



State of Georgia
Department of Community Health

2016 Validation of Performance Measures *for* **Georgia Department of Community Health**

Measurement Period: Calendar Year 2015

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Validation Overview

The Centers for Medicare & Medicaid Services (CMS) requires that states, through their contracts with managed care organizations (MCOs), measure and report on performance to assess the quality and appropriateness of care and services provided to members. Validation of performance measures is one of three mandatory external quality review (EQR) activities required by the Balanced Budget Act of 1997 (BBA) described at 42 CFR 438.358(b)(2). The purpose of performance measure validation 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 voluntary reporting of data to CMS for the Children's Health Insurance Program Reauthorization Act (CHIPRA) core set measures (Core Set) and the adult core set measures, DCH contracted with Hewlett-Packard Enterprise Services (HPE), its Medicaid Management Information System (MMIS) vendor, to calculate performance measure rates for the 2015 calendar year (CY) for the Medicaid and PeachCare for Kids^{®1} programs for the following populations:

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

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

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

² Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: Feb 19, 2016.

Georgia Department of Community Health Information

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

Table 1—Georgia Department of Community Health

DCH Location:	2 Peachtree Street, NW Atlanta, GA 30303
DCH Contact:	Janice M. Carson, MD, MSA Assistant Chief, Performance, Quality and Outcomes 404.463.2832 jcarson@dch.ga.gov
Site Visit Location:	Hewlett-Packard Enterprise Services 100 Crescent Centre, Ste. 1100 Tucker, GA 30084
HPE Contact:	Michele Hunter Services Information Developer III 972.605.8853 Michele.hunter@hpe.com
Site Visit Date:	May 12–13, 2016

Audited Populations

Georgia Families 360° program (GF 360° program)—On March 3, 2014, DCH launched the Georgia Families 360° program. This program’s population consisted of children, youth, and young adults in foster care; children and youth receiving adoption assistance; and select youth involved in the juvenile justice system. The DCH contracted with Amerigroup Community Care to provide services to improve care coordination and continuity of care, and to provide better health outcomes for these members. To be included in the GF 360° program rates, a member had to be enrolled in the GF 360° program at some point during CY 2015.

Georgia Families (GF)—the GF population consisted of Medicaid and PeachCare for Kids® members excluded from the GF 360° program and enrolled in one of the three contracted GF CMOs during the measurement year:³ Amerigroup Community Care, Peach State Health Plan, and WellCare of Georgia,

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

Inc. To be included in the GF rates, a member had to be continuously enrolled in GF 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 or GF 360^o 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.

Total Population (ALL)—the ALL population was composed of all Georgia Medicaid and PeachCare for Kids[®] members enrolled in the FFS, GF, and GF 360^o programs, as well as members who may have switched between these programs 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 2016 Healthcare Effectiveness Data and Information Set (HEDIS[®])⁴ measures developed by the National Committee for Quality Assurance (NCQA), CMS' Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set),⁵ CMS' Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set),⁶ and the Agency for Healthcare Research and Quality's (AHRQ's) Quality Indicator measures. The measurement period was identified by DCH as CY 2015 for all measures except the two child core set dental measures. The dental measures were reported for federal fiscal year (FFY) 2015, which covered the time frame of October 1, 2014, through September 30, 2015, according to CMS requirements. Table 2 lists the performance measures that HSAG validated for each of the audited populations and identifies the method for data collection and specifications that were used for each of the measures. Performance measures that list Core Set and HEDIS specifications were reported according to the age breakouts required by both sets of specifications.

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

⁵ The Centers for Medicare & Medicaid Services. Core Set of Children's Health Care Quality Measures for Medicaid and CHIP, March 2015.

⁶ The Centers for Medicare & Medicaid Services. Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid, April 2015.

Table 2—List of Performance Measures for CY 2015

	Performance Measure	Specifications			Populations & Data Collection Method (A=Admin; H=Hybrid)			
		Core Set	AHRQ	HEDIS	GF	FFS	GF 360°	All
1	Well-Child Visits in the First 15 Months of Life	✓		✓	A	H	H	H
2	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	✓		✓	A	H	H	H
3	Adolescent Well-Care Visits	✓		✓	A	H	H	H
4	Children and Adolescents' Access to Primary Care Practitioners	✓		✓	A	A	A	A
5	Adults' Access to Preventive/Ambulatory Health Services			✓	A	A	A	A
6	Childhood Immunization Status	✓		✓	A	H	H	H
7	Lead Screening in Children			✓	A	H	H	H
8	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	✓		✓	A	H	H	H
9	Annual Dental Visit			✓	A	A	A	A
10	Cervical Cancer Screening	✓		✓	A	H		H
11	Breast Cancer Screening	✓		✓	A	A		A
12	Prenatal and Postpartum Care	✓		✓	A	H	H	H
13	Frequency of Ongoing Prenatal Care	✓		✓	A	H	H	H
14	Chlamydia Screening in Women	✓		✓	A	A	A	A
15	Immunizations for Adolescents	✓		✓	A	H	H	H
16	Appropriate Testing for Children With Pharyngitis	✓		✓	A	A	A	A
17	Percentage of Eligibles Who Received Preventive Dental Services	✓			A	A	A	A
18	Comprehensive Diabetes Care	✓		✓	A	H	H	H

	Performance Measure	Specifications			Populations & Data Collection Method (A=Admin; H=Hybrid)			
		Core Set	AHRQ	HEDIS	GF	FFS	GF 360°	All
19	Follow-Up Care for Children Prescribed ADHD Medication	✓		✓	A	A	A	A
20	Follow-Up After Hospitalization for Mental Illness	✓		✓	A	A	A	A
21	Ambulatory Care—Emergency Department Visits	✓		✓	A	A	A	A
22	Inpatient Utilization—General Hospital/Acute Care			✓	A	A	A	A
23	Weeks of Pregnancy at Time of Enrollment			✓	A	A	A	A
24	Race/Ethnicity Diversity of Membership			✓	A	A	A	A
25	Cesarean Delivery Rate		✓		A	A	A	A
26	Cesarean Section for Nulliparous Singleton Vertex	✓			H		H	
27	Live Births Weighing Less Than 2,500 Grams <i>Note: AHRQ specification was followed for calculation.</i>	✓	✓		A	A	A	A
28	Antidepressant Medication Management	✓		✓	A	A	A	A
29	Diabetes, Short-term Complications Admission Rate	✓	✓		A	A	A	A
30	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	✓	✓		A	A		A
31	Heart Failure Admission Rate	✓	✓		A	A	A	A
32	Asthma in Younger Adults Admission Rate	✓	✓		A	A	A	A
33	Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk	✓			A	A	A	A
34	Controlling High Blood Pressure	✓		✓		H	H	H
35	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	✓		✓	A	A	A	A
36	Annual Monitoring for Patients on Persistent Medications	✓		✓	A	A		A

	Performance Measure	Specifications			Populations & Data Collection Method (A=Admin; H=Hybrid)			
		Core Set	AHRQ	HEDIS	GF	FFS	GF 360°	All
37	Mental Health Utilization			✓	A	A	A	A
38	Plan All-Cause Readmissions <i>Note: The HEDIS specification for this Commercial and Medicare measure was followed for calculation, but reported for Medicaid.</i>	Custom			A	A	A	A
39	Appropriate Treatment for Children with Upper Respiratory Infection			✓	A	A	A	A
40	Screening for Clinical Depression and Follow-Up Plan	✓			A	H	H	H
41	Adult BMI Assessment	✓		✓	A	H	H	H
42	Developmental Screening in the First Three Years of Life	✓			A	H	H	H
43	Elective Delivery	✓			H		H	
44	Antenatal Steroids	✓			H		H	
45	Adherence to Antipsychotics for Individuals with Schizophrenia	✓		✓	A	A	A	A
46	Care Transition—Timely Transmission of Transition Record	✓			A	H	H	H
47	Persistence of Beta-Blocker Treatment After a Heart Attack			✓	A	A		A
48	Colorectal Cancer Screening <i>Note: The HEDIS specification for this Medicare measure was followed for calculation, but reported for Medicaid.</i>	Custom			A	H		H
49	Pharmacotherapy Management of COPD Exacerbation			✓	A	A		A
50	Human Papillomavirus Vaccine for Female Adolescents	✓		✓	A	H	H	H
51	Medication Management for People With Asthma	✓		✓	A	A	A	A
52	Maternity Care—Behavioral Health Risk Assessment	✓			A	H	H	H
53	Use of Multiple Concurrent Antipsychotics in Children and Adolescents			✓	A	A	A	A

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 performance measures for each of the audited populations that were 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 source code for each performance measure (unless the measure passed NCQA’s certification for measure generation and rate calculation); a completed Record of Administration, Data Management and Processes (Roadmap); and any additional supporting documentation necessary to complete the audit. The letter also included an introduction to the medical record review validation (MRRV) process, a timetable for completion, and instructions for submission. HSAG responded to Roadmap-related questions during the pre-on-site phase.

HSAG conducted a pre-on-site conference call with DCH and its fiscal agent, HPE, as well as HPE’s subcontractor, Inovalon, as the performance measure rate calculation vendor and the medical record review (MRR) vendor, to discuss the medical record procurement, abstraction, and rate calculation processes.

Approximately one month prior to the on-site visit, HSAG provided HPE and DCH with an agenda describing all on-site visit activities and indicating the type of staff needed for each session. HSAG also communicated with DCH and HPE to discuss on-site logistics and expectations, important deadlines, outstanding Roadmap documentation, and any questions from DCH regarding the process.

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 requirements of DCH. Some team members, including the lead auditor, participated in the on-site meeting at HPE; others conducted their work at HSAG’s offices. Table 3 lists the validation team members, their roles, and their skills and expertise.

Table 3—Validation Team

Name and Role	Skills and Expertise
Mariyah Badani, JD, MBA, CHCA <i>Director, Audits/State & Corporate Services</i>	Management of audit department, Certified HEDIS Compliance Auditor (CHCA), multiple years of auditing experience, data integration, systems review, and analysis.
Judy Yip-Reyes, PhD, CHCA <i>Lead Auditor and Associate Director, Audits</i>	CHCA, performance measure knowledge, data integration, systems review, and analysis.

Name and Role	Skills and Expertise
Timea Jonas, CHCA <i>Co-Auditor, Audits</i>	CHCA, claims processing, data review, and analysis.
Tammy Gianfrancesco <i>Project Leader and Source Code Review Manager, Audits</i>	Coordinator for the audit department, liaison between the audit team and clients, manages deliverables and timelines, and coordinates source code review activities.
Lynn Shelby, RN, BSN <i>Director, Case Review</i>	Knowledge of HEDIS and CMS measure specifications, clinical consulting, abstraction of medical record data and oversight of the medical record over-read process.
Lori Cruz <i>Project Coordinator, Case Review</i>	Coordinator for the HEDIS MRR process, liaison between the audit team and clients, maintains record tracking database, and manages deliverables and timelines.
Dan Moore, MPA <i>Source Code Reviewer</i>	Knowledge of HEDIS and CMS specifications and source code/programming language.

Technical Methods of Data Collection and Analysis

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

- NCQA’s HEDIS 2016 Roadmap:** The DCH and HPE completed and submitted the required and relevant portions of the Roadmap for HSAG’s review. HSAG used responses from the Roadmap to complete the pre-on-site assessment of information systems.
- Medical record documentation:** HPE and its contracted MRR vendor, Inovalon, were responsible for completing the MRR section within the Roadmap. In addition, HPE and Inovalon submitted the following attachments for review: medical record hybrid tools and instructions, training materials for MRR staff members, and policies and procedures outlining the processes for monitoring the accuracy of the reviews performed by the review staff members. To ensure the accuracy of the hybrid data being abstracted, HSAG requested DCH participate in the review of a convenience sample for selected hybrid measures. HSAG followed NCQA’s guidelines to validate the integrity of the MRR processes used by DCH and then used the MRRV results to determine if the findings impacted the audit results for each performance measure rate.
- Source code (programming language) for performance measures:** The DCH and HPE contracted with a software vendor, Inovalon, to generate and calculate rates for the performance measures under review by HSAG. All HEDIS measures required for this year’s reporting were certified by NCQA. The global unique identifiers (GUID numbers) associated with these measures were verified against those in the NCQA certification reports when the rates were uploaded to NCQA’s Interactive Data Submission System (IDSS). For the measures for which the CMS Core Set or AHRQ specifications were used, HSAG conducted several webinar sessions with Inovalon to review the measure calculation processes and assess the extent to which these processes followed the required measure specifications.

- **Supporting documentation:** HSAG requested documentation that would provide reviewers with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. HSAG reviewed all supporting documentation, identifying issues or areas needing clarification for further follow-up.
- **Rate Review:** Upon receiving the calculated rates from HPE, HSAG conducted a review on the reasonableness and integrity of the rates for all of the audited populations. The review included trending with prior rates, comparison against available national benchmarks, and cross-measure checks. Since HPE used the encounter data submitted monthly by the CMOs to calculate the GF rates, HSAG also used the final audited HEDIS measure results (obtained from NCQA's IDSS) submitted by the CMOs to further test for reasonability of the calculated GF rates.

On-site Activities

HSAG conducted an on-site visit with DCH and HPE on May 12–13, 2016. HSAG collected information using several methods, including interviews, system demonstrations, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

- **Opening meeting:** The opening meeting included an introduction of the validation team and key DCH and HPE staff members involved in the performance measure activities. The review purpose, required documentation, basic meeting logistics, and queries to be performed were discussed.
- **Evaluation of system compliance:** The evaluation included a review of the information systems, focusing on the processing of claims and encounter data, provider data, patient data, and inpatient data. Additionally, the review evaluated the processes used to collect and calculate the performance measure rates, including accurate numerator and denominator identification, and algorithmic compliance (which evaluated whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately).
- **Review of Roadmap and supporting documentation:** The review included processes used for collecting, storing, validating, and reporting performance measure rates. This session was designed to be interactive with key DCH and HPE staff members so that HSAG could obtain a complete picture of all the steps taken to generate the performance measure rates. The goal of the session was to obtain a confidence level as to the degree of compliance with written documentation compared to actual processes. HSAG conducted interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and ascertain that written policies and procedures were used and followed in daily practice.
- **Overview of data integration and control procedures:** The overview included discussion and observation of source code logic, a review of how all data sources were combined, and a review of how the analytic file was produced for the reporting of selected performance measure rates. HSAG performed primary source verification to further validate the output files 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 DCH and HPE staff members who were involved with performance measure reporting. Table 4 displays a list of key interviewees:

Table 4—List of Interviewees

Name	Title
Bernice Williams	Information Developer, Hewlett Packard Enterprise
Theresa Harris	Software Engineer (SE)-Developer, Hewlett Packard Enterprise
Anshu Misra	Director of Managed Care Quality
Anika Washington	Healthcare Consultant III
Yvonne Greene	Senior Manager of Business Operations
Kina Dewitt	Manager, Performance Improvement
Erika Lawrence	Quality and Outcomes Program Specialist
Tiffany Griffin	Quality Program Specialist
Michele Hunter	Director, Information Services
Randall Solomon	Director, Member Services
Janice Carson, MD, MSA	Assistant Chief, Performance, Quality and Outcomes
Betsy Elrod	Project Manager
Pamela B. White	Manager, Claims Operations
Franklin Martin	Technical Delivery Manager, Claims
Billie N. Webb	Provider Enrollment Supervisor
Mark Paddock	Product Service Manager
Joyce Wilson	MMIS Manager

Data Integration, Data Control, and Performance Measure Documentation

There are several aspects crucial to the calculation of performance measure rates. These include data integration, data control, and documentation of performance measure 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, HPE, 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 HPE. 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 HPE'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 and Claims)

HSAG did not have any major concerns regarding DCH's process of capturing and transferring medical services data. The DCH contracted HPE as the fiscal agent to process all claims and encounter data using Georgia's Medicaid Management Information System (GAMMIS). All FFS providers and facilities submitted claims data electronically to HPE, except out-of-state providers, which submitted medical service data via paper claims. Paper claims were scanned using optical character recognition (OCR) for translation into an electronic format, and were reviewed to ensure all information transferred accurately. Similar to encounter data, FFS claims were validated automatically using a claims engine.

Contracted CMOs submitted encounter data electronically to HPE daily via a secure file transfer protocol (FTP) site. Using an encounter engine, each file was subject to an automated validation process, verifying diagnosis codes, member and provider information, and procedure codes based on DCH's business rules. If a discrepancy was found, the affected record/file was sent back to the appropriate CMO for further research, correction, and resubmission.

All claims and encounter data were submitted on industry standard forms using industry standard codes. Primary and secondary codes were distinguished within GAMMIS. Nearly 99 percent of claims/encounters were auto-adjudicated in the measurement year. Manually processed claims were subject to validation, ensuring financial and procedural accuracy.

The DCH contracted with Optum to administer pharmacy benefits to its FFS population. HPE provided eligibility data to Optum daily and received from Optum daily adjudicated pharmacy claims files in a National Council for Prescription Drug Programs (NCPDP) electronic format. HPE validated pharmacy claims for accuracy and appropriately removed pharmacy reversals prior to loading them into GAMMIS.

During the on-site visit, two claims submission policies with potential impact on measure reporting were discussed. The first policy was related to the submission of Diagnosis Related Group (DRG)/Medicare Severity (MS)-DRG codes. According to a policy set by DCH, all CMOs were required to submit encounters with appropriate DRG/MS-DRG codes; however, the majority of encounters were still submitted without the appropriate DRG/MS-DRG codes. For the current reporting year, the proper version of the grouper was not yet implemented. This could result in underreporting of inpatient utilization data for both GF and ALL populations.

A second claims submission policy indicated that providers are not required to submit International Classification of Diseases, Ninth Revision (ICD-9) diagnoses to their highest level of specificity for claims reimbursement. As such, it is possible that a significant amount of claims would not be included for measure reporting. The auditors requested a query to determine the percentage of paid claims in GAMMIS, with the diagnosis code of less than four digits. The query result showed that less than 2 percent of claims contained the diagnosis code with only three-digit specificity. The result suggested

that the impact on measure reporting would not be significant. The auditors recognized that these areas were beyond DCH's jurisdiction. Overall, the auditors did not note any major issues related to the data systems and processes used to collect, maintain, and process medical service data.

The DCH appeared to have vendor oversight in place to monitor HPE's claims processing performance. Various types of reports generated by HPE (e.g., claims turnaround report, auto-pay report, and claims submission report) were used internally by HPE to check data and were also provided to DCH for review. The DCH's vendor management team, in collaboration with the business owners, reviewed the reports as part of the vendor oversight process.

Enrollment Data

HSAG did not have any major concerns regarding DCH's process of capturing and handling Medicaid eligibility data.

The DCH staff described the process for providing daily HPE eligibility data file feeds, which included the SUCCESS file from the Division of Family and Children Services within the Department of Human Services, data from the PeachCare for Kids[®] and Planning for Healthy Babies (P4HB[®]) programs (the VIDA file), a data interface file from the Social Security Administration, and a Web portal entry for presumptive eligibility for pregnant women and newborns (GAMMIS). Appropriate edits were made to detect errors with loading enrollment data, obtaining complete files, and identifying potential duplicate members.

