



State of Georgia
Department of Community Health

2017 Validation of Performance Measures
for
Georgia Department of Community Health

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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 in 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 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 (Child Core Set) and the Adult Core Set measures, DCH contracted with DXC Technology (DXC), formerly Hewlett-Packard Enterprise Services (HPE), as its Medicaid Management Information System (MMIS) vendor. DXC was responsible for calculating performance measure rates for the 2016 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: <https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html>. Accessed on: Feb 19, 2017.

Georgia Department of Community Health Information

Basic information about DCH appears in Table 1, including the office location(s) involved in the 2017 validation of the performance measures audit that covered the CY 2016 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:	DXC Technology 100 Crescent Centre, Ste. 1100 Tucker, GA 30084
DXC Contact:	Michele Hunter Services Information Developer IV 469.808.4396 Michele.hunter@dxc.com
Site Visit Date:	April 18–19, 2017

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. In prior years, a member was required to be enrolled in the GF 360° program at some point during the calendar year to be included in the GF 360° program rates. For HEDIS 2017, the criteria were updated and measure-related continuous enrollment criteria were applied for GF 360° members.

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, Inc. To be included in the GF rates, a member had to be continuously enrolled in GF but could have

³ The DCH required its CMOs to contract with an NCQA-licensed audit organization to 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).

switched CMOs during the measurement period. The GF rates excluded members who were simultaneously enrolled in Medicare and Medicaid (referred to as 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 2017 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 2016 for all measures except the child core set dental measure. The dental measure was reported for federal fiscal year (FFY) 2016, which covered the time frame of October 1, 2015, through September 30, 2016, according to CMS requirements. Table 2 lists the performance measures that HSAG validated 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, June 2016.

⁶ The Centers for Medicare & Medicaid Services. Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid, June 2016.

Table 2—List of Performance Measures for CY 2016

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

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

	Performance Measure	Specifications			Populations & Data Collection Method (A=Admin; H=Hybrid)			
		Core Set	AHRQ	HEDIS	GF	FFS	GF 360°	All
37	<i>Appropriate Treatment for Children with Upper Respiratory Infection</i>			✓	A	A	A	A
38	<i>Screening for Clinical Depression and Follow-Up Plan</i>	✓			A	H	H	H
39	<i>Adult BMI Assessment</i>	✓		✓	A	H	H	H
40	<i>Developmental Screening in the First Three Years of Life</i>	✓			A	H	H	H
41	<i>Elective Delivery</i>	✓			H	H		H
42	<i>Antenatal Steroids</i>	✓			H	H		H
43	<i>Adherence to Antipsychotics for Individuals with Schizophrenia</i>	✓		✓	A	A	A	A
44	<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>			✓	A	A		A
45	<i>Colorectal Cancer Screening</i> Note: The HEDIS specification for this Medicare measure was followed for calculation, but reported for Medicaid.	Custom			A	H		H
46	<i>Medication Management for People With Asthma</i>	✓		✓	A	A	A	A
47	<i>Maternity Care—Behavioral Health Risk Assessment</i>	✓			A	H	H	H
48	<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents</i>	✓		✓	A	A	A	A
49	<i>Use of Opioids at High Dosage</i>	✓			A	A		A
50	<i>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	✓		✓	A	A	A	A

Description of Validation Activities

Pre-audit Strategy

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

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 DXC, as well as DXC'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 DXC and DCH with an agenda describing the on-site visit activities and indicating the type of staff needed for each session. HSAG also communicated with DCH and DXC regarding 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 DXC; 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>Lead Auditor and 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.
Kim Elliott, PhD, CPHQ <i>Co-Auditor and Executive Director, Audits/State & Corporate Services</i>	Leadership of audit department, multiple years of auditing experience of health systems, electronic health record systems, performance measurement, quality improvement, program management, quality of care, and program evaluation.
Regina Cameron, MSW <i>Co-Auditor, Audits/State & Corporate Services</i>	Multiple years of experience in quality improvement, project and program management/coordination, research, analysis, evaluation, data abstraction, and audits.
Tammy Gianfrancisco <i>HEDIS Manager, Audits/State & Corporate Services</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 performance measure specifications; multiple years of experience reviewing various formats of source code/programming language to assess compliance with required specifications.

Technical Methods of Data Collection and Analysis

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

- NCQA’s HEDIS 2017 Roadmap:** The DCH and DXC 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:** DXC and its contracted MRR vendor, Inovalon, were responsible for completing the MRR section within the Roadmap. In addition, DXC 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/DXC 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/DXC and their vendor, Inovalon 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 DXC 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 DCH and DXC, 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 DXC 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 DXC on April 18–19, 2017. HSAG collected information using several methods, including interviews, system demonstrations, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

- **Opening meeting:** The opening meeting included an introduction of the validation team and key DCH and DXC 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 DXC 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 DXC staff members who were involved with performance measure reporting. Table 4 displays a list of key interviewees:

Table 4—List of Interviewees

Name	Title
Janice Carson, MD, MSA	Assistant Chief, Performance, Quality and Outcomes, DCH
Michele Hunter	Service Information Developer IV, DXC
Yvonne Greene	Senior Manager, Business Operations, DCH
Anika Washington	Healthcare Consultant III, DCH
Anshu Misra	Director, Managed Care Quality, DCH
Bernice Williams	Service Information Developer III, DXC
Erika Lawrence	Quality and Outcomes Program Specialist, DCH
Tiffany Griffin	Compliance Specialist III, DCH
Randall Solomon	Director, Managed Care Enrollment, DCH
Gail Lockman	Quality Analyst, DCH
Ramakarth Rallapalli	Manager, Data Encounters, DCH
Pamela White	Manager, Claims Operations, DXC
Billie N. Webb	Provider Enrollment Supervisor, DXC
Leslie Austin	Manager, Provider Enrollment, DCH
Crystal Rendon	Manager, Quality, DXC
Mark Paddock	Manager, Product Service, Inovalon
Steve Chupa	Manager, Product Service, Inovalon
Peter D’Alba	Director of Pharmacy, DCH

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, DXC, 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 DXC. 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 DXC'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 identify any concerns regarding DCH's process for capturing and transferring medical service data. The DCH contracted DXC 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 DXC. Paper claims were accepted only from out-of-state providers. Paper claims were scanned using optical character recognition (OCR) technology, 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 DXC daily via a secure file transfer protocol (SFTP) site. Each file was subject to threshold edits and an automated validation process, verifying diagnosis codes, member and provider information, as well as procedure codes based on DCH's business rules. Any records with issues were returned to the appropriate CMO for further research, correction, and resubmission. An inconsistency in each CMO's reporting related to encounter data for denied claims was identified during the review. Encounter data submission requirements may need to be updated/clarified to ensure consistent, complete, and accurate encounter data are received from each CMO.

All claims and encounter data were submitted on industry standard forms using industry standard codes. Primary and secondary codes were distinguished within the GAMMIS system. About 99 percent of claims were auto-adjudicated in measurement year 2016. Manually processed claims were subject to validation, ensuring financial and procedural accuracy.

HSAG identified some claim billing anomalies during on-site primary source verification. These variances were primarily based on non-mental health/non-vision providers billing for services with codes specific to mental health, vision, etc. The DCH/DXC should ensure processes are in place to investigate data accuracy for HEDIS measure calculation. Processes should be in place to ensure that only accurate data as appropriate for measure calculation are included for rate calculation.

The DCH contracted with Optum to administer pharmacy benefits to its FFS population. DXC provided eligibility data to Optum daily. Additional information regarding pharmacy data was received as a follow-up after the on-site visit. This information confirmed that DXC received daily adjudicated pharmacy claims files from Optum in a National Council for Prescription Drug Programs (NCPDP) electronic format. These files were uploaded to GAMMIS, and the data were then extracted from GAMMIS for measure calculation.

