment	No concerns were identified.
27.	Race/Ethnicity Diversity of Membership	No concerns were identified.
28.	Cesarean Delivery Rate: Number of Provider-Level Cesarean Deliveries per 100 Deliveries	No concerns were identified.
29.	Rate of Infants With Low Birth Weight: Rate of Low-Weight Infants per 100 Births	No concerns were identified.
30.	Antidepressant Medication Management	No concerns were identified.
31.	Annual Pediatric Hemoglobin (HbA1C) Testing—Ages 5–17	No concerns were identified.
32.	Diabetes Short-Term Complications Admission Rate: Rate per 100,000 Population	No concerns were identified.
33.	Chronic Obstructive Pulmonary Disease (COPD) Admission Rate	No concerns were identified.
34.	Congestive Heart Failure Admission Rate	No concerns were identified.
35.	Antibiotic Utilization—% of Antibiotics of Concern of All Antibiotic Scrips—Total	No concerns were identified.
36.	Controlling High Blood Pressure	The DCH did not require HP to report this measure using hybrid methodology, and this measure is not valid when reported as an administrative rate.
37.	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	No concerns were identified.
38.	Annual Monitoring for Patients on Persistent Medications	No concerns were identified.
39.	Mental Health Utilization	No concerns were identified.
40.	Plan All-Cause Readmission	No concerns were identified.

Table 6—Key Review Results for DCH Performance Measures for Georgia Families (GF), FFS, and ALL Populations		
	Measure	**Key Review Results**
41.	Persistence of Beta Blocker Treatment After a Heart Attack	HP did not require fifth-digit specificity for a substantial number of heart attacks; therefore, not all members were appropriately identified for the denominator which biases the FFS and ALL rates.
42.	Colorectal Cancer Screening	No concerns were identified.
43.	Pharmacotherapy Management of COPD Exacerbation	No concerns were identified.
44.	Otitis Media with Effusion—Avoidance of Inappropriate Use of Systemic Antimicrobials	The specifications were followed to calculate this measure; however, Georgia providers do not submit CPT Category II codes, so rates were not valid.
45.	Cesarean Rate for Nulliparous Singleton Vertex	No concerns were identified.
46.	Asthma Admission Rate: Rate per 100,000 Population	No concerns were identified.
47.	Annual Percentage of Asthma Patients with One or More Asthma-Related ER Visit—Ages 2–20	No concerns were identified.

Validation Findings

HSAG provided an audit designation for each performance measure rate as defined in Table 7:

Table 7—Validation Findings Definitions	
Reportable (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 validation finding 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." Consequently, it is possible that an error for a single audit element may result in a designation of "NR" because the impact of the error 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 performance measure rate, resulting in a measure designation of "R."

Table 8 displays the final validation findings for each DCH performance measure rate. Performance on hybrid measure rate reporting varied across measures and populations. The hybrid rates required medical record data in addition to claims data.

Table 8—Validation Findings for DCH Performance Measures				
Measure		Georgia Families (Administrative Rates only)	FFS	ALL
1.	Well-Child Visits in the First 15 Months of Life	R	R	R
2.	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	R	R	R
3.	Adolescent Well-Care Visits	R	R	R
4.	Children's and Adolescents' Access to Primary Care Practitioners	R	R	R
5.	Adults' Access to Preventive/Ambulatory Health Services	R	R	R
6.	Childhood Immunization Status (Combo 3)	R	R	R
7.	Childhood Immunization Status (Combo 6)	R	R	R
8.	Childhood Immunization Status (Combo 10)	R	R	R
9.	Lead Screening in Children	R	R	R
10.	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	R	R	R
11.	Annual Dental Visit	R	R	R
12.	Cervical Cancer Screening	R	R	R
13.	Breast Cancer Screening	R	R	R
14.	Prenatal and Postpartum Care	R	R	R
15.	Frequency of Ongoing Prenatal Care	R	R	R
16.	Chlamydia Screening for Women	R	R	R
17.	Immunizations for Adolescents	R	R	R
18.	Appropriate Testing for Children With Pharyngitis	R	R	R
19.	Use of Appropriate Medications for People With Asthma	R	R	R
20.	Comprehensive Diabetes Care	R	R	R