This was the third year that HPE reported performance measure rates for the GF 360^o population. HPE removed any continuous enrollment criteria for this population and included members who were enrolled in the GF 360^o program for at least one day during the measurement period. HPE also expanded the categories of aid (COA) for this population according to DCH's direction. The following aid categories and ages were included for the GF 360^o population:

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

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

HSAG verified that HPE correctly identified the members enrolled for the GF, FFS, GF 360°, and ALL populations and identified no concerns with the identification according to DCH specifications. HPE appropriately excluded the P4HB® population's COA assignments 180 and 181, and included COA 182 (which is tied to the GF population) and COA 183 (which is tied to the aged, blind, and disabled population).

Although the enrollment processes remained the same for 2015, DCH indicated that pregnant women were able to enroll in the GF program sooner than in previous years. The daily enrollment process allowed women to enroll in their selected GF CMO for coverage the day after their CMO selection was made. Daily enrollment data for members in P4HB®, Medicaid for women's health, and Medicaid for pregnant women were therefore available and used while identifying eligible populations for measures requiring continuous enrollment criteria.

During the on-site visit, HPE demonstrated GAMMIS, and HSAG verified the data elements in this system that were used to identify the eligible populations for the required measures, including FFS, managed care, and GF 360° populations.

Provider Data

No major concerns were noted for DCH's process of managing practitioner data. HPE used GAMMIS to house provider information. The State-contracted providers continued to use the same application process to enroll in the program (i.e., via paper or online using the GAMMIS Web portal). Data verification efforts were the same as in previous years for most of CY 2015. On August 1, 2015, DCH implemented a centralized credentialing verification process to credential providers interested in contracting with the GF and/or GF 360° CMOs. HPE, acting as an agent of DCH, contracted with Aperture, a credentialing verification organization (CVO), to lead this effort. FFS providers were added to the Aperture process in January 2016. Once credentialed, provider information was loaded into GAMMIS. GAMMIS populated provider type and/or specialty based on findings from the credentialing process. Individual provider data was processed by HPE, and facility provider data was processed by DCH's provider department. HSAG requested and reviewed the provider mapping document used by HPE's subcontractor, Inovalon, to produce measure rates, and found no major issues or concerns.

Similar to previous years, DCH did not require rendering provider information to be submitted on claims from the federally qualified health centers (FQHCs). While this could result in lower rates for measures that require specific provider types to perform the services, this limitation was identified as beyond DCH's control. Regarding the data system and the processes used to maintain and process practitioner data, the auditors did not identify any major issues.

Medical Record Review Validation (MRRV)

HSAG performed MRRV for the HEDIS and CMS hybrid measures under the scope of the audit. HPE contracted with Inovalon to perform medical record procurement and abstraction. HSAG reviewed both HPE's and Inovalon's processes for MRR performance. HSAG reviewed and approved Inovalon's

hybrid tool screen prints and corresponding instructions. The hybrid tools contained all of the required, measure-specific data elements and appropriate edits. Provider chase logic was updated, reviewed, and determined appropriate across the hybrid measures. Reviewer qualifications, training, and oversight were also determined to be appropriate.

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

HSAG conducted the main MRRV by randomly selecting 16 cases from each HEDIS measure group and from each hybrid CMS measure with numerator positive cases as identified by Inovalon. If fewer than 16 medical records were found to meet numerator requirements, all records were reviewed. MRRV was also conducted on exclusions for the *Elective Delivery*, *Cesarean Section for Nulliparous Singleton Vertex*, *Screening for Clinical Depression and Follow-up Plan*, and *Antenatal Steroids* measures to ensure members were not inappropriately excluded from the measure. Additionally, HSAG reviewed numerator negative cases and exclusions for the *Cesarean Section for Nulliparous Singleton Vertex* and *Elective Delivery* measures. HSAG expanded the review for these two inverse measures due to the complexity of abstracting the measures.

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

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

The following tables provide details as to the findings, follow-up, and final results for each of the hybrid measures HSAG validated through the MRR process. Table 5 includes the MRRV results for the HEDIS measures; Table 6 includes the MRRV results for the CMS measures. Although HSAG approved the MRR processes for the HEDIS measures, challenges were noted for four of the CMS Core Set measures. HSAG recommended that DCH/HPE work with the MRR vendor to ensure that the hybrid specifications are closely followed.

Table 5—HEDIS Measures: MRRV Results

Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
Group A: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—Body Mass Index (BMI) Percentile Documentation	16	No errors were identified.	NA	Approved
Group B: WCC—Counseling for Physical Activity	16	Physical activity was not addressed in one record and was identified as a critical error. A second sample was required.	No errors were identified with the second sample.	Approved
Group C: Comprehensive Diabetes Care—HbA1c control (<8.0%)	16	No errors were identified.	NA	Approved
Group D: Comprehensive Diabetes Care—Eye Exam	16	No errors were identified.	NA	Approved
Group F: Exclusions	16	No errors were identified.	NA	Approved

Table 6—CMS Measures: MRRV Results

Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
Antenatal Steroids	16	No errors were identified.	NA	Approved
Maternity Care—Behavioral Health Risk Assessment	16	No errors were identified.	NA	Approved
Developmental Screening in the First Three Years of Life	16	Four errors were identified due to missing results of the standardized screening in the medical record. A second sample was required.	No errors were identified in the second sample.	Approved
Screening for Clinical Depression and Follow-up Plan	16	Two errors were identified due to a standardized tool that was not included in the medical record. A second sample was required.	One error was identified in the second sample due to a standardized tool that was not included in the medical record.	This measure was approved after errors found in records from both samples were corrected. However, HSAG recommended that for future reporting, DCH/HPE should work with the MRR vendor to ensure that the hybrid specifications are closely followed.
Care Transition—Timely Transmission of Transition Record	14	There were only 14 numerator positive records reported for this measure. All records did not pass validation as they did not meet the timeliness requirements. Twelve of these records were determined as numerator negative records and two were determined as exclusions.	Twelve records were removed from the numerator positive list and moved to the numerator negative list. Two records were removed from the numerator positive list as they were exclusions.	The measure was approved after errors found in records from the sample were corrected. However, HSAG recommended that for future reporting, DCH/HPE should work with the MRR vendor to ensure that the hybrid specifications are closely followed.

Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
Elective Delivery*	7	Six records that were numerator positive should have been numerator negative, and one record should have been excluded.	Six records were moved to the numerator negative list, and one record was an exclusion.	The measure was approved after errors found in the sample were corrected. However, HSAG recommended that for future reporting, DCH/HPE should work with the MRR vendor to ensure that the hybrid specifications are closely followed.
Cesarean Section for Nulliparous Singleton Vertex*	1	The record should be considered as exclusion instead of a numerator positive case.	The record was removed from the numerator positive list as this was an excluded case.	The measure was approved after errors found in the sample were corrected. However, HSAG recommended that for future reporting, DCH/HPE should work with the MRR vendor to ensure that the hybrid specifications are closely followed.
Exclusions	25	No errors were identified.	NA	Approved

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

Data Integration

Except for three measures (discussed below in Table 8), the auditors did not identify any major issues associated with DCH’s data integration and rate calculation process. The DCH delegated data integration and rate calculation to HPE, and HPE contracted with Inovalon for data integration, measure calculation, and report production for the current reporting period. Since this was the first year contracting with Inovalon, HPE performed several data testing activities, which included the prior year’s data conversion into Quality Spectrum Insight (QSI) and Inovalon’s application system to recalculate and compare rates with the prior year’s results.

Weekly, HPE extracted claims, encounter, provider, and member data from GAMMIS to its Ad Hoc subsystem, then loaded the data into QSI. In addition to these data sources, DCH also used the following

two data sources to supplement its measure rates; both were determined to be standard supplemental data sources:

1. Georgia Registry of Immunization Transactions and Services (GRITS)
2. Newborn Delivery Notification file

Immunization data from GRITS were received weekly and loaded into GAMMIS. The use of the Newborn Delivery Notification forms was a pilot project adopted by DCH this year. The forms were used in supporting the calculation of three delivery-related measures using gestational age information. The information in the forms was collected by the Georgia Medical Care Foundation (GMCF). At the beginning of the data collection process during CY 2015, system edits were not in place to ensure accurate data entry for the gestational age calculations. When this issue was identified following the initial test upload of the data, GMCF developed system edits to improve data accuracy. Those edits were implemented effective January 1, 2016. For 2015, HPE received one file from GMCF, created a birth data extract file, and loaded the file into a table located in the GAMMIS Ad Hoc subsystem. The DCH indicated that all of the lessons learned from this pilot project in CY 2015 will be incorporated into its CY 2016 reporting.

Supplemental data files were subject to several verification processes to ensure data completeness and data accuracy prior to providing the data to Inovalon. QSI has a built-in supplemental data reporting utility to provide a summary-level report of the supplemental data impact on the reported rates. All supporting documents provided for these data sources were reviewed.

During data transfer and data integration, HPE provided record counts to Inovalon via email after each upload, and Inovalon produced a balancing report to verify the number of records uploaded to QSI. In addition, Inovalon performed several quality checks on the received data to ensure accuracy. As part of vendor oversight, weekly meetings were held between HPE and Inovalon to discuss and collaborate on solving any data quality issues. These data reconciliation processes were in place to ensure that no data were lost during transfer.

During the on-site visit, the auditors performed primary source verification, and source records were available for verifying the enrollment, diagnosis, and procedure information associated with each sampled case. No major issues/concerns were noted. HSAG had no issues with HPE's overall data integration processes.

The *Elective Delivery*, *Antenatal Steroids*, and *Cesarean Section for Nulliparous Singleton Vertex* measures continued to present an issue for CY 2015 reporting. Prior to drawing hybrid samples, DCH made an effort to use gestational age information from the Newborn Delivery Notification forms to improve the efficiency of correctly identifying the eligible populations for these measures. For most of CY 2015, the information entered into the Newborn Delivery Notification forms did not undergo system edits; therefore, some of the gestational age calculations were not accurate. Additionally, during the medical record abstraction process, Inovalon did not use the gestational age value from the medical record as the source of truth for confirming the denominator and calculating the measures. Consequently, DCH, HPE, and Inovalon determined that the resulting rates could not be generated based on an accurate identification of the eligible population. The rates for these three measures were considered biased and not reportable.

Performance Measure Specific Findings and Validation Results

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

Table 7—Audit Results Definitions

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

According to the CMS protocol, the audit result for each performance measure rate is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be “Not Reportable.” It is possible for a single audit element to receive an audit result of “NR” when the impact of the error associated with that element biased the reported performance measure rate by more than 5 percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, leading to an audit result of “R.”

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

Table 8—Key Review Findings and Audit Results for DCH (GF, FFS, GF 360°, and ALL Populations)

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

	Performance Measure	Key Review Findings	Audit Results
12	Prenatal and Postpartum Care	No concerns were identified.	R
13	Frequency of Ongoing Prenatal Care	No concerns were identified.	R
14	Chlamydia Screening in Women	No concerns were identified.	R
15	Immunizations for Adolescents	No concerns were identified.	R
16	Appropriate Testing for Children With Pharyngitis	No concerns were identified.	R
17	Percentage of Eligibles Who Received Preventive Dental Services	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 was not always submitted, which may have resulted in lower rates since the provider type was required for this measure. However, the audit team determined that this issue did not significantly bias the rate.	R
21	Ambulatory Care—Emergency Department Visits	No concerns were identified.	R
22	Inpatient Utilization—General Hospital/Acute Care	HPE did not use a DRG grouper for CMO-submitted inpatient encounter data, which may result in underreporting of inpatient utilization data for the GF and ALL population rates.	R
23	Weeks of Pregnancy at Time of Enrollment	No concerns were identified.	R
24	Race/Ethnicity Diversity of Membership	No concerns were identified.	R
25	Cesarean Delivery Rate	No concerns were identified.	R
26	Cesarean Section for Nulliparous Singleton Vertex	In addition to the concern identified during the MRRV process (see Table 6), the abstraction process did not closely follow CMS specifications in that the gestational age information obtained from administrative data (more specifically, the Newborn Delivery Notification forms) was used for determining members eligible for the denominator. Medical record reviews were conducted to confirm the denominator; however, whenever there was a discrepancy between the gestational age obtained from the medical record and the Newborn Delivery Notification form calculation, Inovalon chose to use the gestational age calculated from the Newborn Delivery Notification form.	NR

	Performance Measure	Key Review Findings	Audit Results
		Therefore, some of the deliveries included in the denominator had incorrect gestational ages.	
27	Live Births Weighing Less Than 2,500 Grams	No concerns were identified.	R
28	Antidepressant Medication Management	No concerns were identified.	R
29	Diabetes, Short-term Complications Admission Rate	No concerns were identified.	R
30	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	No concerns were identified.	R
31	Heart Failure Admission Rate	No concerns were identified.	R
32	Asthma in Younger Adults Admission Rate	No concerns were identified.	R
33	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk	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	Some issues were noted during the MRRV process (see Table 6). The measure was approved after corrections were made to the records containing errors. HSAG recommended that for future reporting, DCH/HPE should work with the MRR vendor to ensure that the hybrid specifications are closely followed.	R
41	Adult BMI Assessment	No concerns were identified.	R
42	Developmental Screening in the First Three Years of Life	No concerns were identified.	R
43	Elective Delivery	In addition to the concern identified during the MRRV process (see Table 6), the abstraction process did not closely follow CMS specifications in that the gestational age information obtained from administrative data (more specifically, the Newborn Delivery Notification forms) was used for determining members eligible for	NR

	Performance Measure	Key Review Findings	Audit Results
		the denominator. Medical record reviews were conducted to confirm the denominator; however, whenever there was a discrepancy between the gestational age obtained from the medical record and the Newborn Delivery Notification form calculation, Inovalon chose to use the gestational age calculated from the Newborn Delivery Notification form. Therefore, some of the deliveries included in the denominator had incorrect gestational ages.	
44	Antenatal Steroids	In addition to the concern identified during the MRRV process (see Table 6), the abstraction process did not closely follow CMS specifications in that the gestational age information obtained from administrative data (more specifically, the Newborn Delivery Notification forms) was used for determining members eligible for the denominator. Medical record reviews were conducted to confirm the denominator; however, whenever there was a discrepancy between the gestational age obtained from the medical record and the Newborn Delivery Notification form calculation, Inovalon chose to use the gestational age calculated from the Newborn Delivery Notification form. Therefore, some of the deliveries included in the denominator had incorrect gestational ages.	NR
45	Adherence to Antipsychotics for Individuals with Schizophrenia	No concerns were identified.	R
46	Care Transition—Timely Transmission of Transition Record	Some issues were noted during the MRRV process (see Table 6). The measure was approved after corrections were made to the records containing errors. HSAG recommended that for future reporting, DCH/HPE should work with the MRR vendor to ensure that the hybrid specifications are closely followed.	R
47	Persistence of Beta-Blocker Treatment After a Heart Attack	No concerns were identified.	R
48	Colorectal Cancer Screening	No concerns were identified.	R

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

Appendix A. Data Integration and Control Findings

Documentation Worksheet

Name:	Georgia Department of Community Health and Hewlett-Packard Enterprise Services
On-Site Visit Date:	May 12–13, 2016
Reviewers:	Judy Yip-Reyes, PhD, CHCA; Timea Jonas, CHCA

Table A-1—Data Integration and Control Findings for Georgia Department of Community Health

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

Data Integration and Control Element	Met	Not Met	N/A	Comments
Assurance of effective management of report production and of the reporting software.				
Documentation governing the production process, including State production activity logs and the State staff review of report runs, is adequate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescribed data cutoff dates are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The State retains copies of files or databases used for performance measure reporting in case results need to be reproduced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The reporting software program is properly documented with respect to every aspect of the performance measure data repository including building, maintaining, managing, testing, and report production.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The State's processes and documentation comply with the State standards associated with reporting program specifications, code review, and testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix B. Denominator and Numerator Validation Findings

Reviewer Worksheets

Name:	Georgia Department of Community Health and Hewlett-Packard Enterprise Services
On-Site Visit Date:	May 12–13, 2016
Reviewers:	Judy Yip-Reyes, PhD, CHCA; Timea Jonas, CHCA

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

Audit Element	Met	Not Met	N/A	Comments
For each of the performance measures, all members of the relevant populations identified in the performance measure specifications are included in the population from which the denominator is produced.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The <i>Elective Delivery</i> , <i>Antenatal Steroids</i> , and <i>Cesarean Section for Nulliparous Singleton Vertex</i> measures for the GF population required gestational age information obtained from the Newborn Delivery Notification forms to be confirmed by medical records. CY 2015 methods to identify the gestational age for these measures did not follow CMS specifications. Some deliveries included in the denominator had incorrect gestational ages because the software vendor failed to use the medical record’s gestational age when there was a discrepancy between this value and that obtained from the Newborn Delivery Notification forms. For all other measures, HSAG confirmed that HPE appropriately included members within the GF, FFS, ALL, and GF 360° populations according to DCH’s specifications.
Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance measures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The State correctly calculates member months and member years if applicable to the performance measure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Audit Element	Met	Not Met	N/A	Comments
The State properly evaluates the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes are appropriately identified and applied as specified in each performance measure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If any time parameters are required by the specifications of the performance measure, they are followed (e.g., cutoff dates for data collection, counting 30 calendar days after discharge from a hospital).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exclusion criteria included in the performance measure specifications are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Systems or methods used by the State to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The <i>Elective Delivery, Antenatal Steroids, and Cesarean Section for Nulliparous Singleton Vertex</i> measures required gestational age information obtained from the Newborn Delivery Notification forms to be confirmed by medical records. CY 2015 methods to identify the gestational age for these measures did not follow CMS specifications. Some deliveries included in the denominator had incorrect gestational ages because the software vendor failed to use the medical record's gestational age forms. For all other measures, HSAG confirmed that HPE appropriately included members within the GF, FFS, ALL, and GF 360° populations according to DCH's specifications.</p>

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

Audit Element	Met	Not Met	N/A	Comments
The State uses the appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The State avoids or eliminates all double-counted members or numerator events.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any nonstandard codes used in determining the numerator are mapped to a standard coding scheme in a manner that is consistent, complete, and reproducible, as evidenced by a review of the programming logic or a demonstration of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The DCH and HPE do not accept or use nonstandard codes.
If any time parameters are required by the specifications of the performance measure, they are followed (i.e., the measured event occurred during the time period specified or defined in the performance measure).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Appendix C. Performance Measure Rate Submission File

Appendix C contains DCH's audited CY 2015 performance measure results submitted via HSAG's custom rate template.