Overall, HSAG noted that while it had no concerns with the data systems and processes used to collect, maintain, and process medical service data, there were gaps in ensuring data accuracy from a measure

and rate calculation perspective. Ongoing monitoring of data and vendor performance is a requirement for accurate data reporting.

The DCH appeared to have vendor oversight in place to monitor DXC's claims processing performance. Claims processing accuracy reports were generated by DXC regarding claims turnaround and processing.

Enrollment Data

HSAG did not identify concerns regarding DCH's process of capturing and handling Medicaid eligibility data. Using an SFTP site, DXC received enrollment data daily from different agencies and sources (i.e., System Uniform Calculation Consolidation Economic Support Services [SUCCESS]/Division of Family and Children Services [DFCS], Policy Studies Inc. [PSI], Supplemental Security Income [SSI], VIDA, and Web Portal Entry). The data were then loaded into GAMMIS.

The SUCCESS system included eligibility data for Georgia Medicaid members, and the VIDA system provided eligibility data for Children's Health Insurance Program (CHIP)/PeachCare for Kids[®] and Planning for Healthy Babies (P4HB[®]) members. The Web Portal Entry included eligibility information for the population with presumptive eligibility that providers entered using the GAMMIS system's portal. DXC's eligibility data processes were automated. DXC monitored file transmissions using a file control system to ensure that no data were lost during transfer. Transaction reports were created and reviewed. In addition, DXC performed a quarterly reconciliation to ensure that information from each source and vendor file was accurately transferred into GAMMIS.

DXC ran a query to ascertain the counts of presumptive members who remained with presumptive eligibility and were not converted to being eligible for Medicaid. Based on the results of the query provided by DCH and DXC, the instances in which members with presumptive eligibility did not convert to full Medicaid seemed minimal and would have no impact on measure rate reporting.

During the on-site visit, DXC demonstrated the GAMMIS system, and HSAG verified the data elements in GAMMIS that identified the population used for reporting measures. Membership data files were extracted from GAMMIS and sent to the CMOs and Optum daily via the SFTP site. System-generated file transfer reports were created and provided to DCH for review. Once the files were received by the CMOs/Optum, a response file was provided to DXC to ensure that no eligibility data were lost during transfer.

The DCH/DXC clarified that in general, dual-eligible members were not included for HEDIS reporting; however, they were unable to remove 100 percent of dual-eligible members from the final data counts.

The DCH/DXC stated that hospice members were removed from measure calculation based on claims data. For future reporting, DCH/DXC are working on a project to identify hospice members via aid codes.

Provider Data

HSAG had no concerns with DCH's process for managing practitioner data. The DCH/DXC used the GAMMIS system for housing provider information.

The state-contracted providers enrolled online using the GAMMIS Web portal. Aperture, a credentialing verification organization (CVO), credentialed the providers. Upon verification, provider information was loaded into GAMMIS. GAMMIS populated the provider type and/or specialty based on the provider's license and credentialed provider specialty, and assigned a unique provider identification number to each provider. Individual provider data were processed by DXC, and facility provider data were processed by DCH's provider department. Aperture, DXC, and DCH were all involved in verifying provider information to ensure data completeness and accuracy. Any provider applications that were denied were sent by Aperture to DCH, who generated the denial letters that were sent to providers.

HSAG reviewed the provider mapping document used by DXC's subcontractor, Inovalon, to produce measure rates. While HSAG had no concerns with the mapping, it identified opportunities for which additional data validation is required to ensure measure-appropriate data are used for measures that require provider specialty.

Similar to previous years, DCH did not require rendering provider information to be submitted on claims from federally qualified health centers (FQHCs). Not requiring the rendering provider information resulted in concerns of capturing claims without appropriate provider types for measure calculation. The DCH/DXC are actively creating a better mechanism to address this concern.

Medical Record Review Validation (MRRV)

The DCH contracted with DXC, who in turn contracted with Inovalon, for all medical record review activities. HSAG reviewed DXC's Information System (IS) 4 Roadmap pertaining to DXC's policies and procedures for IS Standard 4.0. The Roadmap review found these policies and procedures to be consistent with the IS 4.0 requirements for medical record review.

DXC completed sampling according to HEDIS sampling guidelines and assigned measure-specific oversamples. Provider chase logic was reviewed and determined appropriate across the hybrid measures.

DXC contracted with Inovalon to retrieve and abstract medical record data using Inovalon's hybrid medical record abstraction tools. HSAG participated in a live demonstration of Inovalon's tools and instructions. All fields, edits, and drop-down boxes were reviewed for accuracy against NCQA's *HEDIS 2017, Volume 2, Technical Specifications for Health Plans*.⁷ HSAG reviewed and approved the Inovalon tools and instructions on March 15, 2017.

DXC stated that it conducted oversight of its vendor, Inovalon, through quality assurance reviews, including over-reads of abstractions resulting in a numerator positive or exclusion, and a random sample

⁷ National Committee for Quality Assurance. *HEDIS 2017, Volume 2, Technical Specifications for Health Plans*. Washington, DC: NCQA; 2016.

of numerator negatives. It was unclear whether this review and oversight were conducted during or after the medical record review process was completed.

Due to (1) clarifications in 2017 measure specifications, (2) measures not recently selected for MRRV, (3) NCQA revisions to the measure specifications since the prior year, and (4) the complexity of the measures, a convenience sample was required for the following HEDIS and non-HEDIS measures:

1. *Controlling High Blood Pressure (CBP)*
2. *Comprehensive Diabetes Care (CDC)—Eye Exam (Retinal) Performed*
3. *Colorectal Cancer Screening (COL)*
4. *Immunizations for Adolescents (IMA)—Combination 2 (Meningococcal, Tdap, HPV)*
5. *Cesarean Section for Nulliparous Singleton Vertex (NSV)*
6. *Elective Delivery (PC01-AD)*

During the convenience sample process, HSAG identified errors for the *Cesarean Section for Nulliparous Singleton Vertex (NSV)* and *Elective Delivery (PC01-AD)* measures, and second sample sets were requested for both measures. HSAG identified errors in the second sample for *Elective Delivery (PC01-AD)*, and the second sample for the *Cesarean Section for Nulliparous Singleton Vertex (NSV)* measure was not provided by DXC; therefore, the convenience sample review was incomplete for these measures. The convenience sample process was completed appropriately for the HEDIS measures and was not completed for the non-HEDIS measures.

DXC provided additional information during the MRRV process indicating that the record retrieval process was not completed for some of the non-HEDIS maternity measures. HSAG identified many exclusions during the MRR process, and since additional charts from the oversample were not procured in a timely manner, the required sample size could not be met for the *Elective Delivery (PC01-AD)* measure for the FFS, GF, and ALL populations, or the *Antenatal Steroids (PC03-AD)* measure for the FFS and ALL populations. The measure rates for these measures were Not Reportable.

Additionally, DXC was unable to obtain parity information which was required to identify the eligible population for the *Cesarean Section for Nulliparous Singleton Vertex (NSV)* measure. The measure rates for this measure were Not Reportable.