Table 8—Validation Findings for DCH Performance Measures				
Measure		Georgia Families (Administrative Rates only)	FFS	ALL
21.	Follow-Up Care for Children Prescribed ADHD Medication	R	R	R
22.	Follow-Up After Hospitalization for Mental Illness	R	R	R
23.	Ambulatory Care	R	R	R
24.	Inpatient Utilization—General Hospital/Acute Care	R	R	R
25.	Appropriate Treatment For Children With Upper Respiratory Infection	R	R	R
26.	Weeks of Pregnancy at Time of Enrollment	R	R	R
27.	Race/Ethnicity Diversity of Membership	R	R	R
28.	Cesarean Delivery Rate: Number of Provider-Level Cesarean Deliveries per 100 Deliveries	R	R	R
29.	Rate of Infants With Low Birth Weight: Rate of Low-Weight Infants per 100 Births	R	R	R
30.	Antidepressant Medication Management	R	R	R
31.	Annual Pediatric Hemoglobin (HbA1C) Testing—Ages 5–17	R	R	R
32.	Diabetes Short-term Complications Admission Rate: Rate per 100,000 Population	R	R	R
33.	Chronic Obstructive Pulmonary Disease (COPD) Admission Rate	R	R	R
34.	Congestive Heart Failure Admission Rate	R	R	R
35.	Antibiotic Utilization—% of Antibiotics of Concern of All Antibiotic Scrips—Total	R	R	R
36.	Controlling High Blood Pressure[1]	NR	NR	NR
37.	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	R	R	R
38.	Annual Monitoring for Patients on Persistent Medications	R	R	R
39.	Mental Health Utilization	R	R	R

Table 8—Validation Findings for DCH Performance Measures				
	Measure	Georgia Families (Administrative Rates only)	FFS	ALL
40.	Plan All-Cause Readmission[2]	NR	NR	NR
41.	Persistence of Beta Blocker Treatment After a Heart Attack[3]	R	NR	NR
42.	Colorectal Cancer Screening		R	
43.	Pharmacotherapy Management of COPD Exacerbation	R	R	R
44.	Otitis Media with Effusion—Avoidance of Inappropriate Use of Systemic Antimicrobials[4]	NR	NR	NR
45.	Cesarean Rate for Nulliparous Singleton Vertex	R	R	R
46.	Asthma Admission Rate: Rate per 100,000 Population	R	R	R
47.	Annual Percentage of Asthma Patients with One or More Asthma-Related ER Visit—Ages 2–20	R	R	R

R (Reportable) = The organization followed the specifications and produced a reportable rate or result for the measure.
NR (Not Reportable) = 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.

[1] Only the hybrid methodology is valid for reporting the *Controlling High Blood Pressure* measure. The DCH did not require HP to report this measure using hybrid methodology; therefore, the measure is Not Reportable as an administrative rate.

[2] HP produced this measure consistent with DCH specifications; however, NCQA does not designate this measure as a valid measure for the Medicaid population. Therefore, the results are not comparable and could not be verified as valid.

[3] This measure is Not Reportable due to bias since HP could not identify the appropriate denominator based on its inability to ensure 5th digit specificity.

[4] The specifications were followed to calculate this measure; however, Georgia providers do not submit CPT Category II codes, so rates were not valid.