Measure ID	Measure Description	GF 360*						Georgia Families (GF)						Fee-for-Service (FFS)						ALL						ALL	
		Eligible Population	Admin-Numerator	Admin-Rate	Hybrid-Denominator	Hybrid-Numerator	Hybrid-Rate	Elig population	Admin-Numerator	Admin-Rate	Hybrid-Denominator	Hybrid-Numerator	Hybrid-Rate	Elig Pop	Admin-Numerator	Admin-Rate	Hybrid-Denominator	Hybrid-Numerator	Hybrid-Rate	Elig Pop	Admin-Numerator	Admin-Rate	Hybrid-Denominator	Hybrid-Numerator	Hybrid-Rate	% of total state MCO/PHP population	% of total state FFS population
PC-03	Antenatal Steroids	NR			NR	NR	NR				NR	NR	NR												100%	0%	
PQI-15	Asthma in Younger Adults Admission Rate (Total Visits/100,000 Member Months) - Ages 18-39	37,407	0	0.00			2,324,328	94	4.04				1,164,050	161	13.83				3,488,378	255	7.31				66.63%	33.37%	
CTR	Care Transition—Timely Transmission of Transition Record (Ages 18-64)	600	0	0.00	453	0	0.00	106,780	0	0.00			123,521	0	0.00	248	0	0.00	230,301	0	0.00	305	0	0.00			
CTR	Care Transition—Timely Transmission of Transition Record (Ages 65+)	0	0	0.00	0	0	0.00	40	0	0.00			108,454	0	0.00	204	0	0.00	108,494	0	0.00	145	0	0.00			
CTR	Care Transition—Timely Transmission of Transition Record (Ages 18+)	600	0	0.00	453	0	0.00	106,820	0	0.00			231,975	0	0.00	452	0	0.00	338,795	0	0.00	450	0	0.00	34.22%	65.78%	
IQI-21	Cesarean Section Delivery Rate	141	34	24.11			54,628	15,600	28.56				4,265	1,090	25.56				58,893	16,690	28.34				92.76%	7.24%	
PC-02	Cesarean Section for Nulliparous Singleton Vertex	NR	NR	NR	NR	NR	NR				NR	NR	NR												100%	0%	
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate—Per 100,000 Member Months (Ages 40-64)						450,564	125	27.74				1,536,814	2,827	183.95				1,987,378	2,952	148.54						
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate—Per 100,000 Member Months (Ages 65+)						305	0	0.00				975,027	1,523	156.20				975,332	1,523	156.15						
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate—Per 100,000 Member Months (Total)						450,869	125	27.72				2,511,841	4,350	173.18				2,962,710	4,475	151.04				15.22%	84.78%	
COL	Colorectal Cancer Screening						2,798	992	35.45				105,619	26,579	25.16	453	153	33.77	109,982	28,039	25.49	453	142	31.35	3.09%	96.91%	
SEAL	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk	3,285	848	25.81			136,106	32,131	23.61				7,691	1,566	20.36				162,652	38,539	23.69				92.34%	7.66%	
DEV	Developmental Screening in the First Three Years of Life (Age 1)	837	340	40.62	151	68	45.03	61,430	26,523	43.18			748	280	37.43	151	64	42.38	81,926	34,876	42.57	151	68	45.03	96.03%	3.97%	
DEV	Developmental Screening in the First Three Years of Life (Age 2)	1,037	504	48.60	151	67	44.37	33,192	16,257	48.98			2,135	954	44.68	151	69	45.70	54,076	25,847	47.80	151	76	50.33	92.05%	7.95%	
DEV	Developmental Screening in the First Three Years of Life (Age 3)	1,076	420	39.03	151	61	40.40	44,894	18,140	40.41			2,238	827	36.95	151	57	37.75	60,887	23,837	39.15	151	71	47.02	92.05%	7.95%	
DEV	Developmental Screening in the First Three Years of Life (Total)	2,950	1,264	42.85	453	196	43.27	139,516	60,920	43.67			5,121	2,061	40.25	453	190	41.94	196,889	84,560	42.95	453	215	47.46	94.04%	5.96%	
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Ages 18-64)	37,407	5	13.37			2,774,892	436	15.71				2,700,864	1,338	49.54				5,475,756	1,774	32.40						
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Ages 65+)	0	0	0.00			305	0	0.00				975,027	126	12.92				975,332	126	12.92						
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Total)	37,407	5	13.37			2,775,197	436	15.71				3,675,891	1,464	39.83				6,451,088	1,900	29.45				43.02%	56.98%	
PC-01	Elective Delivery	NR	NR	NR	NR	NR	NR				NR	NR	NR												100%	0%	
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Ages 18-64)	37,407	0	0.00			2,774,892	126	4.54				2,700,864	2,361	87.42				5,475,756	2,487	45.42						
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Ages 65+)	0	0	0.00			305	0	0.00				975,027	1,691	173.43				975,332	1,691	173.38						
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Total)	37,407	0	0.00			2,775,197	126	4.54				3,675,891	4,052	110.23				6,451,088	4,178	64.76				43.02%	56.98%	
PQI-09	Live Births Weighing Less Than 2,500 Grams	621	129	20.77			60,050	5,162	8.60				14,011	1,230	8.78				74,061	6,392	8.63				81.08%	18.92%	
BHRA	Maternity Care—Behavioral Health Risk Assessment	142	0	0.00	129	9	6.98	56,742	0	0.00			3,345	0	0.00	450	40	8.89	60,087	0	0.00	453	42	9.27	95.36%	4.64%	
PDENT	Percentage of Eligibles Who Received Preventive Dental Services	40,280	21,723	53.93			1,225,559	665,634	54.31				113,168	54,202	47.90				1,415,886	746,639	52.73				92.77%	8.84%	
PCR	Plan All-Cause Readmissions (Total) Age specific rates																										
SCD	Screening for Clinical Depression and Follow-Up Plan (Ages 18-64)	3,548	11	0.31	404	9	2.23	237,185	623	0.26			190,379	1,683	0.88	279	4	1.43	427,564	2,306	0.54	353	6	1.70			
SCD	Screening for Clinical Depression and Follow-Up Plan (Ages 65+)						61	1	1.64				68,978	1,107	1.60	103	5	4.85	69,039	1,108	1.60	52	2	3.85			
SCD	Screening for Clinical Depression and Follow-Up Plan (Total)	3,548	11	0.31	404	9	2.23	237,246	624	0.26			259,357	2,790	1.08	382	9	2.36	496,603	3,414	0.69	405	8	1.98	50.86%	49.14%	

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

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for DCH**

Measure ID	Measure Description (Adult Core Set)	2015 Admin Rates (All population)			2015 Hybrid Rates (All population)			Comments	% of total state MCO/PIHP population	% of total state FFS population
		Num	Den	Rate	Num	Den	Rate			
SAA	Adherence to Antipsychotics for Individuals with Schizophrenia (Ages 19-64)	6,615	10,728	61.66				4.43%	95.57%	
ABA	Adult BMI Assessment (Ages 18-64)	48,900	182,049	26.86	269	398	67.59			
ABA	Adult BMI Assessment (Ages 65-74)	7,265	29,331	24.77	39	55	70.91			
ABA	Adult BMI Assessment (Total Ages 18-74)	56,165	211,380	26.57	308	453	67.99	19.43%	80.57%	
MPM	Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs (Ages 18-64)	29,088	32,090	90.65						
MPM	Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs (Ages 65+)	1,837	2,154	85.28						
MPM	Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs (Total Ages 18+)	30,925	34,244	90.31				21.20%	78.80%	
MPM	Annual Monitoring for Patients on Persistent Medications—Digoxin (Ages 18-64)	312	573	54.45						
MPM	Annual Monitoring for Patients on Persistent Medications—Digoxin (Ages 65+)	31	59	52.54						
MPM	Annual Monitoring for Patients on Persistent Medications—Digoxin (Total Ages 18+)	343	632	54.27				5.47%	94.53%	
MPM	Annual Monitoring for Patients on Persistent Medications—Diuretics (Ages 18-64)	24,386	26,929	90.56						
MPM	Annual Monitoring for Patients on Persistent Medications—Diuretics (Ages 65+)	1,394	1,601	87.07						
MPM	Annual Monitoring for Patients on Persistent Medications—Diuretics (Total Ages 18+)	25,780	28,530	90.36				22.55%	77.45%	
MPM	Annual Monitoring for Patients on Persistent Medications (Total Ages 18-64)	24,386	26,929	90.56						
MPM	Annual Monitoring for Patients on Persistent Medications (Total Ages 65+)	1,394	1,601	87.07						
MPM	Annual Monitoring for Patients on Persistent Medications (Total Ages 18+)	57,048	63,406	89.97				21.61%	78.39%	
PC-03	Antenatal Steroids							measure not reported via hybrid methodology		
AMM	Antidepressant Medication Management—Effective Acute Phase Treatment (Ages 18-64)	8,199	15,553	52.72						
AMM	Antidepressant Medication Management—Effective Acute Phase Treatment (Ages 65+)	249	834	29.86						
AMM	Antidepressant Medication Management—Effective Acute Phase Treatment (Total Ages 18+)	8,448	16,387	51.55				50.64%	49.36%	
AMM	Antidepressant Medication Management—Effective Continuation Phase Treatment (Ages 18-64)	5,776	15,553	37.14						
AMM	Antidepressant Medication Management—Effective Continuation Phase Treatment (Ages 65+)	143	834	17.15						
AMM	Antidepressant Medication Management—Effective Continuation Phase Treatment (Total Ages 18+)	5,919	16,387	36.12				50.64%	49.36%	
BCS	Breast Cancer Screening (Ages 50-64)	15,150	39,552	38.30						
BCS	Breast Cancer Screening (Ages 65-74)	4,210	20,753	20.29						
BCS	Breast Cancer Screening (Total Ages 50-74)	19,360	60,305	32.10				3.55%	96.45%	
CTR	Care Transition—Timely Transmission of Transition Record (Ages 18-64)	0	230,301	0.00	0	305	0.00			
CTR	Care Transition—Timely Transmission of Transition Record (Ages 65+)	0	108,494	0.00	0	145	0.00			
CTR	Care Transition—Timely Transmission of Transition Record (Total Ages 18+)	0	338,795	0.00	0	450	0.00	34.22%	65.78%	
CCS	Cervical Cancer Screening	80,325	171,632	46.80	216	449	48.11	51.57%	48.43%	
CHL	Chlamydia Screening in Women (Ages 21-24)	8,372	13,876	60.33				78.21%	21.79%	
CDC	Comprehensive Diabetes Care—HbA1c Testing (Ages 18-64)	32,237	46,931	68.69	326	456	71.49			
CDC	Comprehensive Diabetes Care—HbA1c Testing (Ages 65-75)	6,873	15,618	44.01	77	147	52.38			
CDC	Comprehensive Diabetes Care—HbA1c Testing (Total Ages 18-75)	39,110	62,549	62.53	403	603	66.83	13.76%	86.24%	
CDC	Comprehensive Diabetes Care—Poor Control (Ages 18-64)	45,592	46,931	97.15	359	456	78.73			
CDC	Comprehensive Diabetes Care—Poor Control (Ages 65-75)	14,901	15,618	95.41	113	147	76.87			
CDC	Comprehensive Diabetes Care—Poor Control (Total Ages 18-75)	60,493	62,549	96.71	472	603	78.28	13.76%	86.24%	
CBP	Controlling High Blood Pressure (Ages 18-64)				91	294	30.95			
CBP	Controlling High Blood Pressure (Ages 65-85)				44	129	34.11			
CBP	Controlling High Blood Pressure (Total Ages 18-85)				135	423	31.91	15.60%	84.40%	

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for DCH**

Measure ID	Measure Description (Adult Core Set)	2015 Admin Rates (All population)			2015 Hybrid Rates (All population)			Comments	% of total state MCO/PIHP population	% of total state FFS population
		Num	Den	Rate	Num	Den	Rate			
PC-01	Elective Delivery							measure not reported via hybrid methodology		
FUH	Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (Ages 21-64)	2,854	7,984	35.75						
FUH	Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (Ages 65+)	70	304	23.03						
FUH	Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (Total Ages 21+)	2,924	8,288	35.28					22.95%	77.05%
FUH	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (Ages 21-64)	4,376	7,984	54.81						
FUH	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (Ages 65+)	127	304	41.78						
FUH	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (Total Ages 21+)	4,503	8,288	54.33					22.95%	77.05%
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement (Ages 18-64)	1,428	27,296	5.23						
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement (Ages 65+)	108	2,179	4.96						
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement (Total Ages 18+)	1,536	29,475	5.21					32.75%	67.25%
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation (Ages 18-64)	0	9,511	0.00						
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation (Ages 65+)	805	2,179	36.94						
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation (Total Ages 18+)	10,316	29,475	35.00					32.75%	67.25%
PCR	Plan All-Cause Readmissions (Ages 18-44)	4,269	22,314	19.13%						
PCR	Plan All-Cause Readmissions (Ages 45-54)	2,340	14,459	16.18%						
PCR	Plan All-Cause Readmissions (Ages 55-64)	2,668	18,285	14.59%						
PCR	Plan All-Cause Readmissions (Ages 65-74)	343	7,859	4.36%						
PCR	Plan All-Cause Readmissions (Ages 75-84)	163	5,054	3.23%						
PCR	Plan All-Cause Readmissions (Ages 85+)	80	3,110	2.57%						
PCR	Plan All-Cause Readmissions (Ages 18-64)	9,277	55,058	16.85%						
PCR	Plan All-Cause Readmissions (Ages 65+)	586	16,023	3.66%						
PCR	Plan All-Cause Readmissions (Total Ages 18+)	9,863	71,081	13.88%					12.76%	87.70%
PPC	Prenatal and Postpartum Care—Postpartum Care	21,786	65,193	33.42	190	452	42.04		96.02%	3.98%
CDF	Screening for Clinical Depression and Follow-Up Plan (Ages 18-64)	2,306	427,564	0.54	6	353	1.70			
CDF	Screening for Clinical Depression and Follow-Up Plan (Ages 65+)	1,108	69,039	1.60	2	52	3.85			
CDF	Screening for Clinical Depression and Follow-Up Plan (Total Ages 18+)	3,414	496,603	0.69	8	405	1.98		50.86%	49.14%
	Measures Based on Discharges Per 100,000 Member Months									
PQI-15	Asthma in Younger Adults Admission Rate—Per 100,000 Member Months (Ages 18-39)	255	3,488,378	7.31					66.63%	33.37%
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Ages 40-64)	2,952	1,987,378	148.54						
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Ages 65+)	1,523	975,332	156.15						
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Total Ages 40+)	4,475	2,962,710	151.04					15.22%	84.78%
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Ages 18-64)	1,774	5,475,756	32.40						
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Ages 65+)	126	975,332	12.92						
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Total Ages 18+)	1,900	6,451,088	29.45					43.02%	56.98%
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Ages 18-64)	2,487	5,475,756	45.42						
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Ages 65+)	1,691	975,332	173.38						
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Total Ages 18+)	4,178	6,451,088	64.76					43.02%	56.98%

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for DCH**

Measure ID	Measure Description (Child Core Set)	2015 Admin Rates (All population)			2015 Hybrid Rates (All population)			Comments	% of total state MCO/PIHP population	% of total state FFS population
		Num	Den	Rate	Num	Den	Rate			
AWC	Adolescent Well-Care Visits	142,496	356,838	39.93	203	453	44.81			
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Age < 1	98,770	1,039,816	94.99				84.55%	15.45%	
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Ages 1-9	386,834	8,001,465	48.35						
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Ages 10-19	254,810	6,615,357	38.52						
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Total <19 (CHIPRA)	740,414	15,656,638	47.29				86.04%	13.96%	
CWP	Appropriate Testing for Children with Pharyngitis	40,982	50,652	80.91				91.97%	8.03%	
PC-02	Cesarean Section for Nulliparous Singleton Vertex							measure not reported via hybrid methodology		
CIS	Childhood Immunization Status—Combo 2	34,975	52,584	66.51	339	453	74.83			
CIS	Childhood Immunization Status—Combo 3	33,569	52,584	63.84	327	453	72.19	94.92%	5.08%	
CIS	Childhood Immunization Status—Combo 4	33,214	52,584	63.16	325	453	71.74			
CIS	Childhood Immunization Status—Combo 5	27,963	52,584	53.18	273	453	60.26			
CIS	Childhood Immunization Status—Combo 6	14,929	52,584	28.39	144	453	31.79			
CIS	Childhood Immunization Status—Combo 7	27,703	52,584	52.68	273	453	60.26			
CIS	Childhood Immunization Status—Combo 8	14,869	52,584	28.28	143	453	31.57			
CIS	Childhood Immunization Status—Combo 9	12,936	52,584	24.60	121	453	26.71			
CIS	Childhood Immunization Status—Combo 10	12,891	52,584	24.52	121	453	26.71			
CIS	Childhood Immunization Status—Diphtheria, Tetanus, and Acellular Pertussis (DTaP)	38,845	52,584	73.87	357	453	78.81			
CIS	Childhood Immunization Status—Polio (IPV)	44,893	52,584	85.37	424	453	93.60			
CIS	Childhood Immunization Status—Measles, Mumps, and Rubella (MMR)	46,973	52,584	89.33	424	453	93.60			
CIS	Childhood Immunization Status—H Influenza Type B (HiB)	45,081	52,584	85.73	416	453	91.83			
CIS	Childhood Immunization Status—Hepatitis B	42,551	52,584	80.92	413	453	91.17			
CIS	Childhood Immunization Status—Chicken Pox (VZV)	47,010	52,584	89.40	424	453	93.60			
CIS	Childhood Immunization Status—Pneumococcal Conjugate (PCV)	39,646	52,584	75.40	367	453	81.02			
CIS	Childhood Immunization Status—Hepatitis A	47,013	52,584	89.41	419	453	92.49			
CIS	Childhood Immunization Status—Rotavirus (RV)	34,846	52,584	66.27	320	453	70.64			
CIS	Childhood Immunization Status—Influenza (Flu)	18,646	52,584	35.46	173	453	38.19			
CAP	Children and Adolescents' Access to Primary Care Practitioners (Ages 12-24 Months)	55,502	58,796	94.40				90.61%	9.39%	
CAP	Children and Adolescents' Access to Primary Care Practitioners (Ages 25 Months-6 Years)	245,770	291,092	84.43				91.97%	8.03%	
CAP	Children and Adolescents' Access to Primary Care Practitioners (Ages 7-11 Years)	223,221	252,344	88.46				89.33%	10.67%	
CAP	Children and Adolescents' Access to Primary Care Practitioners (Ages 12-19 Years)	243,028	285,658	85.08				85.64%	14.36%	
CHL	Chlamydia Screening in Women (Ages 16-20)	17,882	34,967	51.14				85.49%	14.51%	
DEV	Developmental Screening in the First Three Years of Life (Age 1)	34,876	81,926	42.57	68	151	45.03	96.03%	3.97%	
DEV	Developmental Screening in the First Three Years of Life (Age 2)	25,847	54,076	47.80	76	151	50.33	92.05%	7.95%	
DEV	Developmental Screening in the First Three Years of Life (Age 3)	23,837	60,887	39.15	71	151	47.02	92.05%	7.95%	
DEV	Developmental Screening in the First Three Years of Life (Total)	84,560	196,889	42.95	215	453	47.46	94.04%	5.96%	
FUH	Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (CHIPRA: Ages 6-20)	2,991	6,130	48.79				72.64%	27.36%	
FUH	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (CHIPRA: Ages 6-20)	4,101	6,130	66.90						
ADD	Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase	9,518	21,722	43.82				82.31%	17.69%	
ADD	Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	2,487	4,367	56.95				76.78%	23.22%	
FPC	Frequency of Ongoing Prenatal Care (<21 Percent)	34,528	65,193	52.96	144	452	31.86	96.02%	3.98%	