Table 5—HEDIS Measures: MRRV Results

Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
<i>Controlling High Blood Pressure (CBP) medical record numerator positives</i>	16	HSAG identified no concerns.	None	Approved for reporting (ALL)
<i>CBP medical record numerator positives</i>	16	HSAG identified no concerns.	None	Approved for reporting (FFS)
<i>CBP medical record numerator positives</i>	9	HSAG identified no concerns.	None	Approved for reporting (GF 360° program)
<i>Adolescent Well-Care Visits (AWC) medical record numerator positives</i>	15	HSAG identified no concerns.	None	Approved for reporting (ALL)
<i>AWC medical record numerator positives</i>	5	HSAG identified no concerns.	None	Approved for reporting (FFS)
<i>AWC medical record numerator positives</i>	12	HSAG identified no concerns.	None	Approved for reporting (GF 360° program)
<i>Comprehensive Diabetes Care (CDC)—HbA1c Poor Control (>9.0%) medical record numerator positives</i>	16	HSAG identified no concerns.	None	Approved for reporting (ALL)
<i>CDC—HbA1c Poor Control (>9.0%) medical record numerator positives</i>	16	HSAG identified no concerns.	None	Approved for reporting (FFS)
<i>CDC—HbA1c Poor Control (>9.0%) medical record numerator positives</i>	3	HSAG identified no concerns.	None	Approved for reporting (GF 360° program)
<i>Immunizations for Adolescents (IMA)—Combination 2 (Meningococcal, Tdap, HPV) medical record numerator positives</i>	4	HSAG identified errors and they were rectified by DCH/DXC.	HSAG reviewed all records with the first sample; therefore, an additional sample of records was requested for another measure in the same measure group.	Approved for reporting (ALL)
<i>Childhood Immunization Status (CIS)—Combination 2 medical record numerator positives</i>	16	HSAG identified no errors in the second sample.	None	Approved for reporting (ALL)
<i>IMA—Combination 2 medical record numerator positives</i>	5	HSAG identified no concerns.	None	Approved for reporting (FFS)

Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
<i>IMA—Combination 2</i> medical record numerator positives	5	HSAG identified no concerns.	None	Approved for reporting (GF 360° program)
All medical record exclusions	16	HSAG identified errors and they were rectified by DCH/DXC.	HSAG requested a second sample for medical record exclusions for ALL and FFS.	Approved for reporting (ALL)
All medical record exclusions	16	HSAG identified an error and it was rectified by DCH/DXC.	HSAG requested a second sample for medical record exclusions for ALL and FFS.	Approved for reporting (FFS)
All medical record exclusions	16	HSAG identified no errors in the second sample.	None	Approved for reporting (FFS and ALL)
All medical record exclusions	4	HSAG identified no concerns.	None	Approved for reporting (GF 360° program)

Table 6—CMS Measures: MRRV Results

Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
<i>Behavioral Health Risk Assessment for Pregnant Women (BHRA-CH)</i> medical record numerator positives	16	HSAG identified no errors.	None	Approved for reporting (ALL)
<i>BHRA-CH</i> medical record numerator positives	16	HSAG identified no errors.	None	Approved for reporting (FFS)
<i>BHRA-CH</i> medical record numerator positives	6	HSAG identified an error and it was rectified by DCH/DXC.	HSAG reviewed all records with the first sample; therefore, no additional records were reviewed.	Approved for reporting (GF 360° program)
<i>Screening for Clinical Depression and Follow-up Plan (CDF)</i> medical record numerator positives	16	HSAG identified no errors.	None	Approved for reporting (ALL)

Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
<i>CDF</i> medical record numerator positives	16	HSAG identified errors and they were rectified by DCH/DXC.	HSAG requested a second sample.	Approved for reporting (FFS)
<i>CDF</i> medical record numerator positives	5	HSAG identified no errors in the second sample.	None	Approved for reporting (FFS)
<i>CDF</i> medical record numerator positives	16	HSAG identified errors and they were rectified by DCH/DXC.	HSAG requested a second sample.	Approved for reporting (GF 360° program)
<i>CDF</i> medical record numerator positives	7	HSAG identified errors and they were rectified by DCH/DXC in the second sample.	HSAG reviewed all records with the first and second samples; therefore, no additional records were reviewed.	Approved for reporting (GF 360° program)
<i>Developmental Screening in the First Three Years of Life (DEV-CH)</i> medical record numerator positives	16	HSAG identified errors and they were rectified by DCH/DXC.	HSAG requested a second sample.	Approved for reporting (ALL)
<i>DEV-CH</i> medical record numerator positives	16	HSAG identified no errors in the second sample.	None	Approved for reporting (ALL)
<i>DEV-CH</i> medical record numerator positives	16	HSAG identified no errors.	None	Approved for reporting (FFS)
<i>DEV-CH</i> medical record numerator positives	16	HSAG identified errors and they were rectified by DCH/DXC.	HSAG requested a second sample.	Approved for reporting (GF 360° program)
<i>DEV-CH</i> medical record numerator positives	16	HSAG identified no errors in the second sample.	None	Approved for reporting (GF 360° program)
<i>Cesarean Section for Nulliparous Singleton Vertex (NSV)</i> medical record numerator positives	3	While HSAG identified no errors for the charts reviewed, the appropriate sample size was not met for reporting.	None	Not approved for reporting (ALL)
<i>NSV</i> medical record numerator positives	1	While HSAG identified no errors for the charts reviewed, the appropriate sample size was not met for reporting.	None	Not approved for reporting (FFS)
<i>NSV</i> medical record numerator positives	1	While HSAG identified no errors for the charts reviewed, the appropriate sample size was not met for reporting.	None	Not approved for reporting (GF)
<i>NSV</i> medical record exclusions	16	While HSAG identified no errors for the charts reviewed, the appropriate sample size was not met for reporting.	None	Not approved for reporting (ALL)

Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
NSV medical record exclusions	16	While HSAG identified no errors for the charts reviewed, the appropriate sample size was not met for reporting.	None	Not approved for reporting (FFS)
NSV medical record exclusions	16	While HSAG identified no errors for the charts reviewed, the appropriate sample size was not met for reporting.	None	Not approved for reporting (GF)
<i>Elective Delivery (PC01-AD)</i> medical record numerator positives	1	While HSAG identified no errors for the charts reviewed, the appropriate sample size was not met for reporting.	None	Not approved for reporting (ALL)
PC01-AD medical record numerator positives	4	While HSAG identified no errors for the charts reviewed, the appropriate sample size was not met for reporting.	None	Not approved for reporting (GF)
PC01-AD medical record exclusions	16	While HSAG identified no errors for the charts reviewed, the appropriate sample size was not met for reporting.	None	Not approved for reporting (ALL)
PC01-AD medical record exclusions	16	While HSAG identified no errors for the charts reviewed, the appropriate sample size was not met for reporting.	None	Not approved for reporting (FFS)
PC01-AD medical record exclusions	16	While HSAG identified no errors for the charts reviewed, the appropriate sample size was not met for reporting.	None	Not approved for reporting (GF)
<i>Antenatal Steroids (PC03-AD)</i> medical record numerator positives	16	While HSAG identified no errors for the charts reviewed, the appropriate sample size was not met for reporting.	None	Not approved for reporting (ALL)
PC03-AD medical record numerator positives	4	While HSAG identified no errors for the charts reviewed, the appropriate sample size was not met for reporting.	None	Not approved for reporting (FFS)
PC03-AD medical record numerator positives	16	HSAG identified no errors.	None	Approved for reporting (GF)
PC03-AD medical record exclusions	16	While HSAG identified no errors for the charts reviewed, the appropriate sample size was not met for reporting.	None	Not approved for reporting (ALL)

Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
PC03-AD medical record exclusions	7	While HSAG identified no errors for the charts reviewed, the appropriate sample size was not met for reporting.	None	Not approved for reporting (FFS)
PC03-AD medical record exclusions	16	HSAG identified errors and they were rectified by DCH/DXC.	HSAG requested a second sample.	Approved for reporting (GF)
PC03-AD medical record exclusions	16	HSAG identified no errors in the second sample.	None	Approved for reporting (GF)

Supplemental Data

Although supplemental data are allowed, DCH did not use supplemental data for reporting against the measures under review.

Data Integration

HSAG had some concerns associated with DCH’s data integration and rate calculation process. The DCH delegated data integration and rate calculation to DXC, and DXC contracted with Inovalon for data integration, measure calculation, and report production for the current reporting period. This was the second year that DXC contracted with Inovalon. In the prior year, DXC performed several data testing activities, which included historical data conversion into Quality Spectrum Insight (QSI) and Inovalon’s application system to recalculate and compare rates with the prior year’s results.