Documentation Worksheet

Name:	Georgia Department of Community Health and Hewlett-Packard Enterprise Services
On-Site Visit Date:	May 17–18, 2012
Reviewers:	David Mabb, MS, CHCA; Jennifer Lenz, MPH, CHCA

Data Integration and Control Element	Met	Not Met	N/A	Comments
Accuracy of data transfers to assigned performance measure data repository				
The State accurately and completely processes transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the performance measure data repository used to keep the data until the calculations of the performance measures 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.	☒	☐	☐	

HSAG HEALTH SERVICES ADVISORY GROUP

Appendix B. Denominator and Numerator Validation Findings

for **Georgia Department of Community Health**

Reviewer Worksheets

Name:	Georgia Department of Community Health and Hewlett-Packard Enterprise Services
On-Site Visit Date:	May 17–18, 2012
Reviewers:	David Mabb, MS, CHCA; Jennifer Lenz, MPH, CHCA

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

Audit Element	Met	Not Met	N/A	Comments
For each of the performance measures, all members of the relevant populations identified in the performance measure specifications are included in the population from which the denominator is produced.	☒	☐	☐	HSAG confirmed that HP appropriately included members within the GF, FFS, and ALL 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.	☐	☒	☐	HP needs to ensure that it applies claims edits that require 5th-digit specificity. This had a significant impact on the *Persistence of Beta Blocker Treatment After a Heart Attack* 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, etc.).	☒	☐	☐	
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.	☐	☐	☒	No population estimates were used.

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.	☐	☐	☒	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).	☒	☐	☐	

DCH Audited Calendar Year 2011 HEDIS®/AHRQ Performance Measurement Report

Measure	Georgia Families		FFS		All	
	Admin Rate	Hybrid Rate[2]	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Well-Child Visits in the First 15 Months of Life - Zero Visits **Note: Lower rate is better**	8.0	3.5	20.1	17.5	8.1	7.5
Well-Child Visits in the First 15 Months of Life - One Visit	5.3	2.6	6.7	8.3	5.2	5.8
Well-Child Visits in the First 15 Months of Life - Two Visits	5.0	3.2	8.3	7.3	5.3	3.9
Well-Child Visits in the First 15 Months of Life - Three Visits	6.2	5.2	11.8	8.8	6.9	5.1
Well-Child Visits in the First 15 Months of Life - Four Visits	9.7	9.9	14.6	12.2	10.8	10.5
Well-Child Visits in the First 15 Months of Life - Five Visits	16.7	16.8	18.6	18.5	18.2	18.2
Well-Child Visits in the First 15 Months of Life - Six or More Visits	49.2	58.7	20.0	27.5	45.5	48.9
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	61.0	68.1	53.4	54.6	59.6	60.8
Adolescent Well-Care Visits	36.4	41.2 [1]	24.3	23.1	33.7	35.8
Childrens and Adolescents Access to Primary Care Providers - Ages 12-24 Months	93.6		91.6		93.4	

DCH Audited Calendar Year 2011 HEDIS®/AHRQ Performance Measurement Report

Measure	Georgia Families		FFS		All	
	Admin Rate	Hybrid Rate[2]	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Childrens and Adolescents Access to Primary Care Providers - Ages 25 Months - 6 Years	86.5		84.0		85.9	
Childrens and Adolescents Access to Primary Care Providers - Ages 7-11 Years	88.1		84.2		87.5	
Childrens and Adolescents Access to Primary Care Providers - Ages 12-19 Years	84.4		77.0		83.3	
Childrens and Adolescents Access to Primary Care Providers - Total	86.9		80.9		86.1	
Adults Access to Preventive/Ambulatory Health Services - Ages 20-44 Years	85.0		75.2		80.5	
Adults Access to Preventive/Ambulatory Health Services - Ages 45-64 Years	89.5		85.5		85.8	
Adults Access to Preventive/Ambulatory Health Services - Ages 65+ Years	87.5		78.4		78.4	
Adults Access to Preventive/Ambulatory Health Services - Total	85.5		80.3		81.5	
Childhood Immunization Status - Combo 10	1.6	17.4	1.2	6.8	1.4	7.3
Childhood Immunization Status - Combo 6	4.2	37.2	3.5	21.7	3.9	17.3