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for DCH**

Measure ID	Measure Description (Child Core Set)	2015 Admin Rates (All population)			2015 Hybrid Rates (All population)			Comments	% of total state MCO/PIHP population	% of total state FFS population
		Num	Den	Rate	Num	Den	Rate			
FPC	Frequency of Ongoing Prenatal Care (21-40 Percent)	17,504	65,193	26.85	80	452	17.70			
FPC	Frequency of Ongoing Prenatal Care (41-60 Percent)	5,639	65,193	8.65	42	452	9.29			
FPC	Frequency of Ongoing Prenatal Care (61-80 Percent)	3,376	65,193	5.18	48	452	10.62			
FPC	Frequency of Ongoing Prenatal Care (81+ Percent)	4,146	65,193	6.36	138	452	30.53			
HPV	Human Papillomavirus Vaccine for Female Adolescents	4,927	26,185	18.82	102	453	22.52		89.62%	
IMA	Immunizations for Adolescents—Combo 1	42,888	53,520	80.13	388	453	85.65		86.75%	
IMA	Immunizations for Adolescents—Meningococcal	44,403	53,520	82.97	391	453	86.31			
IMA	Immunizations for Adolescents—Tdap/Td Total	44,261	53,520	82.70	403	453	88.96			
LBW	Live Births Weighing Less Than 2,500 Grams	6,392	74,061	8.63					81.08%	
BHRA	Maternity Care—Behavioral Health Risk Assessment	0	60,087	0.00	42	453	9.27		95.36%	
MMA	Medication Management for People With Asthma—50% Compliance (Ages 5-11)	7,069	14,051	50.31						
MMA	Medication Management for People With Asthma—50% Compliance (Ages 12-18)	4,189	8,668	48.33						
MMA	Medication Management for People With Asthma—50% Compliance (Ages 19-20)	149	238	62.61						
MMA	Medication Management for People With Asthma—50% Compliance (CHIPRA: Total Ages 5-20)	11,407	22,957	49.69					81.98%	
MMA	Medication Management for People With Asthma—75% Compliance (Ages 5-11)	3,427	14,051	24.39						
MMA	Medication Management for People With Asthma—75% Compliance (Ages 12-18)	2,040	8,668	23.53						
MMA	Medication Management for People With Asthma—75% Compliance (Ages 19-20)	81	238	34.03						
MMA	Medication Management for People With Asthma—75% Compliance (CHIPRA: Total Ages 5-20)	5,548	22,957	24.17					81.98%	
PPC	Prenatal and Postpartum Care—Timeliness of Prenatal Care	31,789	65,193	48.76	274	452	60.62		96.02%	
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Ages 3-11)	183,934	426,235	43.15	192	299	64.21			
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Ages 12-17)	83,753	210,028	39.88	92	153	60.13			
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Total)	267,687	636,263	42.07	284	452	62.83		86.53%	
W15	Well-Child Visits in the First 15 Months of Life—Zero Visits	2,507	51,522	4.87	20	453	4.42		79.47%	
W15	Well-Child Visits in the First 15 Months of Life—One Visit	2,133	51,522	4.14	15	453	3.31			
W15	Well-Child Visits in the First 15 Months of Life—Two Visits	2,535	51,522	4.92	25	453	5.52			
W15	Well-Child Visits in the First 15 Months of Life—Three Visits	3,747	51,522	7.27	23	453	5.08			
W15	Well-Child Visits in the First 15 Months of Life—Four Visits	5,565	51,522	10.80	49	453	10.82			
W15	Well-Child Visits in the First 15 Months of Life—Five Visits	8,778	51,522	17.04	65	453	14.35			
W15	Well-Child Visits in the First 15 Months of Life—Six+ Visits	26,257	51,522	50.96	256	453	56.51			
W34	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	145,162	240,450	60.37	284	453	62.69		91.83%	
PDENT-CH	Percentage of Eligibles Who Received Preventive Dental Services	746,639	1,415,886	52.73					91.30%	
SEAL-CH	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk	38,539	162,652	23.69					92.34%	

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for DCH**

GF 360° CY 2015 Rates			
Plan All-Cause Readmission Rate			
Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
18-44	202	55	27.23%
45-54	0	0	0.00%
55-64	0	0	0.00%
18-64 Total	202	55	27.23%
65-74	0	0	0.00%
75-84	0	0	0.00%
85+	0	0	0.00%
65+ Total	0	0	0.00%

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for DCH**

Georgia Families CY 2015 Rates			
Plan All-Cause Readmission Rate			
Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
18-44	4,614	526	11.40%
45-54	896	112	12.50%
55-64	228	27	11.84%
18-64 Total	5,738	665	11.59%
65-74	0	0	0.00%
75-84	0	0	0.00%
85+	0	0	0.00%
65+ Total	0	0	0.00%

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for DCH**

Fee-for-Service CY 2015 Rates			
Plan All-Cause Readmission Rate			
Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
18-44	15,339	3,411	22.24%
45-54	13,091	2,172	16.59%
55-64	17,919	2,628	14.67%
18-64 Total	46,349	8,211	17.72%
65-74	7,856	343	4.37%
75-84	5,054	163	3.23%
85+	3,110	80	2.57%
65+ Total	16,020	586	3.66%

**Appendix C: Department of Community Health, State of Georgia
Validated CY 2015 Performance Measures for DCH**

ALL CY 2015 Rates			
Plan All-Cause Readmission Rate			
Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
18-44	22,314	4,269	19.13%
45-54	14,459	2,340	16.18%
55-64	18,285	2,668	14.59%
18-64 Total	55,058	9,277	16.85%
65-74	7,859	343	4.36%
75-84	5,054	163	3.23%
85+	3,110	80	2.57%
65+ Total	16,023	586	3.66%



Appendix D. IDSS HEDIS Measure Rates Spreadsheet

Appendix D contains DCH's audited CY 2015 performance measure results submitted via NCQA's IDSS. Each population has its own IDSS.

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families® Medicaid and PeachCare for Kids® (GF)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12977, Medicaid, Spec Area: Georgia, Spec Proj: GA Families, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Prevention and Screening				
Adult BMI Assessment (aba)		32.00%	R	Reportable
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)				
<i>BMI Percentile</i>		43.77%	R	Reportable
<i>Counseling for Nutrition</i>		36.74%	R	Reportable
<i>Counseling for Physical Activity</i>		28.82%	R	Reportable
Childhood Immunization Status (cis)				
<i>DTaP</i>		75.36%	R	Reportable
<i>IPV</i>		86.63%	R	Reportable
<i>MMR</i>		90.58%	R	Reportable
<i>HiB</i>		87.22%	R	Reportable
<i>Hepatitis B</i>		81.61%	R	Reportable
<i>VZV</i>		90.65%	R	Reportable
<i>Pneumococcal Conjugate</i>		77.30%	R	Reportable
<i>Hepatitis A</i>		90.34%	R	Reportable
<i>Rotavirus</i>		68.43%	R	Reportable
<i>Influenza</i>		36.96%	R	Reportable
<i>Combination #2</i>		67.65%	R	Reportable
<i>Combination #3</i>		65.12%	R	Reportable
<i>Combination #4</i>		64.48%	R	Reportable
<i>Combination #5</i>		54.95%	R	Reportable
<i>Combination #6</i>		29.59%	R	Reportable
<i>Combination #7</i>		54.48%	R	Reportable
<i>Combination #8</i>		29.48%	R	Reportable
<i>Combination #9</i>		26.09%	R	Reportable
<i>Combination #10</i>		26.00%	R	Reportable
Immunizations for Adolescents (ima)				
<i>Meningococcal</i>		85.43%	R	Reportable
<i>Tdap/Td</i>		85.10%	R	Reportable
<i>Combination #1</i>		82.61%	R	Reportable
Human Papillomavirus Vaccine for Female Adolescents (hpv)		20.39%	R	Reportable
Lead Screening in Children (lsc)		76.57%	R	Reportable
Breast Cancer Screening (bcs)		69.43%	R	Reportable
Cervical Cancer Screening (ccs)		61.87%	R	Reportable
Chlamydia Screening in Women (chl)				
<i>16-20 Years</i>		50.68%	R	Reportable
<i>21-24 Years</i>		62.09%	R	Reportable
<i>Total</i>		53.29%	R	Reportable

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families® Medicaid and PeachCare for Kids® (GF)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12977, Medicaid, Spec Area: Georgia, Spec Proj: GA Families, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Respiratory				
Appropriate Testing for Children with Pharyngitis (cwp)	Y	81.25%	R	Reportable
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)			NQ	Not Required
Pharmacotherapy Management of COPD Exacerbation (pce)	Y			
<i>Systemic Corticosteroid</i>		79.26%	R	Reportable
<i>Bronchodilator</i>		82.61%	R	Reportable
Medication Management for People With Asthma (mma)	Y			
<i>5-11 Years - Medication Compliance 50%</i>		48.50%	R	Reportable
<i>5-11 Years - Medication Compliance 75%</i>		22.97%	R	Reportable
<i>12-18 Years - Medication Compliance 50%</i>		45.58%	R	Reportable
<i>12-18 Years - Medication Compliance 75%</i>		20.89%	R	Reportable
<i>19-50 Years - Medication Compliance 50%</i>		56.21%	R	Reportable
<i>19-50 Years - Medication Compliance 75%</i>		29.88%	R	Reportable
<i>51-64 Years - Medication Compliance 50%</i>		67.69%	R	Reportable
<i>51-64 Years - Medication Compliance 75%</i>		40.00%	R	Reportable
<i>Total - Medication Compliance 50%</i>		47.87%	R	Reportable
<i>Total - Medication Compliance 75%</i>		22.60%	R	Reportable
Asthma Medication Ratio (amr)	N			
<i>5-11 Years</i>			NQ	Not Required
<i>12-18 Years</i>			NQ	Not Required
<i>19-50 Years</i>			NQ	Not Required
<i>51-64 Years</i>			NQ	Not Required
<i>Total</i>			NQ	Not Required
Effectiveness of Care: Cardiovascular Conditions				
Controlling High Blood Pressure (cbp)			NQ	Not Required
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	Y	81.25%	R	Reportable
Statin Therapy for Patients With Cardiovascular Disease (spc)	N			
<i>Received Statin Therapy - 21-75 years (Male)</i>			NQ	Not Required
<i>Statin Adherence 80% - 21-75 years (Male)</i>			NQ	Not Required
<i>Received Statin Therapy - 40-75 years (Female)</i>			NQ	Not Required
<i>Statin Adherence 80% - 40-75 years (Female)</i>			NQ	Not Required
<i>Received Statin Therapy - Total</i>			NQ	Not Required
<i>Statin Adherence 80% - Total</i>			NQ	Not Required

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families[®] Medicaid and PeachCare for Kids[®] (GF)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12977, Medicaid, Spec Area: Georgia, Spec Proj: GA Families, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Diabetes				
Comprehensive Diabetes Care (cdc)				
<i>Hemoglobin A1c (HbA1c) Testing</i>		79.71%	R	Reportable
<i>HbA1c Poor Control (>9.0%)</i>		98.37%	R	Reportable
<i>HbA1c Control (<8.0%)</i>		0.99%	R	Reportable
<i>HbA1c Control (<7.0%)</i>		0.92%	R	Reportable
<i>Eye Exam (Retinal) Performed</i>		39.54%	R	Reportable
<i>Medical Attention for Nephropathy</i>		89.71%	R	Reportable
<i>Blood Pressure Control (<140/90 mm Hg)</i>		1.44%	R	Reportable
Statin Therapy for Patients With Diabetes (spd)	N			
<i>Received Statin Therapy</i>			NQ	Not Required
<i>Statin Adherence 80%</i>			NQ	Not Required
Effectiveness of Care: Musculoskeletal Conditions				
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)	N		NQ	Not Required
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management (amm)	Y			
<i>Effective Acute Phase Treatment</i>		48.52%	R	Reportable
<i>Effective Continuation Phase Treatment</i>		31.22%	R	Reportable
Follow-Up Care for Children Prescribed ADHD Medication (add)	Y			
<i>Initiation Phase</i>		43.03%	R	Reportable
<i>Continuation and Maintenance (C&M) Phase</i>		57.36%	R	Reportable
Follow-Up After Hospitalization for Mental Illness (fuh)	Y			
<i>30-Day Follow-Up</i>		61.20%	R	Reportable
<i>7-Day Follow-Up</i>		44.61%	R	Reportable
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (ssd)	N		NQ	Not Required
Diabetes Monitoring for People With Diabetes and Schizophrenia (smd)			NQ	Not Required
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (smc)			NQ	Not Required
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (saa)	Y	32.99%	R	Reportable

**Appendix D: Department of Community Health, State of Georgia
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Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12977, Medicaid, Spec Area: Georgia, Spec Proj: GA Families, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Metabolic Monitoring for Children and Adolescents on Antipsychotics (apm)	N			
1-5 Years			NQ	Not Required
6-11 Years			NQ	Not Required
12-17 Years			NQ	Not Required
Total			NQ	Not Required
Effectiveness of Care: Medication				
Annual Monitoring for Patients on Persistent Medications (mpm)	Y			
ACE Inhibitors or ARBs		88.31%	R	Reportable
Digoxin		44.00%	NA	Small Denominator
Diuretics		87.52%	R	Reportable
Total		87.85%	R	Reportable
Effectiveness of Care: Overuse/Appropriateness				
Non-Recommended Cervical Cancer Screening in Adolescent Females (ncs)			NQ	Not Required
Appropriate Treatment for Children With URI (uri)	Y	84.72%	R	Reportable
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (aab)	N		NQ	Not Required
Use of Imaging Studies for Low Back Pain (lbp)			NQ	Not Required
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (apc)	Y			
1-5 Years		0.00%	R	Reportable
6-11 Years		0.64%	R	Reportable
12-17 Years		2.27%	R	Reportable
Total		1.54%	R	Reportable
Access/Availability of Care				
Adults' Access to Preventive/Ambulatory Health Services (aap)				
20-44 Years		79.46%	R	Reportable
45-64 Years		86.79%	R	Reportable
65+ Years		81.82%	NA	Small Denominator
Total		80.47%	R	Reportable

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families® Medicaid and PeachCare for Kids® (GF)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12977, Medicaid, Spec Area: Georgia, Spec Proj: GA Families, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Children and Adolescents' Access to Primary Care Practitioners (cap)				
12-24 Months		94.53%	R	Reportable
25 Months - 6 Years		84.86%	R	Reportable
7-11 Years		88.75%	R	Reportable
12-19 Years		85.86%	R	Reportable
Annual Dental Visit (adv)	Y			
2-3 Years		47.62%	R	Reportable
4-6 Years		75.18%	R	Reportable
7-10 Years		77.90%	R	Reportable
11-14 Years		71.72%	R	Reportable
15-18 Years		60.88%	R	Reportable
19-20 Years		39.42%	R	Reportable
Total		69.06%	R	Reportable
Initiation and Engagement of AOD Dependence Treatment (iet)	Y			
Initiation of AOD Treatment: 13-17 Years		37.14%	R	Reportable
Engagement of AOD Treatment: 13-17 Years		11.22%	R	Reportable
Initiation of AOD Treatment: 18+ Years		32.46%	R	Reportable
Engagement of AOD Treatment: 18+ Years		4.98%	R	Reportable
Initiation of AOD Treatment: Total		33.23%	R	Reportable
Engagement of AOD Treatment: Total		6.01%	R	Reportable
Prenatal and Postpartum Care (ppc)				
Timeliness of Prenatal Care		50.20%	R	Reportable
Postpartum Care		34.64%	R	Reportable
Call Answer Timeliness (cat)			NQ	Not Required
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (app)	Y			
1-5 Years			NQ	Not Required
6-11 Years			NQ	Not Required
12-17 Years			NQ	Not Required
Total			NQ	Not Required
Utilization				
Frequency of Ongoing Prenatal Care (fpc)				
<21 Percent		52.45%	R	Reportable
21-40 Percent		27.28%	R	Reportable
41-60 Percent		8.49%	R	Reportable
61-80 Percent		5.16%	R	Reportable
81+ Percent		6.62%	R	Reportable

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families® Medicaid and PeachCare for Kids® (GF)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12977, Medicaid, Spec Area: Georgia, Spec Proj: GA Families, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Well-Child Visits in the First 15 Months of Life (w15)				
0 Visits		4.68%	R	Reportable
1 Visit		3.92%	R	Reportable
2 Visits		4.40%	R	Reportable
3 Visits		6.03%	R	Reportable
4 Visits		9.16%	R	Reportable
5 Visits		15.20%	R	Reportable
6+ Visits		56.62%	R	Reportable
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)		61.12%	R	Reportable
Adolescent Well-Care Visits (awc)		41.90%	R	Reportable
Frequency of Selected Procedures (fsp)			NQ	Not Required
Ambulatory Care: Total (amba)			R	Reportable
Ambulatory Care: Dual Eligibles (ambb)			NQ	Not Required
Ambulatory Care: Disabled (ambc)			NQ	Not Required
Ambulatory Care: Other (ambd)			NQ	Not Required
Inpatient Utilization--General Hospital/Acute Care: Total (ipua)			R	Reportable
Inpatient Utilization--General Hospital/Acute Care: Dual Eligibles (ipub)			NQ	Not Required
Inpatient Utilization--General Hospital/Acute Care: Disabled (ipuc)			NQ	Not Required
Inpatient Utilization--General Hospital/Acute Care: Other (ipud)			NQ	Not Required
Identification of Alcohol and Other Drug Services: Total (iada)	N		NQ	Not Required
Identification of Alcohol and Other Drug Services: Dual Eligibles (iadb)	N		NQ	Not Required
Identification of Alcohol and Other Drug Services: Disabled (iadc)	N		NQ	Not Required
Identification of Alcohol and Other Drug Services: Other (iadd)	N		NQ	Not Required
Mental Health Utilization: Total (mpta)	Y		R	Reportable
Mental Health Utilization: Dual Eligibles (mptb)	N		NQ	Not Required
Mental Health Utilization: Disabled (mptc)	N		NQ	Not Required
Mental Health Utilization: Other (mptd)	N		NQ	Not Required
Antibiotic Utilization: Total (abxa)	N		NQ	Not Required