Weekly, DXC extracted claim, encounter, provider, and member data from GAMMIS to its ad hoc subsystem, then loaded the data into QSI. Supplemental databases were appropriately converted to the QSI format prior to data integration. QSI has a built-in supplemental data reporting utility that provides a summary-level report of the supplemental data impact on the reported rates. For the current reporting year, DXC used the following two data sources to supplement its measure rates. Both data sources were determined by HSAG to be standard supplemental data sources.

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

Newborn Delivery Notification files were collected by Alliant Georgia Medical Care Foundation (GMCF). DXC extracted data from GMCF annually, created a birth data extract file, and loaded the data into a table located in the ad hoc subsystem. The GMCF file was used to obtain gestational age for non-HEDIS measures requiring this information to identify the eligible population. The DCH/DXC is not currently using the file for identifying parity.

Immunization data from GRITS were received weekly and loaded into GAMMIS.

Supplemental data files were subject to several verification processes to ensure data completeness and data accuracy prior to providing the data to Inovalon, a vendor subcontracted by DXC for measure reporting. HSAG reviewed all supporting documents provided for these data sources. HSAG did not identify any issues with DCH’s processes for collecting and integrating these data sources for reporting. Both data sources were approved for reporting.

Data reconciliation processes were in place to ensure that no data were lost during transfer. DXC 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 DXC and Inovalon to discuss and collaborate on solving any data quality issues.

The DCH/DXC reported HEDIS and non-HEDIS measure rates. All HEDIS measures had been certified by NCQA. For non-HEDIS Adult and Child Core set measures, HSAG performed several measure walk-through webinar sessions and did not find any issues with how these measures were calculated.

Record tracing verification was performed on-site for the *Follow-Up After Hospitalization for Mental Illness (FUH)* and *Comprehensive Diabetes Care (CDC)—Eye Exam (Retinal) Performed* measures, and concerns were identified with the quality of data uploaded to QSI. HSAG recommends that DCH/DXC review the data used for measure calculation and ensure gaps and data concerns are identified and rectified to ensure appropriate measure calculation.

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	<i>Well-Child Visits in the First 15 Months of Life</i>	HSAG identified no concerns.	R
2	<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	HSAG identified no concerns.	R
3	<i>Adolescent Well-Care Visits</i>	HSAG identified no concerns.	R
4	<i>Children and Adolescents' Access to Primary Care Practitioners</i>	HSAG identified no concerns.	R
5	<i>Adults' Access to Preventive/Ambulatory Health Services</i>	HSAG identified no concerns.	R
6	<i>Childhood Immunization Status</i>	HSAG identified no concerns.	R
7	<i>Lead Screening in Children</i>	HSAG identified no concerns.	R
8	<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>	HSAG identified no concerns.	R
9	<i>Annual Dental Visit</i>	HSAG identified no concerns.	R
10	<i>Cervical Cancer Screening</i>	HSAG identified no concerns.	R
11	<i>Breast Cancer Screening</i>	HSAG identified no concerns.	R
12	<i>Prenatal and Postpartum Care</i>	HSAG identified no concerns.	R
13	<i>Frequency of Ongoing Prenatal Care</i>	HSAG identified no concerns.	R
14	<i>Chlamydia Screening in Women</i>	HSAG identified no concerns.	R
15	<i>Immunizations for Adolescents</i>	HSAG identified no concerns.	R
16	<i>Appropriate Testing for Children With Pharyngitis</i>	HSAG identified no concerns.	R
17	<i>Comprehensive Diabetes Care</i>	HSAG identified no concerns.	R
18	<i>Follow-Up Care for Children Prescribed ADHD Medication</i>	HSAG identified no concerns.	R
19	<i>Follow-Up After Hospitalization for Mental Illness</i>	HSAG identified some concerns with provider specialty. The overall impact was less than 5 percent, and the rates were not biased.	R
20	<i>Ambulatory Care—Emergency Department Visits</i>	HSAG identified no concerns.	R
21	<i>Inpatient Utilization—General Hospital/Acute Care</i>	HSAG identified no concerns.	R
22	<i>Race/Ethnicity Diversity of Membership</i>	HSAG identified no concerns.	R
23	<i>Cesarean Delivery Rate</i>	HSAG identified no concerns.	R
24	<i>Cesarean Section for Nulliparous Singleton Vertex</i>	The hybrid sampling process did not follow specifications with respect to identifying parity. Therefore, the eligible population could not be determined.	NR

	Performance Measure	Key Review Findings	Audit Results
25	<i>Live Births Weighing Less Than 2,500 Grams</i>	HSAG identified no concerns.	R
26	<i>Antidepressant Medication Management</i>	HSAG identified no concerns.	R
27	<i>Diabetes, Short-term Complications Admission Rate</i>	HSAG identified no concerns.	R
28	<i>Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate</i>	HSAG identified no concerns.	R
29	<i>Heart Failure Admission Rate</i>	HSAG identified no concerns.	R
30	<i>Asthma in Younger Adults Admission Rate</i>	HSAG identified no concerns.	R
31	<i>Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk</i>	HSAG identified no concerns.	R
32	<i>Controlling High Blood Pressure</i>	HSAG identified no concerns.	R
33	<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>	HSAG identified no concerns.	R
34	<i>Annual Monitoring for Patients on Persistent Medications</i>	HSAG identified no concerns.	R
35	<i>Mental Health Utilization</i>	HSAG identified no concerns.	R
36	<i>Plan All-Cause Readmissions</i>	HSAG identified no concerns.	R
37	<i>Appropriate Treatment for Children with Upper Respiratory Infection</i>	HSAG identified no concerns.	R
38	<i>Screening for Clinical Depression and Follow-Up Plan</i>	HSAG identified many abstraction errors during the review of the measure; as a result, many numerator positive cases were removed from the numerator counts.	R
39	<i>Adult BMI Assessment</i>	HSAG identified no concerns.	R
40	<i>Developmental Screening in the First Three Years of Life</i>	HSAG identified no concerns.	R
41	<i>Elective Delivery</i>	The DCH/DXC used the GMCF file to determine gestational age for this measure. The minimum required sample size was not met for the FFS, GF, and ALL populations.	NR
42	<i>Antenatal Steroids</i>	The DCH/DXC used the GMCF file to determine gestational age for this measure. The minimum required sample size was not met for the FFS and ALL populations. The DCH/DXC was able to report the measure only for the GF population.	R
43	<i>Adherence to Antipsychotics for Individuals with Schizophrenia</i>	HSAG identified no concerns.	R
44	<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	HSAG identified no concerns.	R

	Performance Measure	Key Review Findings	Audit Results
45	<i>Colorectal Cancer Screening</i>	HSAG identified no concerns.	R
46	<i>Medication Management for People With Asthma</i>	HSAG identified no concerns.	R
47	<i>Maternity Care—Behavioral Health Risk Assessment</i>	HSAG identified no concerns.	R
48	<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents</i>	HSAG identified no concerns.	R
49	<i>Use of Opioids at High Dosage</i>	HSAG identified no concerns.	R
50	<i>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications</i>	HSAG identified no concerns.	R

Appendix A. Data Integration and Control Findings

Documentation Worksheet

Name:	Georgia Department of Community Health and DXC Technology
On-Site Visit Date:	April 18–19, 2017
Reviewers:	Mariyah Badani, JD, MBA, 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 transfers 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 DXC Technology
On-Site Visit Date:	April 18–19, 2017
Reviewers:	Mariyah Badani, JD, MBA, CHCA

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

Audit Element	Met	Not Met	N/A	Comments
For each of the performance measures, all members of the relevant populations identified in the performance measure specifications are included in the population from which the denominator is produced.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	For CY 2016, methods used to identify parity for the <i>Cesarean Section for Nulliparous Singleton Vertex</i> measure did not follow specifications, which resulted in a Not Reportable designation for this measure. For all other measures, HSAG confirmed that DXC 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	For CY 2016, methods used to identify parity for the <i>Cesarean Section for Nulliparous Singleton Vertex</i> measure did not follow specifications, which resulted in a Not Reportable designation for this measure. For all other measures, HSAG confirmed that DXC used adequate programming logic or source code to appropriately identify relevant members.
The State correctly calculates member months and member years if applicable to the performance measure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The State properly evaluates the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes are appropriately	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Audit Element	Met	Not Met	N/A	Comments
identified and applied as specified in each performance measure.				
If any time parameters are required by the specifications of the performance measure, they are followed (e.g., cutoff dates for data collection, counting 30 calendar days after discharge from a hospital).	<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"/>	For CY 2016, methods used to identify parity for the <i>Cesarean Section for Nulliparous Singleton Vertex</i> measure did not follow specifications, which resulted in a Not Reportable designation for this measure. For all other measures, HSAG confirmed that DXC appropriately included members within the GF, FFS, ALL, and GF 360° populations according to DCH’s specifications.