DCH Audited Calendar Year 2011 HEDIS®/AHRQ Performance Measurement Report

Measure	Georgia Families		FFS		All	
	Admin Rate	Hybrid Rate[2]	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Childhood Immunization Status - Combo 3	11.3	79.5	9.0	47.0	10.6	42.3
Lead Screening in Children	64.3	75.5	52.9	56.7	61.8	69.1
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile	4.5	42.5	3.3	22.9	4.4	21.9
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (Total)	1.0	49.7	1.6	49.6	1.1	53.3
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (Total)	0.6	36.8	0.3	31.9	0.6	36.7
Annual Dental Visit - Ages 2-3 Years	47.2		39.5		44.8	
Annual Dental Visit - Ages 4-6 Years	76.3		64.1		73.9	
Annual Dental Visit - Ages 7-10 Years	79.0		65.5		76.6	
Annual Dental Visit - Ages 11-14 Years	71.4		59.6		68.9	
Annual Dental Visit - Ages 15-18 Years	60.1		49.9		57.6	

DCH Audited Calendar Year 2011 HEDIS®/AHRQ Performance Measurement Report

Measure	Georgia Families		FFS		All	
	Admin Rate	Hybrid Rate[2]	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Annual Dental Visit - Ages 19-21 Years	39.4		30.2		33.1	
Annual Dental Visit - Total	68.8		54.0		65.7	
Cervical Cancer Screening	69.6	69.4	29.5	34.8	44.8	51.1
Breast Cancer Screening	54.5		37.0		38.3	
Comprehensive Diabetes Care - HbA1c Testing	72.6	79.4	47.4	61.9	49.4	60.9
Comprehensive Diabetes Care - HbA1c Poor Control **Note: Lower rate is better**	99.9	52.3	98.7	62.8	98.8	67.9
Comprehensive Diabetes Care - HbA1c Good Control <8.0	0.1	41.0	0.9	31.0	0.9	27.0
Comprehensive Diabetes Care - HbA1c Good Control <7.0	0.1	31.4	0.7	20.3	0.6	18.0
Comprehensive Diabetes Care - Eye Exam	39.8	46.6	35.0	42.7	35.3	41.2
Comprehensive Diabetes Care - LDL-C Screening	63.8	70.3	39.1	59.1	41.0	53.5

DCH Audited Calendar Year 2011 HEDIS®/AHRQ Performance Measurement Report

Measure	Georgia Families		FFS		All	
	Admin Rate	Hybrid Rate[2]	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Comprehensive Diabetes Care - LDL-C Level	0.2	26.1	1.2	25.9	1.2	19.9
Comprehensive Diabetes Care - Medical Attention to Nephropathy	65.9	71.8	54.2	69.2	55.1	66.2
Comprehensive Diabetes Care - Blood Pressure Control <140/80	0.3	31.9	1.1	31.9	1.0	18.6
Comprehensive Diabetes Care - Blood Pressure Control <140/90	0.4	54.8	1.5	42.5	1.4	27.2
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	36.3		33.4		35.8	
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	49.9		41.7		47.7	
Follow-Up After Hospitalization for Mental Illness - 30-Day Follow-Up	67.6		59.1		62.3	
Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-Up	45.9		37.1		40.5	
Inpatient Utilization—General Hospital/Acute Care	Rates reported in separate table		Rates reported in separate table		Rates reported in separate table	
Prenatal and Postpartum Care - Timeliness of Prenatal Care	37.2	84.5[3]	50.1	63.7	39.8	52.3