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families® Medicaid and PeachCare for Kids® (GF)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12977, Medicaid, Spec Area: Georgia, Spec Proj: GA Families, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Antibiotic Utilization: Dual Eligibles (abxb)	N		NQ	Not Required
Antibiotic Utilization: Disabled (abxc)	N		NQ	Not Required
Antibiotic Utilization: Other (abxd)	N		NQ	Not Required
Relative Resource Use				
Relative Resource Use for People With Diabetes (rdi)			NQ	Not Required
Relative Resource Use for People With Asthma (ras)	N		NQ	Not Required
Relative Resource Use for People With Cardiovascular Conditions (rca)			NQ	Not Required
Relative Resource Use for People With Hypertension (rhy)			NQ	Not Required
Relative Resource Use for People With COPD (rco)			NQ	Not Required
Health Plan Descriptive Information				
Board Certification (bcr)			NQ	Not Required
Total Membership (tlm)			NQ	Not Required
Enrollment by Product Line: Total (enpa)			NQ	Not Required
Enrollment by Product Line: Dual Eligibles (enpb)			NQ	Not Required
Enrollment by Product Line: Disabled (enpc)			NQ	Not Required
Enrollment by Product Line: Other (enpd)			NQ	Not Required
Enrollment by State (ebs)			NQ	Not Required
Race/Ethnicity Diversity of Membership (rdm)			R	Reportable
Language Diversity of Membership (ldm)			NQ	Not Required
Weeks of Pregnancy at Time of Enrollment (wop)			R	Reportable
Measures Collected using Electronic Clinical Data Systems				
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (dms)				
<i>Inclusion in ECDS - 12-17 years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 12-17 years</i>			NR	Not Reported
<i>Inclusion in ECDS - 18-44 years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 18-44 years</i>			NR	Not Reported
<i>Inclusion in ECDS - 45-64 years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 45-64 years</i>			NR	Not Reported
<i>Inclusion in ECDS - 65+ years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 65+ years</i>			NR	Not Reported
<i>Inclusion in ECDS - Total</i>			NR	Not Reported
<i>Utilization of PHQ-9 - Total</i>			NR	Not Reported

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families[®] Medicaid and PeachCare for Kids[®] (GF)**

Ambulatory Care: Total (AMBA)				
Georgia Department of Community Health (Org ID: 6777, SubID: 12977, Medicaid, Spec Area: Georgia, Spec Proj: GA Families, Contract Number: None)				
Age	Member Months			
<1	948,235			
1-9	6,950,829			
10-19	5,571,661			
20-44	2,029,970			
45-64	228,408			
65-74	273			
75-84	30			
85+	2			
Unknown	0			
Total	15,729,408			
Age	Outpatient Visits		ED Visits	
	Visits	Visits/ 1,000 Member Months	Visits	Visits/ 1,000 Member Months
<1	717174	756.33	90728	95.68
1-9	1923315	276.70	326587	46.99
10-19	1094492	196.44	205607	36.90
20-44	721177	355.26	243403	119.90
45-64	135437	592.96	19110	83.67
65-74	158	578.75	12	43.96
75-84	27	900.00	3	100.00
85+	1	500.00	0	0.00
Unknown	0		0	
Total	4,591,781	291.92	885,450	56.29

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families[®] Medicaid and PeachCare for Kids[®] (GF)**

Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)					
Georgia Department of Community Health (Org ID: 6777, SubID: 12977, Medicaid, Spec Area: Georgia, Spec Proj: GA Families, Contract Number: None)					
Age	Member Months				
<1	948,235				
1-9	6,950,829				
10-19	5,571,661				
20-44	2,029,970				
45-64	228,408				
65-74	273				
75-84	30				
85+	2				
Unknown	0				
Total	15,729,408				
Total Inpatient					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	5962	6.29	40615	42.83	6.81
1-9	6294	0.91	19796	2.85	3.15
10-19	11109	1.99	35144	6.31	3.16
20-44	59362	29.24	175853	86.63	2.96
45-64	2319	10.15	11002	48.17	4.74
65-74	2	7.33	7	25.64	3.50
75-84	0	0.00	0	0.00	
85+	0	0.00	0	0.00	
Unknown	0		0		
Total	85,048	5.41	282,417	17.95	3.32
Medicine					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	4445	4.69	21072	22.22	4.74
1-9	4737	0.68	12494	1.80	2.64
10-19	2759	0.50	8722	1.57	3.16
20-44	4630	2.28	18137	8.93	3.92
45-64	1374	6.02	6029	26.40	4.39
65-74	1	3.66	6	21.98	6.00
75-84	0	0.00	0	0.00	
85+	0	0.00	0	0.00	
Unknown	0		0		
Total	17,946	1.14	66,460	4.23	3.70
Surgery					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1509	1.59	19473	20.54	12.90

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families[®] Medicaid and PeachCare for Kids[®] (GF)

Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)					
Georgia Department of Community Health (Org ID: 6777, SubID: 12977, Medicaid, Spec Area: Georgia, Spec Proj: GA Families, Contract Number: None)					
1-9	1552	0.22	7272	1.05	4.69
10-19	1806	0.32	8273	1.48	4.58
20-44	3216	1.58	14270	7.03	4.44
45-64	896	3.92	4796	21.00	5.35
65-74	1	3.66	1	3.66	1.00
75-84	0	0.00	0	0.00	
85+	0	0.00	0	0.00	
Unknown	0		0		
Total	8,980	0.57	54,085	3.44	6.02
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	6531	1.17	18091	3.25	2.77
20-44	51450	25.35	143204	70.54	2.78
45-64	49	0.21	177	0.77	3.61
Unknown	0		0		
Total	58,030	7.41	161,472	20.62	2.78
*The maternity category is calculated using member months for members 10-64 years.					

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families[®] Medicaid and PeachCare for Kids[®] (GF)**

Mental Health Utilization: Total (MPTA)												
Georgia Department of Community Health (Org ID: 6777, SubID: 12977, Medicaid, Spec Area: Georgia, Spec Proj: GA Families, Contract Number: None)												
Age	Member Months (Any)			Member Months (Inpatient)			Member Months (Intensive Outpatient/Partial Hospitalization)			Member Months (Outpatient/ED)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-12	5044381	4931954	9,976,335	5044381	4931954	9,976,335	5044381	4931954	9,976,335	5044381	4931954	9,976,335
13-17	1480376	1497499	2,977,875	1480376	1497499	2,977,875	1480376	1497499	2,977,875	1480376	1497499	2,977,875
18-64	467652	2307207	2,774,859	467652	2307207	2,774,859	467652	2307207	2,774,859	467652	2307207	2,774,859
65+	152	153	305	152	153	305	152	153	305	152	153	305
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	6,992,561	8,736,813	15,729,374	6,992,561	8,736,813	15,729,374	6,992,561	8,736,813	15,729,374	6,992,561	8,736,813	15,729,374
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	35084	8.35%	544	0.13%	221	0.05%	35021	8.33%			
	F	21695	5.28%	505	0.12%	182	0.04%	21632	5.26%			
	Total	56,779	6.83%	1,049	0.13%	403	0.05%	56,653	6.81%			
13-17	M	14302	11.59%	1076	0.87%	336	0.27%	14119	11.44%			
	F	15174	12.16%	2046	1.64%	530	0.42%	14830	11.88%			
	Total	29,476	11.88%	3,122	1.26%	866	0.35%	28,949	11.67%			
18-64	M	2722	6.98%	368	0.94%	59	0.15%	2602	6.68%			
	F	19186	9.98%	1821	0.95%	325	0.17%	18623	9.69%			
	Total	21,908	9.47%	2,189	0.95%	384	0.17%	21,225	9.18%			
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		0		0				
	F	0		0		0		0				
	Total	0		0		0		0				
Total	M	52,108	8.94%	1,988	0.34%	616	0.11%	51,742	8.88%			
	F	56,055	7.70%	4,372	0.60%	1,037	0.14%	55,085	7.57%			
	Total	108,163	8.25%	6,360	0.49%	1,653	0.13%	106,827	8.15%			

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families[®] Medicaid and PeachCare for Kids[®] (GF)**

Race/Ethnicity Diversity of Membership (RDM)										
Georgia Department of Community Health (Org ID: 6777, SubID: 12977, Medicaid, Spec Area: Georgia, Spec Proj: GA Families, Contract Number: None)										
Race/Ethnicity Diversity of Membership										
Total Unduplicated Membership During the Measurement Year		1738644								
Percentage of Members for Whom the Organization has Race/Ethnicity Information by Data Collection										
Direct Data Collection Method			Indirect Data Collection Method		Unknown					
Race	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.9946								
	Other*	0.0054								
Ethnicity	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.9946								
	Other*	0.0054								
*Enter percentage as a value between 0 and 1.										
Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	189847	81.62%	501555	38.09%	0		88363	46.68%	779,765	44.85%
Black or African American	6233	2.68%	755161	57.35%	0		67939	35.89%	829,333	47.70%
American-Indian and Alaska Native	677	0.29%	1419	0.11%	0		96	0.05%	2,192	0.13%
Asian	807	0.35%	28997	2.20%	0		7405	3.91%	37,209	2.14%
Native Hawaiian and Other Pacific Islanders	702	0.30%	956	0.07%	0		15	0.01%	1,673	0.10%
Some Other Race	33713	14.49%	18985	1.44%	0		385	0.20%	53,083	3.05%
Two or More Races	0	0.00%	8	0.00%	0		0	0.00%	8	0.00%
Unknown	336	0.14%	5222	0.40%	0		427	0.23%	5,985	0.34%
Declined	280	0.12%	4463	0.34%	0		24653	13.02%	29,396	1.69%
Total	232,595	100.00%	1,316,766	100.00%	0		189,283	100.00%	1,738,644	100.00%

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families[®] Medicaid and PeachCare for Kids[®] (GF)**

Weeks of Pregnancy at Time of Enrollment in MCO (WOP)		
Georgia Department of Community Health (Org ID: 6777, SubID: 12977, Medicaid, Spec Area: Georgia, Spec Proj: GA Families, Contract Number: None)		
Measurement Year		
Measurement Year	2015	
Weeks of Pregnancy	Number	Percentage
< 0 weeks	14442	23.02%
1-12 weeks	31364	50.00%
13-27 weeks	10616	16.92%
28 or more weeks	1984	3.16%
Unknown	4322	6.89%
Total	62,728	100.00%

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families 360° Managed Care for Foster Care, Adoption Assistance and Juvenile Justice**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12978, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Prevention and Screening				
Adult BMI Assessment (aba)		38.63%	R	Reportable
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)				
<i>BMI Percentile</i>		61.15%	R	Reportable
<i>Counseling for Nutrition</i>		65.12%	R	Reportable
<i>Counseling for Physical Activity</i>		51.66%	R	Reportable
Childhood Immunization Status (cis)				
<i>DTaP</i>		77.92%	R	Reportable
<i>IPV</i>		89.62%	R	Reportable
<i>MMR</i>		91.61%	R	Reportable
<i>HiB</i>		84.33%	R	Reportable
<i>Hepatitis B</i>		89.40%	R	Reportable
<i>VZV</i>		92.72%	R	Reportable
<i>Pneumococcal Conjugate</i>		72.41%	R	Reportable
<i>Hepatitis A</i>		93.38%	R	Reportable
<i>Rotavirus</i>		50.11%	R	Reportable
<i>Influenza</i>		44.59%	R	Reportable
<i>Combination #2</i>		74.39%	R	Reportable
<i>Combination #3</i>		67.77%	R	Reportable
<i>Combination #4</i>		67.11%	R	Reportable
<i>Combination #5</i>		44.81%	R	Reportable
<i>Combination #6</i>		37.53%	R	Reportable
<i>Combination #7</i>		44.37%	R	Reportable
<i>Combination #8</i>		37.09%	R	Reportable
<i>Combination #9</i>		25.39%	R	Reportable
<i>Combination #10</i>		25.17%	R	Reportable
Immunizations for Adolescents (ima)				
<i>Meningococcal</i>		80.79%	R	Reportable
<i>Tdap/Td</i>		81.46%	R	Reportable
<i>Combination #1</i>		79.25%	R	Reportable
Human Papillomavirus Vaccine for Female Adolescents (hpv)		20.09%	R	Reportable
Lead Screening in Children (lsc)		71.08%	R	Reportable
Breast Cancer Screening (bcs)			NQ	Not Required
Cervical Cancer Screening (ccs)			NQ	Not Required
Chlamydia Screening in Women (chl)				
<i>16-20 Years</i>		55.14%	R	Reportable
<i>21-24 Years</i>		52.14%	R	Reportable
<i>Total</i>		55.00%	R	Reportable

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families 360° Managed Care for Foster Care, Adoption Assistance and Juvenile Justice**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12978, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Respiratory Conditions				
Appropriate Testing for Children with Pharyngitis (cwp)	Y	83.30%	R	Reportable
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)			NQ	Not Required
Pharmacotherapy Management of COPD Exacerbation (pce)	N			
<i>Systemic Corticosteroid</i>			NQ	Not Required
<i>Bronchodilator</i>			NQ	Not Required
Medication Management for People With Asthma (mma)	Y			
<i>5-11 Years - Medication Compliance 50%</i>		59.45%	R	Reportable
<i>5-11 Years - Medication Compliance 75%</i>		33.23%	R	Reportable
<i>12-18 Years - Medication Compliance 50%</i>		60.35%	R	Reportable
<i>12-18 Years - Medication Compliance 75%</i>		34.74%	R	Reportable
<i>19-50 Years - Medication Compliance 50%</i>		63.64%	NA	Small Denominator
<i>19-50 Years - Medication Compliance 75%</i>		31.82%	NA	Small Denominator
<i>51-64 Years - Medication Compliance 50%</i>			NA	Small Denominator
<i>51-64 Years - Medication Compliance 75%</i>			NA	Small Denominator
<i>Total - Medication Compliance 50%</i>		60.00%	R	Reportable
<i>Total - Medication Compliance 75%</i>		33.86%	R	Reportable
Asthma Medication Ratio (amr)	N			
<i>5-11 Years</i>			NQ	Not Required
<i>12-18 Years</i>			NQ	Not Required
<i>19-50 Years</i>			NQ	Not Required
<i>51-64 Years</i>			NQ	Not Required
<i>Total</i>			NQ	Not Required
Effectiveness of Care: Cardiovascular Conditions				
Controlling High Blood Pressure (cbp)		42.11%	R	Reportable
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	N		NQ	Not Required
Statin Therapy for Patients With Cardiovascular Disease (spc)	N			
<i>Received Statin Therapy - 21-75 years (Male)</i>			NQ	Not Required
<i>Statin Adherence 80% - 21-75 years (Male)</i>			NQ	Not Required
<i>Received Statin Therapy - 40-75 years (Female)</i>			NQ	Not Required
<i>Statin Adherence 80% - 40-75 years (Female)</i>			NQ	Not Required
<i>Received Statin Therapy - Total</i>			NQ	Not Required
<i>Statin Adherence 80% - Total</i>			NQ	Not Required

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families 360° Managed Care for Foster Care, Adoption Assistance and Juvenile Justice**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12978, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Diabetes				
Comprehensive Diabetes Care (cdc)				
<i>Hemoglobin A1c (HbA1c) Testing</i>		71.15%	R	Reportable
<i>HbA1c Poor Control (>9.0%)</i>		76.92%	R	Reportable
<i>HbA1c Control (<8.0%)</i>		17.31%	R	Reportable
<i>HbA1c Control (<7.0%)</i>		13.73%	R	Reportable
<i>Eye Exam (Retinal) Performed</i>		44.23%	R	Reportable
<i>Medical Attention for Nephropathy</i>		82.69%	R	Reportable
<i>Blood Pressure Control (<140/90 mm Hg)</i>		48.08%	R	Reportable
Statin Therapy for Patients With Diabetes (spd)	N			
<i>Received Statin Therapy</i>			NQ	Not Required
<i>Statin Adherence 80%</i>			NQ	Not Required
Effectiveness of Care: Musculoskeletal Conditions				
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)	N		NQ	Not Required
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management (amm)	Y			
<i>Effective Acute Phase Treatment</i>		55.79%	R	Reportable
<i>Effective Continuation Phase Treatment</i>		34.74%	R	Reportable
Follow-Up Care for Children Prescribed ADHD Medication (add)	Y			
<i>Initiation Phase</i>		57.87%	R	Reportable
<i>Continuation and Maintenance (C&M) Phase</i>		65.25%	R	Reportable
Follow-Up After Hospitalization for Mental Illness (fuh)	Y			
<i>30-Day Follow-Up</i>		70.67%	R	Reportable
<i>7-Day Follow-Up</i>		49.44%	R	Reportable
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (ssd)	N		NQ	Not Required
Diabetes Monitoring for People With Diabetes and Schizophrenia (smd)			NQ	Not Required
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (smc)			NQ	Not Required
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (saa)	Y	54.05%	R	Reportable
Metabolic Monitoring for Children and Adolescents on Antipsychotics (apm)	N			
<i>1-5 Years</i>			NQ	Not Required
<i>6-11 Years</i>			NQ	Not Required
<i>12-17 Years</i>			NQ	Not Required
<i>Total</i>			NQ	Not Required

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families 360° Managed Care for Foster Care, Adoption Assistance and Juvenile Justice**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12978, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Medication Management				
Annual Monitoring for Patients on Persistent Medications (mpm)	N			
<i>ACE Inhibitors or ARBs</i>			NQ	Not Required
<i>Digoxin</i>			NQ	Not Required
<i>Diuretics</i>			NQ	Not Required
<i>Total</i>			NQ	Not Required
Effectiveness of Care: Overuse/Appropriateness				
Non-Recommended Cervical Cancer Screening in Adolescent Females (ncs)			NQ	Not Required
Appropriate Treatment for Children With URI (uri)	Y	83.71%	R	Reportable
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (aab)	N		NQ	Not Required
Use of Imaging Studies for Low Back Pain (lbp)			NQ	Not Required
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (apc)	Y			
<i>1-5 Years</i>		0.00%	NA	Small Denominator
<i>6-11 Years</i>		2.37%	R	Reportable
<i>12-17 Years</i>		5.45%	R	Reportable
<i>Total</i>		4.54%	R	Reportable
Access/Availability of Care				
Adults' Access to Preventive/Ambulatory Health Services (aap)				
<i>20-44 Years</i>		50.09%	R	Reportable
<i>45-64 Years</i>			NA	Small Denominator
<i>65+ Years</i>			NA	Small Denominator
<i>Total</i>		50.09%	R	Reportable
Children and Adolescents' Access to Primary Care Practitioners (cap)				
<i>12-24 Months</i>		94.76%	R	Reportable
<i>25 Months - 6 Years</i>		83.85%	R	Reportable
<i>7-11 Years</i>		88.08%	R	Reportable
<i>12-19 Years</i>		82.38%	R	Reportable
Annual Dental Visit (adv)	Y			
<i>2-3 Years</i>		38.74%	R	Reportable
<i>4-6 Years</i>		71.48%	R	Reportable
<i>7-10 Years</i>		72.08%	R	Reportable
<i>11-14 Years</i>		68.17%	R	Reportable
<i>15-18 Years</i>		60.61%	R	Reportable
<i>19-20 Years</i>		30.48%	R	Reportable
<i>Total</i>		62.73%	R	Reportable