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"/>	While the overall processes were found to be sound, better emphasis is required to ensure only services provided by measure-specific provider specialties are counted for rate calculation.
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 DXC 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 2016 performance measure results submitted via HSAG's custom rate template.

Measure ID	Measure Description	GF 360°						Georgia Families (GF)					
		Eligible Population	Admin-Numerator	Admin-Rate	Hybrid-Denominator	Hybrid-Numerator	Hybrid-Rate	Elig population	Admin-Numerator	Admin-Rate	Hybrid-Denominator	Hybrid-Numerator	Hybrid-Rate
PC-03	Antenatal Steroids							706	0	0	148	59	39.86
PQI-15	Asthma in Younger Adults Admission Rate (Total Visits/100,000 Member Months) - Ages 18-39	24,565	0	0.00				2,334,151	100	4.28			
IQI-21	Cesarean Section Delivery Rate	84	19	22.62				54,409	15,707	28.87			
PC-02	Cesarean Section for Nulliparous Singleton Vertex							42,561	0	0	70	1	NR
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate—Per 100,000 Member Months (Ages 40-64)							467,583	131	28.02			
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate—Per 100,000 Member Months (Ages 65+)							376	0	0.00			
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate—Per 100,000 Member Months (Total)							467,959	131	27.99			
COL	Colorectal Cancer Screening							3,366	1,187	35.26			
SEAL	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk	2,282	577	25.28				152,019	35,611	23.43			
DEV	Developmental Screening in the First Three Years of Life (Age 1)	321	143	45	151	78	52	61,329	28,086	45.80			
DEV	Developmental Screening in the First Three Years of Life (Age 2)	607	332	55	151	92	61	31,001	15,826	51.05			
DEV	Developmental Screening in the First Three Years of Life (Age 3)	627	291	46	151	83	55	43,051	18,123	42.10			
DEV	Developmental Screening in the First Three Years of Life (Total)	1,555	766	49	453	253	56	135,381	62,035	45.82			
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Ages 18-64)	24,565	3	12.21				2,801,734	383	13.67			
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Ages 65+)	0	0	0.00				376	0	0.00			
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Total)	24,565	3	12.21				2,802,110	383	13.67			
PC-01	Elective Delivery							4,056	0	0	154	56	NR
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Ages 18-64)	24,565	0	0.00				2,801,734	181	6.46			
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Ages 65+)	0	0	0.00				376	0	0.00			
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Total)	24,565	0	0.00				2,802,110	181	6.46			
PQI-09	Live Births Weighing Less Than 2,500 Grams	0	0	0.00				60,209	5,045	8.38			
BHRA	Maternity Care—Behavioral Health Risk Assessment	93	0	0.00	84	5	5.95	54,671	0	0.00			
PCR	Plan All-Cause Readmissions (Total) Age specific rates												
SCD	Screening for Clinical Depression and Follow-Up Plan (Ages 18-64)	1,510	63	4.17	360	27	7.50	243,237	3,945	1.62			
SCD	Screening for Clinical Depression and Follow-Up Plan (Ages 65+)							59	0	0.00			
SCD	Screening for Clinical Depression and Follow-Up Plan (Total)	1,510	63	4	360	27	8	243,296	3,945	1.62			
OHD	Use of Opioids at High Dosage (Ages 19-64)							18,080	300	16.59			
OHD	Use of Opioids at High Dosage (Ages 65+)							2	0	0.00			
OHD	Use of Opioids at High Dosage (Total)							18,082	300	16.59			

Measure ID	Measure Description	Fee-for-Service (FFS)						ALL						ALL	
		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/PIHP population	% of total state FFS population
PC-03	Antenatal Steroids	66	0	0.00	14	5	NR	773	0	0.00	131	49	NR	92.60%	7.40%
PQI-15	Asthma in Younger Adults Admission Rate (Total Visits/100,000 Member Months) - Ages 18-39	1,086,599	142	13.07				3,445,315	242	7.02				68.46%	31.54%
IQI-21	Cesarean Section Delivery Rate	3,694	1,059	28.67				58,187	16,785	28.85				93.65%	6.35%
PC-02	Cesarean Section for Nulliparous Singleton Vertex	1,667	0	0.00	50	1	NR	44,301	0	0.00	56	3	NR	95.11%	4.89%
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate—Per 100,000 Member Months (Ages 40-64)	1,538,887	2,990	194.30				2,006,470	3,121	155.55					
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate—Per 100,000 Member Months (Ages 65+)	987,637	1,348	136.49				988,013	1,348	136.44					
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate—Per 100,000 Member Months (Total)	2,526,524	4,338	171.70				2,994,483	4,469	149.24				15.63%	84.37%
COL	Colorectal Cancer Screening	108,608	27,052	24.91	452	145	32.08	113,513	28,748	25.33	452	142	31.42	5.53%	94.47%
SEAL	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk	5,632	1,077	19.12				168,929	39,312	23.27				95.66%	4.34%
DEV	Developmental Screening in the First Three Years of Life (Age 1)	405	128	32	151	57	38	80,992	36,977	46	151	85	56	97.35%	2.65%
DEV	Developmental Screening in the First Three Years of Life (Age 2)	1,462	652	45	151	86	57	51,468	25,543	50	151	78	52	97.35%	2.65%
DEV	Developmental Screening in the First Three Years of Life (Age 3)	1,478	575	39	151	66	44	57,385	23,664	41	151	73	48	95.36%	4.64%
DEV	Developmental Screening in the First Three Years of Life (Total)	3,345	1,355	41	453	209	46	189,845	86,184	45	453	236	52	96.69%	3.31%
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Ages 18-64)	2,625,486	1,054	40.14				5,451,785	1,440	26.41					
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Ages 65+)	987,637	140	14.18				988,013	140	14.17					
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Total)	3,613,123	1,194	33.05				6,439,798	1,580	24.53				43.89%	56.11%
PC-01	Elective Delivery	196	0	0.00	50	18	NR	4,259	0	0.00	147	52	NR	94.55%	5.45%
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Ages 18-64)	2,625,486	3,289	125.27				5,451,785	3,470	63.65					
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Ages 65+)	987,637	1,839	186.20				988,013	1,839	186.13					
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Total)	3,613,123	5,128	141.93				6,439,798	5,309	82.44				43.89%	56.11%
PQI-09	Live Births Weighing Less Than 2,500 Grams	13,746	1,197	8.71				73,955	6,242	8.44				81.41%	18.59%
BHRA	Maternity Care—Behavioral Health Risk Assessment	2,669	0	0.00	453	25	5.52	57,433	0	0.00	452	26	5.75	94.47%	5.53%
PCR	Plan All-Cause Readmissions (Total) Age specific rates														
SCD	Screening for Clinical Depression and Follow-Up Plan (Ages 18-64)	181,609	5,160	2.84	265	25	9.43	426,356	9,168	2.15	335	20	5.97		
SCD	Screening for Clinical Depression and Follow-Up Plan (Ages 65+)	68,883	2,728	3.96	112	7	6.25	68,942	2,728	3.96	54	5	9.26		
SCD	Screening for Clinical Depression and Follow-Up Plan (Total)	250,492	7,888	3.15	377	32	8.49	495,298	11,896	2.40	389	25	6.43	54.76%	45.24%
OHD	Use of Opioids at High Dosage (Ages 19-64)	35,442	1,052	29.68				58,184	1,423	24.46					
OHD	Use of Opioids at High Dosage (Ages 65+)	2,054	29	14.12				2,065	29	14.04					
OHD	Use of Opioids at High Dosage (Total)	37,496	1,081	28.83				60,249	1,452	24.10				36.51%	63.49%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures

Measure ID	Measure Description (Adult Core Set)	2016 Admin Rates (All population)			2016 Hybrid Rates (All population)			% 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)	6,659	10,930	60.92				5.13%	94.87%
ABA	Adult BMI Assessment (Ages 18-64)	66,598	186,213	35.76	284	376	75.53		
ABA	Adult BMI Assessment (Ages 65-74)	10,138	30,047	33.74	58	77	75.32		
ABA	Adult BMI Assessment (Total Ages 18-74)	76,736	216,260	35.48	342	453	75.50	22.96%	77.04%
MPM	Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs (Ages 18-64)	29,070	32,128	90.48					
MPM	Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs (Ages 65+)	2,175	2,547	85.39					
MPM	Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs (Total Ages 18+)	31,245	34,675	90.11				20.77%	79.23%
MPM	Annual Monitoring for Patients on Persistent Medications—Digoxin (Ages 18-64)	243	488	49.80					
MPM	Annual Monitoring for Patients on Persistent Medications—Digoxin (Ages 65+)	31	53	58.49					
MPM	Annual Monitoring for Patients on Persistent Medications—Digoxin (Total Ages 18+)	274	541	50.65				6.84%	93.16%
MPM	Annual Monitoring for Patients on Persistent Medications—Diuretics (Ages 18-64)	24,358	26,871	90.65					
MPM	Annual Monitoring for Patients on Persistent Medications—Diuretics (Ages 65+)	1,636	1,872	87.39					
MPM	Annual Monitoring for Patients on Persistent Medications—Diuretics (Total Ages 18+)	25,994	28,743	90.44				22.84%	77.16%
MPM	Annual Monitoring for Patients on Persistent Medications (Total Ages 18-64)	53,671	59,487	90.22					
MPM	Annual Monitoring for Patients on Persistent Medications (Total Ages 65+)	3,842	4,472	85.91					
MPM	Annual Monitoring for Patients on Persistent Medications (Total Ages 18+)	57,513	63,959	89.92				21.55%	78.45%
PC-03	Antenatal Steroids	0	773	0.00	49	131	NR	92.60%	7.40%
AMM	Antidepressant Medication Management—Effective Acute Phase Treatment (Ages 18-64)	7,736	14,831	52.16					
AMM	Antidepressant Medication Management—Effective Acute Phase Treatment (Ages 65+)	252	798	31.58					
AMM	Antidepressant Medication Management—Effective Acute Phase Treatment (Total Ages 18+)	7,988	15,629	51.11				50.15%	49.85%
AMM	Antidepressant Medication Management—Effective Continuation Phase Treatment (Ages 18-64)	5,583	14,831	37.64					
AMM	Antidepressant Medication Management—Effective Continuation Phase Treatment (Ages 65+)	134	798	16.79					
AMM	Antidepressant Medication Management—Effective Continuation Phase Treatment (Total Ages 18+)	5,717	15,629	36.58				50.15%	49.85%
BCS	Breast Cancer Screening (Ages 50-64)	15,535	40,840	38.04					
BCS	Breast Cancer Screening (Ages 65-74)	4,176	21,071	19.82					
BCS	Breast Cancer Screening (Total Ages 50-74)	19,711	61,911	31.84				4.00%	96.00%
CCS	Cervical Cancer Screening	76,649	165,492	46.32	220	446	49.33	51.99%	48.01%
CHL	Chlamydia Screening in Women (Ages 21-24)	7,465	12,045	61.98				79.76%	20.24%
CDC	Comprehensive Diabetes Care—HbA1c Testing (Ages 18-64)	32,364	46,862	69.06	336	461	72.89		
CDC	Comprehensive Diabetes Care—HbA1c Testing (Ages 65-75)	7,045	15,827	44.51	87	141	61.70		
CDC	Comprehensive Diabetes Care—HbA1c Testing (Total Ages 18-75)	39,409	62,689	62.86	423	602	70.27	13.62%	86.38%
CDC	Comprehensive Diabetes Care—Poor Control (Ages 18-64)	44,907	46,862	95.83	344	461	74.62		
CDC	Comprehensive Diabetes Care—Poor Control (Ages 65-75)	14,890	15,827	94.08	84	141	59.57		
CDC	Comprehensive Diabetes Care—Poor Control (Total Ages 18-75)	59,797	62,689	95.39	428	602	71.10	13.62%	86.38%
CBP	Controlling High Blood Pressure (Ages 18-64)	215	66,380	0.32	103	313	32.91		
CBP	Controlling High Blood Pressure (Ages 65-85)	111	27,097	0.41	49	140	35.00		
CBP	Controlling High Blood Pressure (Total Ages 18-85)	326	93,477	0.35	152	453	33.55	13.47%	86.53%
PC-01	Elective Delivery	0	4,259	0.00	52	147	NR	5.45%	94.55%
FUH	Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (Ages 21-64)	2,836	8,067	35.16					
FUH	Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (Ages 65+)	74	266	27.82					
FUH	Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (Total Ages 21+)	2,910	8,333	34.92				50.82%	49.18%
FUH	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (Ages 21-64)	4,335	8,067	53.74					

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures

Measure ID	Measure Description (Adult Core Set)	2016 Admin Rates (All population)			2016 Hybrid Rates (All population)			% of total state MCO/PIHP population	% of total state FFS population
		Num	Den	Rate	Num	Den	Rate		
FUH	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (Ages 65+)	117	266	43.98					
FUH	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (Total Ages 21+)	4,452	8,333	53.43			50.82%	49.18%	
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement (Ages 18-64)	1,407	24,067	5.85					
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement (Ages 65+)	77	1,978	3.89					
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement (Total Ages 18+)	1,484	26,045	5.70			32.83%	67.17%	
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation (Ages 18-64)	8,742	24,067	36.32					
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation (Ages 65+)	735	1,978	37.16					
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation (Total Ages 18+)	9,477	26,045	36.39			32.83%	67.17%	
PCR	Plan All-Cause Readmissions (Ages 18-44)	4,041	22,230	18.18%					
PCR	Plan All-Cause Readmissions (Ages 45-54)	2,121	13,746	15.43%					
PCR	Plan All-Cause Readmissions (Ages 55-64)	2,453	18,109	13.55%					
PCR	Plan All-Cause Readmissions (Ages 65-74)	372	7,837	4.75%					
PCR	Plan All-Cause Readmissions (Ages 75-84)	158	4,521	3.49%					
PCR	Plan All-Cause Readmissions (Ages 85+)	52	2,580	2.02%					
PCR	Plan All-Cause Readmissions (Ages 18-64)	8,615	54,085	15.93%					
PCR	Plan All-Cause Readmissions (Ages 65+)	582	14,938	3.90%					
PCR	Plan All-Cause Readmissions (Total Ages 18+)	9,197	69,023	13.32%			13.81%	86.73%	
PPC	Prenatal and Postpartum Care—Postpartum Care	22,716	62,678	36.24	235	448	52.46	97.77%	2.23%
SCD	Screening for Clinical Depression and Follow-Up Plan (Ages 18-64)	9,168	426,356	2.15	20	335	5.97		
SCD	Screening for Clinical Depression and Follow-Up Plan (Ages 65+)	2,728	68,942	3.96	5	54	9.26		
SCD	Screening for Clinical Depression and Follow-Up Plan (Total Ages 18+)	11,896	495,298	2.40	25	389	6.43	54.76%	45.24%
OHD	Use of Opioids at High Dosage (Ages 19-64)	1,423	58,184	24.46					
OHD	Use of Opioids at High Dosage (Ages 65+)	29	2,065	14.04					
OHD	Use of Opioids at High Dosage (Total)	1,452	60,249	24.10			36.51%	63.49%	
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)	242	3,445,315	7.02			68.46%	31.54%	
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Ages 40-64)	3,121	2,006,470	155.55					
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Ages 65+)	1,348	988,013	136.44					
PQI-05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Total Ages 40+)	4,469	2,994,483	149.24			15.63%	84.37%	
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Ages 18-64)	1,440	5,451,785	26.41					
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Ages 65+)	140	988,013	14.17					
PQI-01	Diabetes, Short-term Complications Admission Rate—Per 100,000 Member Months (Total Ages 18+)	1,580	6,439,798	24.53			43.89%	56.11%	
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Ages 18-64)	3,470	5,451,785	63.65					
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Ages 65+)	1,839	988,013	186.13					
PQI-08	Heart Failure Admission Rate—Per 100,000 Member Months (Total Ages 18+)	5,309	6,439,798	82.44			43.89%	56.11%	