DCH Audited Calendar Year 2011 HEDIS®/AHRQ Performance Measurement Report

Measure	Georgia Families		FFS		All	
	Admin Rate	Hybrid Rate[2]	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Prenatal and Postpartum Care - Postpartum Care	37.9	63.3 [1]	24.6	45.5	36.6	55.0
Frequency of Ongoing Prenatal Care - <21 Percent	57.4	14.4	42.9	18.5	56.4	20.2
Frequency of Ongoing Prenatal Care - 21-40 Percent	23.8	4.4	35.1	17.3	22.9	10.7
Frequency of Ongoing Prenatal Care - 41-60 Percent	8.8	6.5	11.5	14.6	8.6	7.8
Frequency of Ongoing Prenatal Care - 61-80 Percent	4.3	12.1	6.1	17.3	4.1	10.5
Frequency of Ongoing Prenatal Care - 81+ Percent	5.7	62.6	4.4	32.4	8.0	50.9
Weeks of Pregnancy at Time of Enrollment - <0 Weeks	10.6		7.8		9.9	
Weeks of Pregnancy at Time of Enrollment - <1-12 Weeks	7.9		0.7		6.2	
Weeks of Pregnancy at Time of Enrollment - <13-27 Weeks	57.8		2.0		44.6	
Weeks of Pregnancy at Time of Enrollment - 28 or More Weeks	15.4		81.0		30.9	

DCH Audited Calendar Year 2011 HEDIS®/AHRQ Performance Measurement Report

Measure	Georgia Families		FFS		All	
	Admin Rate	Hybrid Rate[2]	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Weeks of Pregnancy at Time of Enrollment - Unknown	8.3		8.6		8.4	
Chlamydia Screening - Ages 16-20 Years	42.7		42.4		45.4	
Chlamydia Screening - Ages 21-24 Years	60.2		39.3		58.4	
Chlamydia Screening - Total	47.1		41.2		49.5	
Immunizations for Adolescents - Combination #1 Total	56.9	69.7	46.8	56.0	54.4	61.1
Immunizations for Adolescents - Meningococcal Total	60.6	71.3	50.8	58.9	58.1	64.1
Immunizations for Adolescents - Tdap/Td Total	68.3	82.8	56.3	66.2	65.4	71.6
Appropriate Testing for Children With Pharyngitis	72.2		68.7		71.8	
Use of Appropriate Medications for People with Asthma - Ages 5-11 Years	91.5		93.0		91.4	
Use of Appropriate Medications for People with Asthma - Ages 12-18 Years	89.3		90.4		89.2	

DCH Audited Calendar Year 2011 HEDIS®/AHRQ Performance Measurement Report

Measure	Georgia Families		FFS		All	
	Admin Rate	Hybrid Rate[2]	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Use of Appropriate Medications for People with Asthma - Ages 19-50 Years	72.2		72.5		72.3	
Use of Appropriate Medications for People with Asthma - Ages 51-64 Years	77.6		66.9		67.6	
Use of Appropriate Medications for People with Asthma - Total	90.0		82.9		88.0	
Appropriate Treatment For Children With Upper Respiratory Infection **Note: Inverted Rate**	78.1		76.3		77.9	
Race/Ethnicity Diversity of Membership	Rates reported in separate table		Rates reported in separate table		Rates reported in separate table	
Language Diversity of Membership	NR		NR		NR	
Ambulatory Care-Outpatient **(Total) (Procedures Per 1000 Member Months)**	321.8		415.4		354.3	
Ambulatory Care-ED Visits **(Total) (Procedures Per 1000 Member Months)**	54.0		77.4		62.1	
Antibiotic Utilization	NR		NR		NR	
Annual Monitoring of Patients on Persistent Medications - Total	85.0		84.6		84.7	

DCH Audited Calendar Year 2011 HEDIS®/AHRQ Performance Measurement Report

Measure	Georgia Families		FFS		All	
	Admin Rate	Hybrid Rate[2]	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Antidepressant Medication Management - Effective Acute Phase Treatment	48.7		56.4		54.5	
Antidepressant Medication Management - Effective Continuation Phase Treatment	30.0		42.1		37.5	
Initiation and Engagement of AOD Dependence Treatment - Initiation	43.8		50.9		48.8	
Initiation and Engagement of AOD Dependence Treatment - Engagement	8.5		6.2		7.1	
Persistence of Beta-Blocker Treatment After a Heart Attack	86.5		59.8		61.4	
Pharmacotherapy management of COPD Exacergation - Systematic Corticosteroid	68.3		33.6		34.7	
Pharmacotherapy management of COPD Exacergation - Bronchodilator	83.6		48.4		49.4	
Mental Health Utilization	NR		NR		NR	
Cesarean Delivery Rate	30.4		26.0		29.4	
Otitis Media with Effusion **- Avoidance of Inappropriate Use of Systemic Antimicrobials**	16.5		15.5		16.2	