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families 360° Managed Care for Foster Care, Adoption Assistance and Juvenile Justice**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12978, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Initiation and Engagement of AOD Dependence Treatment (iet)	Y			
<i>Initiation of AOD Treatment: 13-17 Years</i>		49.88%	R	Reportable
<i>Engagement of AOD Treatment: 13-17 Years</i>		20.76%	R	Reportable
<i>Initiation of AOD Treatment: 18+ Years</i>		33.33%	R	Reportable
<i>Engagement of AOD Treatment: 18+ Years</i>		8.50%	R	Reportable
<i>Initiation of AOD Treatment: Total</i>		45.45%	R	Reportable
<i>Engagement of AOD Treatment: Total</i>		17.48%	R	Reportable
Prenatal and Postpartum Care (ppc)				
<i>Timeliness of Prenatal Care</i>		66.42%	R	Reportable
<i>Postpartum Care</i>		42.34%	R	Reportable
Call Answer Timeliness (cat)			NQ	Not Required
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (app)	N			
<i>1-5 Years</i>			NQ	Not Required
<i>6-11 Years</i>			NQ	Not Required
<i>12-17 Years</i>			NQ	Not Required
<i>Total</i>			NQ	Not Required
Utilization				
Frequency of Ongoing Prenatal Care (fpc)				
<i><21 Percent</i>		27.74%	R	Reportable
<i>21-40 Percent</i>		19.71%	R	Reportable
<i>41-60 Percent</i>		12.41%	R	Reportable
<i>61-80 Percent</i>		15.33%	R	Reportable
<i>81+ Percent</i>		24.82%	R	Reportable
Well-Child Visits in the First 15 Months of Life (w15)				
<i>0 Visits</i>		5.08%	R	Reportable
<i>1 Visit</i>		1.99%	R	Reportable
<i>2 Visits</i>		7.51%	R	Reportable
<i>3 Visits</i>		8.39%	R	Reportable
<i>4 Visits</i>		11.04%	R	Reportable
<i>5 Visits</i>		19.21%	R	Reportable
<i>6+ Visits</i>		46.80%	R	Reportable
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)		67.77%	R	Reportable
Adolescent Well-Care Visits (awc)		43.71%	R	Reportable
Frequency of Selected Procedures (fsp)			NQ	Not Required
Ambulatory Care: Total (amba)			R	Reportable
Ambulatory Care: Dual Eligibles (ambb)			NQ	Not Required
Ambulatory Care: Disabled (ambc)			NQ	Not Required
Ambulatory Care: Other (ambd)			NQ	Not Required
Inpatient Utilization--General Hospital/Acute Care: Total (ipua)			R	Reportable
Inpatient Utilization--General Hospital/Acute Care: Dual Eligibles (ipub)			NQ	Not Required
Inpatient Utilization--General Hospital/Acute Care: Disabled (ipuc)			NQ	Not Required

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families 360° Managed Care for Foster Care, Adoption Assistance and Juvenile Justice**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12978, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Inpatient Utilization--General Hospital/Acute Care: Other (ipud)			NQ	Not Required
Identification of Alcohol and Other Drug Services: Total (iada)	N		NQ	Not Required
Identification of Alcohol and Other Drug Services: Dual Eligibles (iadb)	N		NQ	Not Required
Identification of Alcohol and Other Drug Services: Disabled (iadc)	N		NQ	Not Required
Identification of Alcohol and Other Drug Services: Other (iadd)	N		NQ	Not Required
Mental Health Utilization: Total (mpta)	Y		R	Reportable
Mental Health Utilization: Dual Eligibles (mptb)	N		NQ	Not Required
Mental Health Utilization: Disabled (mptc)	N		NQ	Not Required
Mental Health Utilization: Other (mptd)	N		NQ	Not Required
Antibiotic Utilization: Total (abxa)	N		NQ	Not Required
Antibiotic Utilization: Dual Eligibles (abxb)	N		NQ	Not Required
Antibiotic Utilization: Disabled (abxc)	N		NQ	Not Required
Antibiotic Utilization: Other (abxd)	N		NQ	Not Required
Relative Resource Use				
Relative Resource Use for People With Diabetes (rdi)			NQ	Not Required
Relative Resource Use for People With Asthma (ras)	N		NQ	Not Required
Relative Resource Use for People With Cardiovascular Conditions (rca)			NQ	Not Required
Relative Resource Use for People With Hypertension (rhy)			NQ	Not Required
Relative Resource Use for People With COPD (rco)			NQ	Not Required
Health Plan Descriptive Information				
Board Certification (bcr)			NQ	Not Required
Total Membership (tlm)			NQ	Not Required
Enrollment by Product Line: Total (enpa)			NQ	Not Required
Enrollment by Product Line: Dual Eligibles (enpb)			NQ	Not Required
Enrollment by Product Line: Disabled (enpc)			NQ	Not Required
Enrollment by Product Line: Other (enpd)			NQ	Not Required
Enrollment by State (ebs)			NQ	Not Required
Race/Ethnicity Diversity of Membership (rdm)			R	Reportable
Language Diversity of Membership (ldm)			NQ	Not Required
Weeks of Pregnancy at Time of Enrollment (wop)			R	Reportable

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families 360° Managed Care for Foster Care, Adoption Assistance and Juvenile Justice**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12978, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Measures Collected using Electronic Clinical Data Systems				
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (dms)				
<i>Inclusion in ECDS - 12-17 years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 12-17 years</i>			NR	Not Reported
<i>Inclusion in ECDS - 18-44 years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 18-44 years</i>			NR	Not Reported
<i>Inclusion in ECDS - 45-64 years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 45-64 years</i>			NR	Not Reported
<i>Inclusion in ECDS - 65+ years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 65+ years</i>			NR	Not Reported
<i>Inclusion in ECDS - Total</i>			NR	Not Reported
<i>Utilization of PHQ-9 - Total</i>			NR	Not Reported

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families 360° Managed Care for Foster Care, Adoption Assistance and Juvenile Justice**

Ambulatory Care: Total (AMBA)				
Georgia Department of Community Health (Org ID: 6777, SubID: 12978, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None)				
Age	Member Months			
<1	14,610			
1-9	175,531			
10-19	229,045			
20-44	9,020			
45-64	0			
65-74	0			
75-84	0			
85+	0			
Unknown	0			
Total	428,206			
Age	Outpatient Visits		ED Visits	
	Visits	Visits/ 1,000 Member Months	Visits	Visits/ 1,000 Member Months
<1	13578	929.36	1405	96.17
1-9	52830	300.97	6232	35.50
10-19	44448	194.06	8392	36.64
20-44	1097	121.62	440	48.78
45-64	0		0	
65-74	0		0	
75-84	0		0	
85+	0		0	
Unknown	0		0	
Total	111,953	261.45	16,469	38.46

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families 360° Managed Care for Foster Care, Adoption Assistance and Juvenile Justice**

Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)					
Georgia Department of Community Health (Org ID: 6777, SubID: 12978, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None)					
Age	Member Months				
<1	14,610				
1-9	175,531				
10-19	229,045				
20-44	9,020				
45-64	0				
65-74	0				
75-84	0				
85+	0				
Unknown	0				
Total	428,206				
Total Inpatient					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	323	22.11	3333	228.13	10.32
1-9	373	2.12	2488	14.17	6.67
10-19	479	2.09	2586	11.29	5.40
20-44	38	4.21	145	16.08	3.82
45-64	0		0		
65-74	0		0		
75-84	0		0		
85+	0		0		
Unknown	0		0		
Total	1,213	2.83	8,552	19.97	7.05
Medicine					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	234	16.02	1496	102.40	6.39
1-9	246	1.40	1122	6.39	4.56
10-19	249	1.09	1140	4.98	4.58
20-44	10	1.11	49	5.43	4.90
45-64	0		0		
65-74	0		0		
75-84	0		0		
85+	0		0		
Unknown	0		0		
Total	739	1.73	3,807	8.89	5.15
Surgery					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay

**Appendix D: Department of Community Health, State of Georgia
HEDIS Interactive Data Submission System Data for
Georgia Families 360° Managed Care for Foster Care, Adoption Assistance and Juvenile Justice**

Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)					
Georgia Department of Community Health (Org ID: 6777, SubID: 12978, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None)					
<1	88	6.02	1835	125.60	20.85
1-9	127	0.72	1366	7.78	10.76
10-19	110	0.48	1105	4.82	10.05
20-44	5	0.55	26	2.88	5.20
45-64	0		0		
65-74	0		0		
75-84	0		0		
85+	0		0		
Unknown	0		0		
Total	330	0.77	4,332	10.12	13.13
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	120	0.52	341	1.49	2.84
20-44	23	2.55	70	7.76	3.04
45-64	0		0		
Unknown	0		0		
Total	143	0.60	411	1.73	2.87
*The maternity category is calculated using member months for members 10-64 years.					

Appendix D: Department of Community Health, State of Georgia
HEDIS Interactive Data Submission System Data for
Georgia Families 360° Managed Care for Foster Care, Adoption Assistance and Juvenile Justice

Mental Health Utilization: Total (MPTA)												
Georgia Department of Community Health (Org ID: 6777, SubID: 12978, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None)												
Age	Member Months (Any)			Member Months (Inpatient)			Member Months (Intensive Outpatient/Partial Hospitalization)			Member Months (Outpatient/ED)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-12	134034	121471	255,505	134034	121471	255,505	134034	121471	255,505	134034	121471	255,505
13-17	69693	65601	135,294	69693	65601	135,294	69693	65601	135,294	69693	65601	135,294
18-64	19148	18259	37,407	19148	18259	37,407	19148	18259	37,407	19148	18259	37,407
65+	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	222,875	205,331	428,206	222,875	205,331	428,206	222,875	205,331	428,206	222,875	205,331	428,206
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	4788	42.87%	238	2.13%	60	0.54%	4773	42.73%			
	F	3878	38.31%	143	1.41%	37	0.37%	3866	38.19%			
	Total	8,666	40.70%	381	1.79%	97	0.46%	8,639	40.57%			
13-17	M	3319	57.15%	406	6.99%	78	1.34%	3301	56.84%			
	F	2940	53.78%	478	8.74%	105	1.92%	2909	53.21%			
	Total	6,259	55.51%	884	7.84%	183	1.62%	6,210	55.08%			
18-64	M	321	20.12%	28	1.75%	7	0.44%	320	20.05%			
	F	317	20.83%	56	3.68%	16	1.05%	313	20.57%			
	Total	638	20.47%	84	2.69%	23	0.74%	633	20.31%			
65+	M	0		0		0		0				
	F	0		0		0		0				
	Total	0		0		0		0				
Unknown	M	0		0		0		0				
	F	0		0		0		0				
	Total	0		0		0		0				
Total	M	8,428	45.38%	672	3.62%	145	0.78%	8,394	45.19%			
	F	7,135	41.70%	677	3.96%	158	0.92%	7,088	41.42%			
	Total	15,563	43.61%	1,349	3.78%	303	0.85%	15,482	43.39%			

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families 360° Managed Care for Foster Care, Adoption Assistance and Juvenile Justice**

Race/Ethnicity Diversity of Membership (RDM)										
Georgia Department of Community Health (Org ID: 6777, SubID: 12978, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None)										
Race/Ethnicity Diversity of Membership										
Total Unduplicated Membership During the Measurement Year	36077									
Percentage of Members for Whom the Organization has Race/Ethnicity Information by Data Collection										
Direct Data Collection Method			Indirect Data Collection Method		Unknown					
Race	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.9623								
	Other*	0.0377								
Ethnicity	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.9623								
	Other*	0.0377								
*Enter percentage as a value between 0 and 1.										
Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	1081	84.85%	15968	45.95%	0		15	27.27%	17,064	47.30%
Black or African American	96	7.54%	16569	47.68%	0		34	61.82%	16,699	46.29%
American-Indian and Alaska Native	8	0.63%	47	0.14%	0		0	0.00%	55	0.15%
Asian	1	0.08%	101	0.29%	0		1	1.82%	103	0.29%
Native Hawaiian and Other Pacific Islanders	3	0.24%	42	0.12%	0		0	0.00%	45	0.12%
Some Other Race	64	5.02%	903	2.60%	0		0	0.00%	967	2.68%
Two or More Races	0	0.00%	0	0.00%	0		0	0.00%	0	0.00%
Unknown	15	1.18%	861	2.48%	0		0	0.00%	876	2.43%
Declined	6	0.47%	257	0.74%	0		5	9.09%	268	0.74%
Total	1,274	100.00%	34,748	100.00%	0		55	100.00%	36,077	100.00%

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Georgia Families 360° Managed Care for Foster Care, Adoption Assistance and Juvenile Justice**

Weeks of Pregnancy at Time of Enrollment in MCO (WOP)		
Georgia Department of Community Health (Org ID: 6777, SubID: 12978, Medicaid, Spec Area: Georgia, Spec Proj: GA 360, Contract Number: None)		
Measurement Year		
Measurement Year	2015	
Weeks of Pregnancy	Number	Percentage
< 0 weeks	138	86.79%
1-12 weeks	5	3.14%
13-27 weeks	7	4.40%
28 or more weeks	9	5.66%
Unknown	0	0.00%
Total	159	100.00%

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Fee-for-Service (FFS)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12979, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Prevention and Screening				
Adult BMI Assessment (aba)		60.84%	R	Reportable
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)				
<i>BMI Percentile</i>		53.20%	R	Reportable
<i>Counseling for Nutrition</i>		52.98%	R	Reportable
<i>Counseling for Physical Activity</i>		42.83%	R	Reportable
Childhood Immunization Status (cis)				
<i>DTaP</i>		77.70%	R	Reportable
<i>IPV</i>		88.30%	R	Reportable
<i>MMR</i>		88.08%	R	Reportable
<i>HiB</i>		88.52%	R	Reportable
<i>Hepatitis B</i>		87.64%	R	Reportable
<i>VZV</i>		89.18%	R	Reportable
<i>Pneumococcal Conjugate</i>		75.94%	R	Reportable
<i>Hepatitis A</i>		88.30%	R	Reportable
<i>Rotavirus</i>		51.66%	R	Reportable
<i>Influenza</i>		44.81%	R	Reportable
<i>Combination #2</i>		74.61%	R	Reportable
<i>Combination #3</i>		70.64%	R	Reportable
<i>Combination #4</i>		69.54%	R	Reportable
<i>Combination #5</i>		45.03%	R	Reportable
<i>Combination #6</i>		38.19%	R	Reportable
<i>Combination #7</i>		44.59%	R	Reportable
<i>Combination #8</i>		37.75%	R	Reportable
<i>Combination #9</i>		24.28%	R	Reportable
<i>Combination #10</i>		24.06%	R	Reportable
Immunizations for Adolescents (ima)				
<i>Meningococcal</i>		77.48%	R	Reportable
<i>Tdap/Td</i>		79.03%	R	Reportable
<i>Combination #1</i>		76.16%	R	Reportable
Human Papillomavirus Vaccine for Female Adolescents (hvp)		15.23%	R	Reportable
Lead Screening in Children (lsc)		64.68%	R	Reportable
Breast Cancer Screening (bcs)		30.60%	R	Reportable
Cervical Cancer Screening (ccs)		33.26%	R	Reportable
Chlamydia Screening in Women (chl)				
<i>16-20 Years</i>		46.02%	R	Reportable
<i>21-24 Years</i>		43.88%	R	Reportable
<i>Total</i>		45.21%	R	Reportable

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Fee-for-Service (FFS)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12979, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Respiratory Conditions				
Appropriate Testing for Children with Pharyngitis (cwp)	Y	77.33%	R	Reportable
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)			NQ	Not Required
Pharmacotherapy Management of COPD Exacerbation (pce)	Y			
<i>Systemic Corticosteroid</i>		48.72%	R	Reportable
<i>Bronchodilator</i>		57.04%	R	Reportable
Medication Management for People With Asthma (mma)	Y			
<i>5-11 Years - Medication Compliance 50%</i>		60.29%	R	Reportable
<i>5-11 Years - Medication Compliance 75%</i>		34.17%	R	Reportable
<i>12-18 Years - Medication Compliance 50%</i>		60.43%	R	Reportable
<i>12-18 Years - Medication Compliance 75%</i>		35.09%	R	Reportable
<i>19-50 Years - Medication Compliance 50%</i>		65.83%	R	Reportable
<i>19-50 Years - Medication Compliance 75%</i>		42.80%	R	Reportable
<i>51-64 Years - Medication Compliance 50%</i>		72.59%	R	Reportable
<i>51-64 Years - Medication Compliance 75%</i>		51.02%	R	Reportable
<i>Total - Medication Compliance 50%</i>		63.38%	R	Reportable
<i>Total - Medication Compliance 75%</i>		38.87%	R	Reportable
Asthma Medication Ratio (amr)	N			
<i>5-11 Years</i>			NQ	Not Required
<i>12-18 Years</i>			NQ	Not Required
<i>19-50 Years</i>			NQ	Not Required
<i>51-64 Years</i>			NQ	Not Required
<i>Total</i>			NQ	Not Required
Effectiveness of Care: Cardiovascular Conditions				
Controlling High Blood Pressure (cbp)		32.63%	R	Reportable
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	Y	58.95%	R	Reportable
Statin Therapy for Patients With Cardiovascular Disease (spc)	N			
<i>Received Statin Therapy - 21-75 years (Male)</i>			NQ	Not Required
<i>Statin Adherence 80% - 21-75 years (Male)</i>			NQ	Not Required
<i>Received Statin Therapy - 40-75 years (Female)</i>			NQ	Not Required
<i>Statin Adherence 80% - 40-75 years (Female)</i>			NQ	Not Required
<i>Received Statin Therapy - Total</i>			NQ	Not Required
<i>Statin Adherence 80% - Total</i>			NQ	Not Required

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Fee-for-Service (FFS)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12979, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Diabetes				
Comprehensive Diabetes Care (cdc)				
<i>Hemoglobin A1c (HbA1c) Testing</i>		67.83%	R	Reportable
<i>HbA1c Poor Control (>9.0%)</i>		73.80%	R	Reportable
<i>HbA1c Control (<8.0%)</i>		22.55%	R	Reportable
<i>HbA1c Control (<7.0%)</i>		14.23%	R	Reportable
<i>Eye Exam (Retinal) Performed</i>		39.97%	R	Reportable
<i>Medical Attention for Nephropathy</i>		85.57%	R	Reportable
<i>Blood Pressure Control (<140/90 mm Hg)</i>		32.84%	R	Reportable
Statin Therapy for Patients With Diabetes (spd)	N			
<i>Received Statin Therapy</i>			NQ	Not Required
<i>Statin Adherence 80%</i>			NQ	Not Required
Effectiveness of Care: Musculoskeletal Conditions				
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)	N		NQ	Not Required
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management (amm)	Y			
<i>Effective Acute Phase Treatment</i>		49.72%	R	Reportable
<i>Effective Continuation Phase Treatment</i>		36.83%	R	Reportable
Follow-Up Care for Children Prescribed ADHD Medication (add)	Y			
<i>Initiation Phase</i>		46.48%	R	Reportable
<i>Continuation and Maintenance (C&M) Phase</i>		58.26%	R	Reportable
Follow-Up After Hospitalization for Mental Illness (fuh)	Y			
<i>30-Day Follow-Up</i>		58.41%	R	Reportable
<i>7-Day Follow-Up</i>		38.47%	R	Reportable
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (ssd)	N		NQ	Not Required
Diabetes Monitoring for People With Diabetes and Schizophrenia (smd)			NQ	Not Required
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (smc)			NQ	Not Required
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (saa)	Y	63.15%	R	Reportable
Metabolic Monitoring for Children and Adolescents on Antipsychotics (apm)	N			