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures

Measure ID	Measure Description (Child Core Set)	2016 Admin Rates (All population)			2016 Hybrid Rates (All population)			% of total state MCO/PIHP population	% of total state FFS population
		Num	Den	Rate	Num	Den	Rate		
AWC	Adolescent Well-Care Visits	155,790	355,663	43.80	218	453	48.12	90.30%	9.70%
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Age < 1	98,261	1,031,362	95.27					
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Ages 1-9	391,337	7,909,471	49.48					
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Ages 10-19	256,933	6,712,520	38.28					
AMB	Ambulatory Care—ED Visits (Total Visits/1,000 Member Months) - Total <19 (CHIPRA)	746,531	15,653,353	47.69				76.18%	23.82%
CWP	Appropriate Testing for Children with Pharyngitis	41,203	50,619	81.40				93.47%	6.53%
PC-02	Cesarean Section for Nulliparous Singleton Vertex	0	44,301	0.00	3	56	NR	95.11%	4.89%
CIS	Childhood Immunization Status—Combo 2	39,910	51,344	77.73	357	453	78.81	94.70%	5.30%
CIS	Childhood Immunization Status—Combo 3	38,482	51,344	74.95	339	453	74.83		
CIS	Childhood Immunization Status—Combo 4	38,162	51,344	74.33	335	453	73.95		
CIS	Childhood Immunization Status—Combo 5	32,639	51,344	63.57	290	453	64.02		
CIS	Childhood Immunization Status—Combo 6	16,386	51,344	31.91	155	453	34.22		
CIS	Childhood Immunization Status—Combo 7	32,399	51,344	63.10	288	453	63.58		
CIS	Childhood Immunization Status—Combo 8	16,310	51,344	31.77	155	453	34.22		
CIS	Childhood Immunization Status—Combo 9	14,361	51,344	27.97	135	453	29.80		
CIS	Childhood Immunization Status—Combo 10	14,302	51,344	27.86	135	453	29.80		
CIS	Childhood Immunization Status—Diphtheria, Tetanus, and Acellular Pertussis (DTaP)	41,154	51,344	80.15	361	453	79.69		
CIS	Childhood Immunization Status—Polio (IPV)	47,208	51,344	91.94	420	453	92.72		
CIS	Childhood Immunization Status—Measles, Mumps, and Rubella (MMR)	47,252	51,344	92.03	421	453	92.94		
CIS	Childhood Immunization Status—H Influenza Type B (HiB)	46,484	51,344	90.53	412	453	90.95		
CIS	Childhood Immunization Status—Hepatitis B	47,544	51,344	92.60	425	453	93.82		
CIS	Childhood Immunization Status—Chicken Pox (VZV)	47,341	51,344	92.20	422	453	93.16		
CIS	Childhood Immunization Status—Pneumococcal Conjugate (PCV)	41,929	51,344	81.66	365	453	80.57		
CIS	Childhood Immunization Status—Hepatitis A	46,844	51,344	91.24	413	453	91.17		
CIS	Childhood Immunization Status—Rotavirus (RV)	37,312	51,344	72.67	327	453	72.19		
CIS	Childhood Immunization Status—Influenza (Flu)	18,167	51,344	35.38	171	453	37.75		
CAP	Children and Adolescents' Access to Primary Care Practitioners (Ages 12-24 Months)	57,723	61,056	94.54				93.21%	6.79%
CAP	Children and Adolescents' Access to Primary Care Practitioners (Ages 25 Months-6 Years)	241,972	281,641	85.92					
CAP	Children and Adolescents' Access to Primary Care Practitioners (Ages 7-11 Years)	226,585	255,612	88.64					
CAP	Children and Adolescents' Access to Primary Care Practitioners (Ages 12-19 Years)	249,096	290,799	85.66					
CHL	Chlamydia Screening in Women (Ages 16-20)	18,777	35,092	53.51				91.45%	8.55%
DEV	Developmental Screening in the First Three Years of Life (Age 1)	36,977	80,992	45.66	85	151	56.29	97.35%	2.65%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures

Measure ID	Measure Description (Child Core Set)	2016 Admin Rates (All population)			2016 Hybrid Rates (All population)			% of total state MCO/PIHP population	% of total state FFS population
		Num	Den	Rate	Num	Den	Rate		
DEV	Developmental Screening in the First Three Years of Life (Age 2)	25,543	51,468	49.63	78	151	51.66	97.35%	2.65%
DEV	Developmental Screening in the First Three Years of Life (Age 3)	23,664	57,385	41.24	73	151	48.34	95.36%	4.64%
DEV	Developmental Screening in the First Three Years of Life (Total)	86,184	189,845	45.40	236	453	52.10	96.69%	3.31%
FUH	Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (CHIPRA: Ages 6-20)	2,950	6,189	47.67				90.06%	9.94%
FUH	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (CHIPRA: Ages 6-20)	4,080	6,189	65.92					
ADD	Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase	10,015	22,362	44.79				85.88%	14.12%
ADD	Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	2,669	4,509	59.19				84.39%	15.61%
FPC	Frequency of Ongoing Prenatal Care (<21 Percent)	32,417	62,678	51.72	124	448	27.68	97.77%	2.23%
FPC	Frequency of Ongoing Prenatal Care (21-40 Percent)	16,821	62,678	26.84	64	448	14.29		
FPC	Frequency of Ongoing Prenatal Care (41-60 Percent)	5,779	62,678	9.22	40	448	8.93		
FPC	Frequency of Ongoing Prenatal Care (61-80 Percent)	3,327	62,678	5.31	49	448	10.94		
FPC	Frequency of Ongoing Prenatal Care (81+ Percent)	4,334	62,678	6.91	171	448	38.17		
IMA	Immunizations for Adolescents—Combo 1	45,704	53,941	84.73	401	453	88.52	90.95%	9.05%
IMA	Immunizations for Adolescents—Combo 2	9,676	53,941	17.94	92	453	20.31		
IMA	Immunizations for Adolescents—Meningococcal	47,069	53,941	87.26	405	453	89.40		
IMA	Immunizations for Adolescents—Tdap/Td Total	46,655	53,941	86.49	408	453	90.07		
IMA	Immunizations for Adolescents—HPV	10,072	53,941	18.67	92	453	20.31		
LBW	Live Births Weighing Less Than 2,500 Grams	6,242	73,955	8.44				81.41%	18.59%
BHRA	Maternity Care—Behavioral Health Risk Assessment	0	57,433	0.00	26	452	5.75	94.47%	5.53%
MMA	Medication Management for People With Asthma—50% Compliance (Ages 5-11)	7,467	13,940	53.57					
MMA	Medication Management for People With Asthma—50% Compliance (Ages 12-18)	4,544	8,845	51.37					
MMA	Medication Management for People With Asthma—50% Compliance (Ages 19-20)	146	247	59.11					
MMA	Medication Management for People With Asthma—50% Compliance (CHIPRA: Total Ages 5-20)	12,157	23,032	52.78				85.37%	14.63%
MMA	Medication Management for People With Asthma—75% Compliance (Ages 5-11)	3,762	13,940	26.99					
MMA	Medication Management for People With Asthma—75% Compliance (Ages 12-18)	2,260	8,845	25.55					
MMA	Medication Management for People With Asthma—75% Compliance (Ages 19-20)	87	247	35.22					
MMA	Medication Management for People With Asthma—75% Compliance (CHIPRA: Total Ages 5-20)	6,109	23,032	26.52				85.37%	14.63%
PPC	Prenatal and Postpartum Care—Timeliness of Prenatal Care	31,203	62,678	49.78	303	448	67.63	97.77%	2.23%
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Ages 3-11)	233,336	427,948	54.52	200	310	64.52		
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Ages 12-17)	110,240	216,774	50.85	105	142	73.94		