DCH Audited Calendar Year 2011 HEDIS®/AHRQ Performance Measurement Report

Measure	Georgia Families		FFS		All	
	Admin Rate	Hybrid Rate[2]	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Cesarean Rate for Nulliparous Singleton Vertex	17.6		12.6		16.5	
Percentage of Live Births Weighing Less Than 2,500 Grams	8.4		8.8		8.5	
Annual Percentage of Asthma Patients with One or More Asthma-Related ER Visits **- Ages 2-20**	11.3		13.9		11.9	
Annual Pediatric Hemoglobin (HbA1c) Testing - Ages 5-17	77.3		59.3		72.9	
Diabetes, Short-term Complications Admission Rate **(Per 100,000 Members)**	99.6		212.0		213.5	
Chronic Obstructive Pulmonary Disease (COPD) Admission Rate **(Per 100,000 Members)**	239.9		2803.0		2690.3	
Congestive Heart Failure Admission Rate **(Per 100,000 Members)**	29.8		1569.6		1294.8	
Adult Asthma Admission Rate **(Per 100,000 Members)**	90.3		85.4		120.0	
Medical Assistance With Smoking and Tobacco Use Cessation	NR		NR		NR	
Colorectal Cancer Screening	NR		24.4		NR	

DCH Audited Calendar Year 2011 HEDIS®/AHRQ Performance Measurement Report

Measure	Georgia Families		FFS		All	
	Admin Rate	Hybrid Rate[2]	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Plan All-Cause Readmission	8.7		10.3		10.2	
Controlling High Blood Pressure	0.0	47.0 [3]	0.0		0.0	

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA)
Source: HEDIS 2012 Final Audited IDSS, AHRQ self-reported rates (validated by HSAG)

[1] The hybrid rate was calculated from 2 CMO's hybrid rates and 1 CMO's adminsitrative rate.

[2] All rates except the Georgia Families Hybrid rates listed in this table were copied from the Comprehensive PMV reports supplied to HSAG by DCH. The Georgia Families Hybrid rates were calculated by HSAG using the CMOs' submitted IDSS data when all the CMOs reported using hybrid methodology for the measures.

[3] At least one CMO reported the rate as a rotated measure.

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

Georgia Families

Total Inpatient

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	4903		26002	26.9	5.3
1-9	5986		17938	2.9	3.0
10-19	12838		37325	8.4	2.9
20-44	52262		144553	95.9	2.8
45-64	1635		7615	53.5	4.7
65-74	9		28	104.5	3.1
75-84	0		0	0.0	0.0
85+	0		0	0.0	0.0
Unknown	0		0	0.0	0.0
Total	77633		233461	17.5	3.0

Medicine

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	3835		14280	14.8	3.7
1-9	4572		11712	1.9	2.6
10-19	2142		6349	1.4	3.0
20-44	2783		9717	6.5	3.5
45-64	894		3529	24.8	3.9
65-74	8		25	93.3	3.1
75-84	0		0	0.0	0.0
85+	0		0	0.0	0.0
Unknown	0		0	0.0	0.0
Total	14234		45612	3.4	3.2

Surgery					
Age	**Discharges**	**Discharges / 1,000 Member Months**	**Days**	**Days / 1,000 Members Months**	**Average Length of Stay**
<1	1068		11722	12.1	11.0
1-9	1414		6226	1.0	4.4
10-19	1302		6449	1.5	5.0
20-44	2310		10804	7.2	4.7
45-64	683		3912	27.5	5.7
65-74	1		3	11.2	3.0
75-84	0		0	0.0	0.0
85+	0		0	0.0	0.0
Unknown	0		0	0.0	0.0
Total	6778		39116	2.9	5.8
Maternity*					
Age	**Discharges**	**Discharges / 1,000 Member Months**	**Days**	**Days / 1,000 Members Months**	**Average Length of Stay**
10-19	9394		24527	5.5	2.6
20-44	47169		124032	82.3	2.6
45-64	58		174	1.2	3.0
Unknown	0		0	0.0	0.0
Total	56621		148733	24.4	2.6