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Fee-for-Service (FFS)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12979, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
1-5 Years			NQ	Not Required
6-11 Years			NQ	Not Required
12-17 Years			NQ	Not Required
Total			NQ	Not Required
Effectiveness of Care: Medication Management				
Annual Monitoring for Patients on Persistent Medications (mpm)	Y			
ACE Inhibitors or ARBs		90.80%	R	Reportable
Digoxin		54.70%	R	Reportable
Diuretics		91.15%	R	Reportable
Total		90.52%	R	Reportable
Effectiveness of Care: Overuse/Appropriateness				
Non-Recommended Cervical Cancer Screening in Adolescent Females (ncs)			NQ	Not Required
Appropriate Treatment for Children With URI (uri)	Y	83.09%	R	Reportable
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (aab)	N		NQ	Not Required
Use of Imaging Studies for Low Back Pain (lbp)			NQ	Not Required
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (apc)	Y			
1-5 Years		0.00%	R	Reportable
6-11 Years		2.51%	R	Reportable
12-17 Years		6.12%	R	Reportable
Total		4.92%	R	Reportable
Access/Availability of Care				
Adults' Access to Preventive/Ambulatory Health Services (aap)				
20-44 Years		77.04%	R	Reportable
45-64 Years		88.45%	R	Reportable
65+ Years		85.35%	R	Reportable
Total		84.27%	R	Reportable
Children and Adolescents' Access to Primary Care Practitioners (cap)				
12-24 Months		93.88%	R	Reportable
25 Months - 6 Years		85.68%	R	Reportable
7-11 Years		89.29%	R	Reportable
12-19 Years		83.44%	R	Reportable

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Fee-for-Service (FFS)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12979, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Annual Dental Visit (adv)	Y			
2-3 Years		40.25%	R	Reportable
4-6 Years		63.43%	R	Reportable
7-10 Years		65.52%	R	Reportable
11-14 Years		59.99%	R	Reportable
15-18 Years		50.93%	R	Reportable
19-20 Years		32.91%	R	Reportable
Total		56.12%	R	Reportable
Initiation and Engagement of AOD Dependence Treatment (iet)	Y			
Initiation of AOD Treatment: 13-17 Years		42.60%	R	Reportable
Engagement of AOD Treatment: 13-17 Years		15.23%	R	Reportable
Initiation of AOD Treatment: 18+ Years		36.31%	R	Reportable
Engagement of AOD Treatment: 18+ Years		5.15%	R	Reportable
Initiation of AOD Treatment: Total		36.46%	R	Reportable
Engagement of AOD Treatment: Total		5.38%	R	Reportable
Prenatal and Postpartum Care (ppc)				
Timeliness of Prenatal Care		62.39%	R	Reportable
Postpartum Care		32.96%	R	Reportable
Call Answer Timeliness (cat)			NQ	Not Required
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (app)	N			
1-5 Years			NQ	Not Required
6-11 Years			NQ	Not Required
12-17 Years			NQ	Not Required
Total			NQ	Not Required
Utilization				
Frequency of Ongoing Prenatal Care (fpc)				
<21 Percent		29.65%	R	Reportable
21-40 Percent		18.36%	R	Reportable
41-60 Percent		11.06%	R	Reportable
61-80 Percent		12.17%	R	Reportable
81+ Percent		28.76%	R	Reportable
Well-Child Visits in the First 15 Months of Life (w15)				
0 Visits		11.92%	R	Reportable
1 Visit		4.64%	R	Reportable
2 Visits		5.96%	R	Reportable
3 Visits		7.95%	R	Reportable
4 Visits		13.69%	R	Reportable
5 Visits		18.98%	R	Reportable
6+ Visits		36.87%	R	Reportable

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Fee-for-Service (FFS)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12979, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)		59.38%	R	Reportable
Adolescent Well-Care Visits (awc)		33.55%	R	Reportable
Frequency of Selected Procedures (fsp)			NQ	Not Required
Ambulatory Care: Total (amba)			R	Reportable
Ambulatory Care: Dual Eligibles (ambb)			NQ	Not Required
Ambulatory Care: Disabled (ambc)			NQ	Not Required
Ambulatory Care: Other (ambd)			NQ	Not Required
Inpatient Utilization--General Hospital/Acute Care: Total (ipua)			R	Reportable
Inpatient Utilization--General Hospital/Acute Care: Dual Eligibles (ipub)			NQ	Not Required
Inpatient Utilization--General Hospital/Acute Care: Disabled (ipuc)			NQ	Not Required
Inpatient Utilization--General Hospital/Acute Care: Other (ipud)			NQ	Not Required
Identification of Alcohol and Other Drug Services: Total (iada)	N		NQ	Not Required
Identification of Alcohol and Other Drug Services: Dual Eligibles (iadb)	N		NQ	Not Required
Identification of Alcohol and Other Drug Services: Disabled (iadc)	N		NQ	Not Required
Identification of Alcohol and Other Drug Services: Other (iadd)	N		NQ	Not Required
Mental Health Utilization: Total (mpta)	Y		R	Reportable
Mental Health Utilization: Dual Eligibles (mptb)	N		NQ	Not Required
Mental Health Utilization: Disabled (mptc)	N		NQ	Not Required
Mental Health Utilization: Other (mptd)	N		NQ	Not Required
Antibiotic Utilization: Total (abxa)	N		NQ	Not Required
Antibiotic Utilization: Dual Eligibles (abxb)	N		NQ	Not Required
Antibiotic Utilization: Disabled (abxc)	N		NQ	Not Required
Antibiotic Utilization: Other (abxd)	N		NQ	Not Required

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Fee-for-Service (FFS)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12979, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Relative Resource Use				
Relative Resource Use for People With Diabetes (rdi)			NQ	Not Required
Relative Resource Use for People With Asthma (ras)	N		NQ	Not Required
Relative Resource Use for People With Cardiovascular Conditions (rca)			NQ	Not Required
Relative Resource Use for People With Hypertension (rhy)			NQ	Not Required
Relative Resource Use for People With COPD (rco)			NQ	Not Required
Health Plan Descriptive Information				
Board Certification (bcr)			NQ	Not Required
Total Membership (tlm)			NQ	Not Required
Enrollment by Product Line: Total (enpa)			NQ	Not Required
Enrollment by Product Line: Dual Eligibles (enpb)			NQ	Not Required
Enrollment by Product Line: Disabled (enpc)			NQ	Not Required
Enrollment by Product Line: Other (enpd)			NQ	Not Required
Enrollment by State (ebs)			NQ	Not Required
Race/Ethnicity Diversity of Membership (rdm)			R	Reportable
Language Diversity of Membership (ldm)			NQ	Not Required
Weeks of Pregnancy at Time of Enrollment (wop)			R	Reportable
Measures Collected using Electronic Clinical Data Systems				
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (dms)				
<i>Inclusion in ECDS - 12-17 years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 12-17 years</i>			NR	Not Reported
<i>Inclusion in ECDS - 18-44 years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 18-44 years</i>			NR	Not Reported
<i>Inclusion in ECDS - 45-64 years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 45-64 years</i>			NR	Not Reported
<i>Inclusion in ECDS - 65+ years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 65+ years</i>			NR	Not Reported
<i>Inclusion in ECDS - Total</i>			NR	Not Reported
<i>Utilization of PHQ-9 - Total</i>			NR	Not Reported

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Fee-for-Service (FFS)**

Ambulatory Care: Total (AMBA)				
Georgia Department of Community Health (Org ID: 6777, SubID: 12979, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)				
Age	Member Months			
<1	91,581			
1-9	1,050,636			
10-19	1,043,696			
20-44	1,222,962			
45-64	1,329,446			
65-74	472,877			
75-84	306,618			
85+	195,532			
Unknown	0			
Total	5,713,348			
Age	Outpatient Visits		ED Visits	
	Visits	Visits/ 1,000 Member Months	Visits	Visits/ 1,000 Member Months
<1	81522	890.16	8042	87.81
1-9	298998	284.59	60247	57.34
10-19	217972	208.85	49203	47.14
20-44	433761	354.68	170095	139.08
45-64	889253	668.89	171400	128.93
65-74	302825	640.39	34695	73.37
75-84	193232	630.20	17712	57.77
85+	110440	564.82	9808	50.16
Unknown	0		0	
Total	2,528,003	442.47	521,202	91.23

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Fee-for-Service (FFS)**

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

Georgia Department of Community Health (Org ID: 6777, SubID: 12979, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)

Age	Member Months
<1	91,581
1-9	1,050,636
10-19	1,043,696
20-44	1,222,962
45-64	1,329,446
65-74	472,877
75-84	306,618
85+	195,532
Unknown	0
Total	5,713,348

Total Inpatient

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1867	20.39	26061	284.57	13.96
1-9	4768	4.54	24504	23.32	5.14
10-19	4587	4.39	22402	21.46	4.88
20-44	20491	16.76	118644	97.01	5.79
45-64	39269	29.54	253822	190.92	6.46
65-74	10076	21.31	59982	126.84	5.95
75-84	7009	22.86	42265	137.84	6.03
85+	4658	23.82	25151	128.63	5.40
Unknown	0		0		
Total	92,725	16.23	572,831	100.26	6.18

Medicine

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1256	13.71	8315	90.79	6.62
1-9	3546	3.38	14002	13.33	3.95
10-19	2780	2.66	12186	11.68	4.38
20-44	13122	10.73	71202	58.22	5.43
45-64	30254	22.76	164424	123.68	5.43
65-74	7912	16.73	42676	90.25	5.39
75-84	5789	18.88	31596	103.05	5.46
85+	4082	20.88	20551	105.10	5.03
Unknown	0		0		
Total	68,741	12.03	364,952	63.88	5.31

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Fee-for-Service (FFS)**

Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)					
Georgia Department of Community Health (Org ID: 6777, SubID: 12979, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)					
Surgery					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	611	6.67	17746	193.77	29.04
1-9	1222	1.16	10502	10.00	8.59
10-19	1038	0.99	8058	7.72	7.76
20-44	3078	2.52	34561	28.26	11.23
45-64	9006	6.77	89369	67.22	9.92
65-74	2164	4.58	17306	36.60	8.00
75-84	1220	3.98	10669	34.80	8.75
85+	576	2.95	4600	23.53	7.99
Unknown	0		0		
Total	18,915	3.31	192,811	33.75	10.19
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	768	0.74	2155	2.06	2.81
20-44	4289	3.51	12875	10.53	3.00
45-64	9	0.01	29	0.02	3.22
Unknown	0		0		
Total	5,066	1.41	15,059	4.19	2.97
*The maternity category is calculated using member months for members 10-64 years.					

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Fee-for-Service (FFS)**

Mental Health Utilization: Total (MPTA)												
Georgia Department of Community Health (Org ID: 6777, SubID: 12979, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)												
Age	Member Months (Any)			Member Months (Inpatient)			Member Months (Intensive Outpatient/Partial Hospitalization)			Member Months (Outpatient/ED)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-12	808431	672161	1,480,592	808431	672161	1,480,592	808431	672161	1,480,592	808431	672161	1,480,592
13-17	312854	243916	556,770	312854	243916	556,770	312854	243916	556,770	312854	243916	556,770
18-64	1154428	1543284	2,697,712	1154428	1543284	2,697,712	1154428	1543284	2,697,712	1154428	1543284	2,697,712
65+	288119	686908	975,027	288119	686908	975,027	288119	686908	975,027	288119	686908	975,027
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	2,563,832	3,146,269	5,710,101	2,563,832	3,146,269	5,710,101	2,563,832	3,146,269	5,710,101	2,563,832	3,146,269	5,710,101
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	11594	17.21%	259	0.38%	81	0.12%	11576	17.18%			
	F	6391	11.41%	142	0.25%	44	0.08%	6377	11.38%			
	Total	17,985	14.58%	401	0.33%	125	0.10%	17,953	14.55%			
13-17	M	7480	28.69%	525	2.01%	88	0.34%	7448	28.57%			
	F	4944	24.32%	532	2.62%	105	0.52%	4908	24.15%			
	Total	12,424	26.78%	1,057	2.28%	193	0.42%	12,356	26.63%			
18-64	M	20190	20.99%	3220	3.35%	84	0.09%	19134	19.89%			
	F	25198	19.59%	3459	2.69%	124	0.10%	24121	18.76%			
	Total	45,388	20.19%	6,679	2.97%	208	0.09%	43,255	19.24%			
65+	M	2540	10.58%	1557	6.48%	1	0.00%	1174	4.89%			
	F	6725	11.75%	4374	7.64%	2	0.00%	2894	5.06%			
	Total	9,265	11.40%	5,931	7.30%	3	0.00%	4,068	5.01%			
Unknown	M	0		0		0		0				
	F	0		0		0		0				
	Total	0		0		0		0				
Total	M	41,804	19.57%	5,561	2.60%	254	0.12%	39,332	18.41%			
	F	43,258	16.50%	8,507	3.24%	275	0.10%	38,300	14.61%			
	Total	85,062	17.88%	14,068	2.96%	529	0.11%	77,632	16.31%			

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Fee-for-Service (FFS)**

Race/Ethnicity Diversity of Membership (RDM)										
Georgia Department of Community Health (Org ID: 6777, SubID: 12979, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)										
Race/Ethnicity Diversity of Membership										
Total Unduplicated Membership During the Measurement Year		1065900								
Percentage of Members for Whom the Organization has Race/Ethnicity Information by Data Collection										
Direct Data Collection Method			Indirect Data Collection Method		Unknown					
Race	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.7258								
	Other*	0.2742								
Ethnicity	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.7258								
	Other*	0.2742								
*Enter percentage as a value between 0 and 1.										
Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	70231	79.84%	271945	31.53%	0		31432	27.23%	373,608	35.05%
Black or African American	2998	3.41%	422550	48.99%	0		37601	32.57%	463,149	43.45%
American-Indian and Alaska Native	353	0.40%	1048	0.12%	0		73	0.06%	1,474	0.14%
Asian	402	0.46%	19104	2.21%	0		2580	2.23%	22,086	2.07%
Native Hawaiian and Other Pacific Islanders	272	0.31%	538	0.06%	0		3	0.00%	813	0.08%
Some Other Race	10200	11.60%	11994	1.39%	0		253	0.22%	22,447	2.11%
Two or More Races	0	0.00%	0	0.00%	0		0	0.00%	0	0.00%
Unknown	2636	3.00%	106860	12.39%	0		25006	21.66%	134,502	12.62%
Declined	874	0.99%	28453	3.30%	0		18494	16.02%	47,821	4.49%
Total	87,966	100.00%	862,492	100.00%	0		115,442	100.00%	1,065,900	100.00%

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 Fee-for-Service (FFS)**

Weeks of Pregnancy at Time of Enrollment in MCO (WOP)		
Georgia Department of Community Health (Org ID: 6777, SubID: 12979, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)		
Measurement Year		
Measurement Year	2015	
Weeks of Pregnancy	Number	Percentage
< 0 weeks	1979	38.58%
1-12 weeks	206	4.02%
13-27 weeks	275	5.36%
28 or more weeks	2263	44.12%
Unknown	406	7.92%
Total	5,129	100.00%

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for Total Population (ALL)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12980, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Prevention and Screening				
Adult BMI Assessment (aba)		67.99%	R	Reportable
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)				
<i>BMI Percentile</i>		62.83%	R	Reportable
<i>Counseling for Nutrition</i>		60.40%	R	Reportable
<i>Counseling for Physical Activity</i>		51.99%	R	Reportable
Childhood Immunization Status (cis)				
<i>DTaP</i>		78.81%	R	Reportable
<i>IPV</i>		93.60%	R	Reportable
<i>MMR</i>		93.60%	R	Reportable
<i>HiB</i>		91.83%	R	Reportable
<i>Hepatitis B</i>		91.17%	R	Reportable
<i>VZV</i>		93.60%	R	Reportable
<i>Pneumococcal Conjugate</i>		81.02%	R	Reportable
<i>Hepatitis A</i>		92.49%	R	Reportable
<i>Rotavirus</i>		70.64%	R	Reportable
<i>Influenza</i>		38.19%	R	Reportable
<i>Combination #2</i>		74.83%	R	Reportable
<i>Combination #3</i>		72.19%	R	Reportable
<i>Combination #4</i>		71.74%	R	Reportable
<i>Combination #5</i>		60.26%	R	Reportable
<i>Combination #6</i>		31.79%	R	Reportable
<i>Combination #7</i>		60.26%	R	Reportable
<i>Combination #8</i>		31.57%	R	Reportable
<i>Combination #9</i>		26.71%	R	Reportable
<i>Combination #10</i>		26.71%	R	Reportable
Immunizations for Adolescents (ima)				
<i>Meningococcal</i>		86.31%	R	Reportable
<i>Tdap/Td</i>		88.96%	R	Reportable
<i>Combination #1</i>		85.65%	R	Reportable
Human Papillomavirus Vaccine for Female Adolescents (hvp)		22.52%	R	Reportable
Lead Screening in Children (lsc)		72.63%	R	Reportable
Breast Cancer Screening (bcs)		32.10%	R	Reportable
Cervical Cancer Screening (ccs)		48.11%	R	Reportable
Chlamydia Screening in Women (chl)				
<i>16-20 Years</i>		51.14%	R	Reportable
<i>21-24 Years</i>		60.33%	R	Reportable
<i>Total</i>		53.75%	R	Reportable

**Appendix D: Department of Community Health, State of Georgia
HEDIS Interactive Data Submission System Data for Total Population (ALL)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12980, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Respiratory Conditions				
Appropriate Testing for Children with Pharyngitis (cwp)	Y	80.91%	R	Reportable
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)			NQ	Not Required
Pharmacotherapy Management of COPD Exacerbation (pce)	Y			
<i>Systemic Corticosteroid</i>		49.94%	R	Reportable
<i>Bronchodilator</i>		58.06%	R	Reportable
Medication Management for People With Asthma (mma)	Y			
<i>5-11 Years - Medication Compliance 50%</i>		50.31%	R	Reportable
<i>5-11 Years - Medication Compliance 75%</i>		24.39%	R	Reportable
<i>12-18 Years - Medication Compliance 50%</i>		48.33%	R	Reportable
<i>12-18 Years - Medication Compliance 75%</i>		23.53%	R	Reportable
<i>19-50 Years - Medication Compliance 50%</i>		60.93%	R	Reportable
<i>19-50 Years - Medication Compliance 75%</i>		36.71%	R	Reportable
<i>51-64 Years - Medication Compliance 50%</i>		71.89%	R	Reportable
<i>51-64 Years - Medication Compliance 75%</i>		50.06%	R	Reportable
<i>Total - Medication Compliance 50%</i>		51.26%	R	Reportable
<i>Total - Medication Compliance 75%</i>		26.00%	R	Reportable
Asthma Medication Ratio (amr)	N			
<i>5-11 Years</i>			NQ	Not Required
<i>12-18 Years</i>			NQ	Not Required
<i>19-50 Years</i>			NQ	Not Required
<i>51-64 Years</i>			NQ	Not Required
<i>Total</i>			NQ	Not Required
Effectiveness of Care: Cardiovascular Conditions				
Controlling High Blood Pressure (cbp)		31.91%	R	Reportable
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	Y	61.42%	R	Reportable
Statin Therapy for Patients With Cardiovascular Disease (spc)	N			
<i>Received Statin Therapy - 21-75 years (Male)</i>			NQ	Not Required
<i>Statin Adherence 80% - 21-75 years (Male)</i>			NQ	Not Required
<i>Received Statin Therapy - 40-75 years (Female)</i>			NQ	Not Required
<i>Statin Adherence 80% - 40-75 years (Female)</i>			NQ	Not Required
<i>Received Statin Therapy - Total</i>			NQ	Not Required
<i>Statin Adherence 80% - Total</i>			NQ	Not Required

**Appendix D: Department of Community Health, State of Georgia
HEDIS Interactive Data Submission System Data for Total Population (ALL)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12980, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Diabetes				
Comprehensive Diabetes Care (cdc)				
<i>Hemoglobin A1c (HbA1c) Testing</i>		66.83%	R	Reportable
<i>HbA1c Poor Control (>9.0%)</i>		78.28%	R	Reportable
<i>HbA1c Control (<8.0%)</i>		19.57%	R	Reportable
<i>HbA1c Control (<7.0%)</i>		14.18%	R	Reportable
<i>Eye Exam (Retinal) Performed</i>		43.45%	R	Reportable
<i>Medical Attention for Nephropathy</i>		83.91%	R	Reportable
<i>Blood Pressure Control (<140/90 mm Hg)</i>		29.02%	R	Reportable
Statin Therapy for Patients With Diabetes (spd)	N			
<i>Received Statin Therapy</i>			NQ	Not Required
<i>Statin Adherence 80%</i>			NQ	Not Required
Effectiveness of Care: Musculoskeletal Conditions				
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)	N		NQ	Not Required
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management (amm)	Y			
<i>Effective Acute Phase Treatment</i>		51.55%	R	Reportable
<i>Effective Continuation Phase Treatment</i>		36.12%	R	Reportable
Follow-Up Care for Children Prescribed ADHD Medication (add)	Y			
<i>Initiation Phase</i>		43.82%	R	Reportable
<i>Continuation and Maintenance (C&M) Phase</i>		56.95%	R	Reportable
Follow-Up After Hospitalization for Mental Illness (fuh)	Y			
<i>30-Day Follow-Up</i>		59.68%	R	Reportable
<i>7-Day Follow-Up</i>		41.03%	R	Reportable
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (ssd)	N		NQ	Not Required
Diabetes Monitoring for People With Diabetes and Schizophrenia (smd)			NQ	Not Required
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (smc)			NQ	Not Required
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (saa)	Y	61.66%	R	Reportable

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for Total Population (ALL)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12980, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Metabolic Monitoring for Children and Adolescents on Antipsychotics (apm)	N			
<i>1-5 Years</i>			NQ	Not Required
<i>6-11 Years</i>			NQ	Not Required
<i>12-17 Years</i>			NQ	Not Required
<i>Total</i>			NQ	Not Required
Effectiveness of Care: Medication Management				
Annual Monitoring for Patients on Persistent Medications (mpm)	Y			
<i>ACE Inhibitors or ARBs</i>		90.31%	R	Reportable
<i>Digoxin</i>		54.27%	R	Reportable
<i>Diuretics</i>		90.36%	R	Reportable
<i>Total</i>		89.97%	R	Reportable
Effectiveness of Care: Overuse/Appropriateness				
Non-Recommended Cervical Cancer Screening in Adolescent Females (ncs)			NQ	Not Required
Appropriate Treatment for Children With URI (uri)	Y	84.56%	R	Reportable
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (aab)	N		NQ	Not Required
Use of Imaging Studies for Low Back Pain (lbp)			NQ	Not Required
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (apc)	Y			
<i>1-5 Years</i>		0.00%	R	Reportable
<i>6-11 Years</i>		1.56%	R	Reportable
<i>12-17 Years</i>		4.48%	R	Reportable
<i>Total</i>		3.38%	R	Reportable
Access/Availability of Care				
Adults' Access to Preventive/Ambulatory Health Services (aap)				
<i>20-44 Years</i>		78.39%	R	Reportable
<i>45-64 Years</i>		88.09%	R	Reportable
<i>65+ Years</i>		85.35%	R	Reportable
<i>Total</i>		82.89%	R	Reportable

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for Total Population (ALL)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12980, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Children and Adolescents' Access to Primary Care Practitioners (cap)				
12-24 Months		94.40%	R	Reportable
25 Months - 6 Years		84.43%	R	Reportable
7-11 Years		88.46%	R	Reportable
12-19 Years		85.08%	R	Reportable
Annual Dental Visit (adv)	Y			
2-3 Years		45.32%	R	Reportable
4-6 Years		73.03%	R	Reportable
7-10 Years		75.63%	R	Reportable
11-14 Years		69.31%	R	Reportable
15-18 Years		58.38%	R	Reportable
19-20 Years		34.35%	R	Reportable
Total		66.30%	R	Reportable
Initiation and Engagement of AOD Dependence Treatment (iet)	Y			
Initiation of AOD Treatment: 13-17 Years		39.18%	R	Reportable
Engagement of AOD Treatment: 13-17 Years		13.02%	R	Reportable
Initiation of AOD Treatment: 18+ Years		35.00%	R	Reportable
Engagement of AOD Treatment: 18+ Years		5.21%	R	Reportable
Initiation of AOD Treatment: Total		35.31%	R	Reportable
Engagement of AOD Treatment: Total		5.80%	R	Reportable
Prenatal and Postpartum Care (ppc)				
Timeliness of Prenatal Care		60.62%	R	Reportable
Postpartum Care		42.04%	R	Reportable
Call Answer Timeliness (cat)			NQ	Not Required
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (app)	N			
1-5 Years			NQ	Not Required
6-11 Years			NQ	Not Required
12-17 Years			NQ	Not Required
Total			NQ	Not Required
Utilization				
Frequency of Ongoing Prenatal Care (fpc)				
<21 Percent		31.86%	R	Reportable
21-40 Percent		17.70%	R	Reportable
41-60 Percent		9.29%	R	Reportable
61-80 Percent		10.62%	R	Reportable
81+ Percent		30.53%	R	Reportable

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for Total Population (ALL)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12980, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Well-Child Visits in the First 15 Months of Life (w15)				
0 Visits		4.42%	R	Reportable
1 Visit		3.31%	R	Reportable
2 Visits		5.52%	R	Reportable
3 Visits		5.08%	R	Reportable
4 Visits		10.82%	R	Reportable
5 Visits		14.35%	R	Reportable
6+ Visits		56.51%	R	Reportable
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)		62.69%	R	Reportable
Adolescent Well-Care Visits (awc)		44.81%	R	Reportable
Frequency of Selected Procedures (fsp)			NQ	Not Required
Ambulatory Care: Total (amba)			R	Reportable
Ambulatory Care: Dual Eligibles (ambb)			NQ	Not Required
Ambulatory Care: Disabled (ambc)			NQ	Not Required
Ambulatory Care: Other (ambd)			NQ	Not Required
Inpatient Utilization--General Hospital/Acute Care: Total (ipua)			R	Reportable
Inpatient Utilization--General Hospital/Acute Care: Dual Eligibles (ipub)			NQ	Not Required
Inpatient Utilization--General Hospital/Acute Care: Disabled (ipuc)			NQ	Not Required
Inpatient Utilization--General Hospital/Acute Care: Other (ipud)			NQ	Not Required
Identification of Alcohol and Other Drug Services: Total (iada)	N		NQ	Not Required
Identification of Alcohol and Other Drug Services: Dual Eligibles (iadb)	N		NQ	Not Required
Identification of Alcohol and Other Drug Services: Disabled (iadc)	N		NQ	Not Required
Identification of Alcohol and Other Drug Services: Other (iadd)	N		NQ	Not Required
Mental Health Utilization: Total (mpta)	Y		R	Reportable
Mental Health Utilization: Dual Eligibles (mptb)	N		NQ	Not Required
Mental Health Utilization: Disabled (mptc)	N		NQ	Not Required
Mental Health Utilization: Other (mptd)	N		NQ	Not Required

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for Total Population (ALL)**

Audit Review Table				
Georgia Department of Community Health (Org ID: 6777, SubID: 12980, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None); Measurement Year - 2015				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Antibiotic Utilization: Total (abxa)	N		NQ	Not Required
Antibiotic Utilization: Dual Eligibles (abxb)	N		NQ	Not Required
Antibiotic Utilization: Disabled (abxc)	N		NQ	Not Required
Antibiotic Utilization: Other (abxd)	N		NQ	Not Required
Relative Resource Use				
Relative Resource Use for People With Diabetes (rdi)			NQ	Not Required
Relative Resource Use for People With Asthma (ras)	N		NQ	Not Required
Relative Resource Use for People With Cardiovascular Conditions (rca)			NQ	Not Required
Relative Resource Use for People With Hypertension (rhy)			NQ	Not Required
Relative Resource Use for People With COPD (rco)			NQ	Not Required
Health Plan Descriptive Information				
Board Certification (bcr)			NQ	Not Required
Total Membership (tln)			NQ	Not Required
Enrollment by Product Line: Total (enpa)			NQ	Not Required
Enrollment by Product Line: Dual Eligibles (enpb)			NQ	Not Required
Enrollment by Product Line: Disabled (enpc)			NQ	Not Required
Enrollment by Product Line: Other (enpd)			NQ	Not Required
Enrollment by State (ebs)			NQ	Not Required
Race/Ethnicity Diversity of Membership (rdm)			R	Reportable
Language Diversity of Membership (ldm)			NQ	Not Required
Weeks of Pregnancy at Time of Enrollment (wop)			R	Reportable
Measures Collected using Electronic Clinical Data Systems				
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (dms)				
<i>Inclusion in ECDS - 12-17 years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 12-17 years</i>			NR	Not Reported
<i>Inclusion in ECDS - 18-44 years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 18-44 years</i>			NR	Not Reported
<i>Inclusion in ECDS - 45-64 years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 45-64 years</i>			NR	Not Reported
<i>Inclusion in ECDS - 65+ years</i>			NR	Not Reported
<i>Utilization of PHQ-9 - 65+ years</i>			NR	Not Reported
<i>Inclusion in ECDS - Total</i>			NR	Not Reported
<i>Utilization of PHQ-9 - Total</i>			NR	Not Reported

**Appendix D: Department of Community Health, State of Georgia
HEDIS Interactive Data Submission System Data for Total Population (ALL)**

Race/Ethnicity Diversity of Membership (RDM)										
Georgia Department of Community Health (Org ID: 6777, SubID: 12980, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)										
Race/Ethnicity Diversity of Membership										
Total Unduplicated Membership During the Measurement Year		2804544								
Percentage of Members for Whom the Organization has Race/Ethnicity Information by Data Collection										
Direct Data Collection Method			Indirect Data Collection Method		Unknown					
Race	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.8924								
	Other*	0.1076								
Ethnicity	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.8924								
	Other*	0.1076								
*Enter percentage as a value between 0 and 1.										
Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	260078	81.13%	773500	35.49%	0		119795	39.31%	1,153,373	41.13%
Black or African American	9231	2.88%	1177711	54.04%	0		105540	34.63%	1,292,482	46.09%
American-Indian and Alaska Native	1030	0.32%	2467	0.11%	0		169	0.06%	3,666	0.13%
Asian	1209	0.38%	48101	2.21%	0		9985	3.28%	59,295	2.11%
Native Hawaiian and Other Pacific Islanders	974	0.30%	1494	0.07%	0		18	0.01%	2,486	0.09%
Some Other Race	43913	13.70%	30979	1.42%	0		638	0.21%	75,530	2.69%
Two or More Races	0	0.00%	8	0.00%	0		0	0.00%	8	0.00%
Unknown	2972	0.93%	112082	5.14%	0		25433	8.35%	140,487	5.01%
Declined	1154	0.36%	32916	1.51%	0		43147	14.16%	77,217	2.75%
Total	320,561	100.00%	2,179,258	100.00%	0		304,725	100.00%	2,804,544	100.00%

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for Total Population (ALL)**

Ambulatory Care: Total (AMBA)				
Georgia Department of Community Health (Org ID: 6777, SubID: 12980, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)				
Age	Member Months			
<1	1,039,816			
1-9	8,001,465			
10-19	6,615,357			
20-44	3,252,932			
45-64	1,557,854			
65-74	473,150			
75-84	306,648			
85+	195,534			
Unknown	0			
Total	21,442,756			
Age	Outpatient Visits		ED Visits	
	Visits	Visits/ 1,000 Member Months	Visits	Visits/ 1,000 Member Months
<1	798696	768.11	98770	94.99
1-9	2222313	277.74	386834	48.35
10-19	1312464	198.40	254810	38.52
20-44	1154938	355.05	413499	127.12
45-64	1024690	657.76	190510	122.29
65-74	302983	640.35	34707	73.35
75-84	193259	630.23	17715	57.77
85+	110441	564.82	9808	50.16
Unknown	0		0	
Total	7,119,784	332.04	1,406,653	65.60

**Appendix D: Department of Community Health, State of Georgia
HEDIS Interactive Data Submission System Data for Total Population (ALL)**

Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)					
Georgia Department of Community Health (Org ID: 6777, SubID: 12980, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)					
Age	Member Months				
<1	1,039,816				
1-9	8,001,465				
10-19	6,615,357				
20-44	3,252,932				
45-64	1,557,854				
65-74	473,150				
75-84	306,648				
85+	195,534				
Unknown	0				
Total	21,442,756				
Total Inpatient					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	7829	7.53	66676	64.12	8.52
1-9	11062	1.38	44300	5.54	4.00
10-19	15696	2.37	57546	8.70	3.67
20-44	79853	24.55	294497	90.53	3.69
45-64	41588	26.70	264824	169.99	6.37
65-74	10078	21.30	59989	126.79	5.95
75-84	7009	22.86	42265	137.83	6.03
85+	4658	23.82	25151	128.63	5.40
Unknown	0		0		
Total	177,773	8.29	855,248	39.89	4.81
Medicine					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	5701	5.48	29387	28.26	5.15
1-9	8283	1.04	26496	3.31	3.20
10-19	5539	0.84	20908	3.16	3.77
20-44	17752	5.46	89339	27.46	5.03
45-64	31628	20.30	170453	109.42	5.39
65-74	7913	16.72	42682	90.21	5.39
75-84	5789	18.88	31596	103.04	5.46
85+	4082	20.88	20551	105.10	5.03
Unknown	0		0		
Total	86,687	4.04	431,412	20.12	4.98

**Appendix D: Department of Community Health, State of Georgia
HEDIS Interactive Data Submission System Data for Total Population (ALL)**

Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)					
Georgia Department of Community Health (Org ID: 6777, SubID: 12980, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)					
Surgery					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	2120	2.04	37219	35.79	17.56
1-9	2774	0.35	17774	2.22	6.41
10-19	2844	0.43	16331	2.47	5.74
20-44	6294	1.93	48831	15.01	7.76
45-64	9902	6.36	94165	60.45	9.51
65-74	2165	4.58	17307	36.58	7.99
75-84	1220	3.98	10669	34.79	8.75
85+	576	2.95	4600	23.53	7.99
Unknown	0		0		
Total	27,895	1.30	246,896	11.51	8.85
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	7299	1.10	20246	3.06	2.77
20-44	55739	17.14	156079	47.98	2.80
45-64	58	0.04	206	0.13	3.55
Unknown	0		0		
Total	63,096	5.52	176,531	15.45	2.80
*The maternity category is calculated using member months for members 10-64 years.					

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for Total Population (ALL)**

Mental Health Utilization: Total (MPTA)												
Georgia Department of Community Health (Org ID: 6777, SubID: 12980, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)												
Age	Member Months (Any)			Member Months (Inpatient)			Member Months (Intensive Outpatient/Partial Hospitalization)			Member Months (Outpatient/ED)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-12	5852812	5604115	11,456,927	5852812	5604115	11,456,927	5852812	5604115	11,456,927	5852812	5604115	11,456,927
13-17	1793230	1741415	3,534,645	1793230	1741415	3,534,645	1793230	1741415	3,534,645	1793230	1741415	3,534,645
18-64	1622080	3850491	5,472,571	1622080	3850491	5,472,571	1622080	3850491	5,472,571	1622080	3850491	5,472,571
65+	288271	687061	975,332	288271	687061	975,332	288271	687061	975,332	288271	687061	975,332
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	9,556,393	11,883,082	21,439,475	9,556,393	11,883,082	21,439,475	9,556,393	11,883,082	21,439,475	9,556,393	11,883,082	21,439,475
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	46678	9.57%	803	0.16%	302	0.06%	46597	9.55%			
	F	28086	6.01%	647	0.14%	226	0.05%	28009	6.00%			
	Total	74,764	7.83%	1,450	0.15%	528	0.06%	74,606	7.81%			
13-17	M	21782	14.58%	1601	1.07%	424	0.28%	21567	14.43%			
	F	20118	13.86%	2578	1.78%	635	0.44%	19738	13.60%			
	Total	41,900	14.22%	4,179	1.42%	1,059	0.36%	41,305	14.02%			
18-64	M	22912	16.95%	3588	2.65%	143	0.11%	21736	16.08%			
	F	44384	13.83%	5280	1.65%	449	0.14%	42744	13.32%			
	Total	67,296	14.76%	8,868	1.94%	592	0.13%	64,480	14.14%			
65+	M	2540	10.57%	1557	6.48%	1	0.00%	1174	4.89%			
	F	6725	11.75%	4374	7.64%	2	0.00%	2894	5.05%			
	Total	9,265	11.40%	5,931	7.30%	3	0.00%	4,068	5.01%			
Unknown	M	0		0		0		0				
	F	0		0		0		0				
	Total	0		0		0		0				
Total	M	93,912	11.79%	7,549	0.95%	870	0.11%	91,074	11.44%			
	F	99,313	10.03%	12,879	1.30%	1,312	0.13%	93,385	9.43%			
	Total	193,225	10.82%	20,428	1.14%	2,182	0.12%	184,459	10.32%			

**Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for Total Population (ALL)**

Weeks of Pregnancy at Time of Enrollment in MCO (WOP)		
Georgia Department of Community Health (Org ID: 6777, SubID: 12980, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)		
Measurement Year		
Measurement Year	2015	
Weeks of Pregnancy	Number	Percentage
< 0 weeks	16421	24.20%
1-12 weeks	31570	46.52%
13-27 weeks	10891	16.05%
28 or more weeks	4247	6.26%
Unknown	4728	6.97%
Total	67,857	100.00%