***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.**

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

Fee for Service

Total Inpatient

Age	Discharges	Discharges / 1,000 Member Months*	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1692		17698	158.4	10.5
1-9	4810		23886	22.8	5.0
10-19	5879		26440	26.6	4.5
20-44	34461		155735	116.3	4.5
45-64	45418		272330	158.0	6.0
65-74	14788		79984	85.0	5.4
75-84	11100		59679	95.7	5.4
85+	6811		74627	240.8	11.0
Unknown	0		0	0.0	0.0
Total	124959		710379	100.1	5.7

Medicine

Age	Discharges	Discharges / 1,000 Member Months*	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1127		5486	49.1	4.9
1-9	3450		12465	11.9	3.6
10-19	2528		10838	10.9	4.3
20-44	12406		55321	41.3	4.5
45-64	30377		134725	78.2	4.4
65-74	10213		44138	46.9	4.3
75-84	8204		37077	59.5	4.5
85+	5599		65455	211.2	11.7
Unknown	0		0	0.0	0.0
Total	73904		365505	51.5	4.9

Surgery					
Age	**Discharges**	**Discharges / 1,000 Member Months***	**Days**	**Days / 1,000 Members Months**	**Average Length of Stay**
<1	565		12212	109.3	21.6
1-9	1360		11421	10.9	8.4
10-19	1137		9684	9.7	8.5
20-44	6103		58840	43.9	9.6
45-64	14980		137336	79.7	9.2
65-74	4575		35846	38.1	7.8
75-84	2896		22602	36.3	7.8
85+	1212		9172	29.6	7.6
Unknown	0		0	0.0	0.0

Total	32828		297113	41.9	9.1
Maternity**					
Age	**Discharges**	**Discharges / 1,000 Member Months***	**Days**	**Days / 1,000 Members Months**	**Average Length of Stay**
10-19	2214		5918	6.0	2.7
20-44	15952		41574	31.0	2.6
45-64	61		269	0.2	4.4
Unknown	0		0	0.0	0.0
Total	18227		47761	11.8	2.6

***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.**

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

All

Total Inpatient

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	6594		43554	40.4	6.6
1-9	10796		41823	5.7	3.9
10-19	18717		63765	11.7	3.4
20-44	86717		300216	105.5	3.5
45-64	47046		279581	149.8	5.9
65-74	14797		80001	85.0	5.4
75-84	11100		59679	95.7	5.4
85+	6811		74627	240.8	11.0
Unknown	0		0	0.0	0.0
Total	202578		943246	46.1	4.7

Medicine

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	4962		19766	18.3	4.0
1-9	8022		24176	3.3	3.0
10-19	4670		17187	3.2	3.7
20-44	15188		65023	22.8	4.3
45-64	31269		138223	74.1	4.4
65-74	10221		44163	46.9	4.3
75-84	8204		37077	59.5	4.5
85+	5599		65455	211.2	11.7
Unknown	0		0	0.0	0.0
Total	88135		411070	20.1	4.7

Surgery					
Age	**Discharges**	**Discharges / 1,000 Member Months**	**Days**	**Days / 1,000 Members Months**	**Average Length of Stay**
<1	1632		23788	22.1	14.6
1-9	2774		17647	2.4	6.4
10-19	2439		16133	3.0	6.6
20-44	8412		69609	24.5	8.3
45-64	15658		140915	75.5	9.0
65-74	4576		35838	38.1	7.8
75-84	2896		22602	36.3	7.8
85+	1212		9172	29.6	7.6
Unknown	0		0	0.0	0.0
Total	39599		335704	16.4	8.5
Maternity*					
Age	**Discharges**	**Discharges / 1,000 Member Months**	**Days**	**Days / 1,000 Members Months**	**Average Length of Stay**
10-19	11608		30445	5.6	2.6
20-44	63117		165584	58.2	2.6
45-64	119		443	0.2	3.7
Unknown	0		0	0.0	0.0
Total	74844		196472	19.3	2.6

***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.**

Race/Ethnicity Diversity of Membership (RDM)

Georgia Families

Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	149024	9.7%	297953	19.4%	220448	14.4%	0	0.0%	667425	43.5%
Black or African American	3050	0.2%	445784	29.0%	266088	17.3%	0	0.0%	714922	46.6%
American-Indian and Alaska Native	295	<0.1%	678	<0.1%	409	<0.1%	0	0.0%	1382	0.1%
Asian	596	<0.1%	14407	0.9%	15965	1.0%	0	0.0%	30968	2.0%
Native Hawaiian and Other Pacific Islanders	594	<0.1%	421	<0.1%	179	<0.1%	0	0.0%	1194	0.1%
Some Other Race	45258	2.9%	7722	0.5%	2695	0.2%	0	0.0%	55675	3.6%
Two or More Races	4	<0.1%	12	<0.1%	6	<0.1%	0	0.0%	22	<0.1%
Unknown	188	<0.1%	2057	0.1%	1187	0.1%	0	0.0%	3432	0.2%
Declined	456	<0.1%	7602	0.5%	52108	3.4%	0	0.0%	60166	3.9%
Total									1535186	100.00%

Race/Ethnicity Diversity of Membership (RDM)

Fee for Service

Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	83928	6.8%	315088	25.6%	82004	6.7%	0	0.0%	481020	39.1%
Black or African American	1909	0.2%	455490	37.0%	90309	7.3%	0	0.0%	547708	44.5%
American-Indian and Alaska Native	186	<0.1%	588	<0.1%	722	0.1%	0	0.0%	1496	0.1%
Asian	444	<0.1%	18590	1.5%	5210	0.4%	0	0.0%	24244	2.0%
Native Hawaiian and Other Pacific Islanders	318	<0.1%	399	<0.1%	53	<0.1%	0	0.0%	770	0.1%
Some Other Race	15975	1.3%	8928	0.7%	1027	0.1%	0	0.0%	25930	2.1%
Two or More Races	1	<0.1%	4	<0.1%	0	0.0%	0	0.0%	5	<0.1%
Unknown	1105	0.1%	65297	5.3%	22323	1.8%	0	0.0%	88725	7.2%
Declined	744	0.1%	21258	1.7%	38489	3.1%	0	0.0%	60491	4.9%
Total									1230389	100.0%

Race/Ethnicity Diversity of Membership (RDM)

All

Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	170345	8.0%	429134	20.1%	272585	12.8%	0	0.0%	872064	40.9%
Black or African American	3545	0.2%	636391	29.8%	328434	15.4%	0	0.0%	968370	45.4%
American-Indian and Alaska Native	340	<0.1%	928	<0.1%	787	<0.1%	0	0.0%	2055	0.1%
Asian	758	<0.1%	23191	1.1%	18462	0.9%	0	0.0%	42411	2.0%
Native Hawaiian and Other Pacific Islanders	663	<0.1%	548	<0.1%	231	<0.1%	0	0.0%	1442	0.1%
Some Other Race	47700	2.2%	12213	0.6%	3519	0.2%	0	0.0%	63432	3.0%
Two or More Races	5	<0.1%	15	<0.1%	6	<0.1%	0	0.0%	26	<0.1%
Unknown	1146	0.1%	65667	3.1%	22461	1.1%	0	0.0%	89274	4.2%
Declined	1048	<0.1%	26944	1.3%	65450	3.1%	0	0.0%	93442	4.4%
Total									2132516	100.0%