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures

Measure ID	Measure Description (Child Core Set)	2016 Admin Rates (All population)			2016 Hybrid Rates (All population)			% of total state MCO/PIHP population	% of total state FFS population
		Num	Den	Rate	Num	Den	Rate		
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Total)	343,576	644,722	53.29	305	452	67.48	93.82%	6.18%
W15	Well-Child Visits in the First 15 Months of Life—Zero Visits	2,287	54,912	4.16	10	453	2.21	88.30%	11.70%
W15	Well-Child Visits in the First 15 Months of Life—One Visit	2,114	54,912	3.85	15	453	3.31		
W15	Well-Child Visits in the First 15 Months of Life—Two Visits	2,764	54,912	5.03	17	453	3.75		
W15	Well-Child Visits in the First 15 Months of Life—Three Visits	3,883	54,912	7.07	28	453	6.18		
W15	Well-Child Visits in the First 15 Months of Life—Four Visits	5,977	54,912	10.88	42	453	9.27		
W15	Well-Child Visits in the First 15 Months of Life—Five Visits	9,264	54,912	16.87	76	453	16.78		
W15	Well-Child Visits in the First 15 Months of Life—Six+ Visits	28,623	54,912	52.13	265	453	58.50		
W34	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	146,415	231,401	63.27	301	453	66.45	95.36%	4.64%
SEAL-CH	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk	39,312	168,929	23.27				95.66%	4.34%

GF 360° CY 2016 Rates			
Plan All-Cause Readmission Rate			
Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
18-44	98	18	18.37%
45-54	0	0	0.00%
55-64	0	0	0.00%
18-64 Total	98	18	18.37%
65-74	0	0	0.00%
75-84	0	0	0.00%
85+	0	0	0.00%
65+ Total	0	0	0.00%
18+ Total	98	18	18.37%

Georgia Families CY 2016 Rates			
Plan All-Cause Readmission Rate			
Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
18-44	5,013	576	11.49%
45-54	924	97	10.50%
55-64	265	29	10.94%
18-64 Total	6,202	702	11.32%
65-74	0	0	0.00%
75-84	0	0	0.00%
85+	0	0	0.00%
65+ Total	0	0	0.00%
18+ Total	6,202	702	11.32%

Fee-for-Service CY 2016 Rates			
Plan All-Cause Readmission Rate			
Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
18-44	14,949	3,196	21.38%
45-54	12,396	1,969	15.88%
55-64	17,729	2,409	13.59%
18-64 Total	45,074	7,574	16.80%
65-74	7,832	372	4.75%
75-84	4,521	158	3.49%
85+	2,580	52	2.02%
65+ Total	14,933	582	3.90%
18+ Total	60,007	8,156	13.59%

ALL CY 2016 Rates			
Plan All-Cause Readmission Rate			
Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
18-44	22,230	4,041	18.18%
45-54	13,746	2,121	15.43%
55-64	18,109	2,453	13.55%
18-64 Total	54,085	8,615	15.93%
65-74	7,837	372	4.75%
75-84	4,521	158	3.49%
85+	2,580	52	2.02%
65+ Total	14,938	582	3.90%
18+ Total	69,023	9,197	13.32%



Appendix D. IDSS HEDIS Measure Rates Spreadsheet

Appendix D contains DCH's audited CY 2016 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 - 2016; Date & Timestamp - 6/15/2017 5:46:38 PM				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Prevention and				
Adult BMI Assessment (aba)		40.48%	R	Reportable
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)				
<i>BMI Percentile</i>		55.00%	R	Reportable
<i>Counseling for Nutrition</i>		48.57%	R	Reportable
<i>Counseling for Physical Activity</i>		13.49%	R	Reportable
Childhood Immunization Status (cis)				
<i>DTaP</i>		81.51%	R	Reportable
<i>IPV</i>		92.72%	R	Reportable
<i>MMR</i>		92.63%	R	Reportable
<i>HiB</i>		91.48%	R	Reportable
<i>Hepatitis B</i>		93.25%	R	Reportable
<i>VZV</i>		92.86%	R	Reportable
<i>Pneumococcal Conjugate</i>		82.98%	R	Reportable
<i>Hepatitis A</i>		91.89%	R	Reportable
<i>Rotavirus</i>		74.63%	R	Reportable
<i>Influenza</i>		36.02%	R	Reportable
<i>Combination #2</i>		79.05%	R	Reportable
<i>Combination #3</i>		76.30%	R	Reportable
<i>Combination #4</i>		75.75%	R	Reportable
<i>Combination #5</i>		65.70%	R	Reportable
<i>Combination #6</i>		32.84%	R	Reportable
<i>Combination #7</i>		65.26%	R	Reportable
<i>Combination #8</i>		32.72%	R	Reportable
<i>Combination #9</i>		29.25%	R	Reportable
<i>Combination #10</i>		29.14%	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				
Immunizations for Adolescents (ima)				
<i>Meningococcal</i>		88.84%	R	Reportable
<i>Tdap</i>		88.04%	R	Reportable
<i>HPV</i>		19.80%	R	Reportable
<i>Combination #1</i>		86.31%	R	Reportable
<i>Combination #2</i>		19.06%	R	Reportable
Lead Screening in Children (lsc)		76.34%	R	Reportable
Breast Cancer Screening (bcs)		67.25%	R	Reportable
Cervical Cancer Screening (ccs)		61.65%	R	Reportable
Chlamydia Screening in Women (chl)				
<i>16-20 Years</i>		53.27%	R	Reportable
<i>21-24 Years</i>		64.61%	R	Reportable
<i>Total</i>		55.58%	R	Reportable
Effectiveness of Care: Respiratory				
Appropriate Testing for Children with Pharyngitis (cwp)	Y	81.56%	R	Reportable
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)			NQ	Not Required
Pharmacotherapy Management of COPD Exacerbation (pce)				
<i>Systemic Corticosteroid</i>	N		NQ	Not Required
<i>Bronchodilator</i>			NQ	Not Required
Medication Management for People With Asthma (mma)				
<i>5-11 Years: Medication Compliance 50%</i>	Y	51.76%	R	Reportable
<i>5-11 Years: Medication Compliance 75%</i>		25.42%	R	Reportable
<i>12-18 Years: Medication Compliance 50%</i>		49.75%	R	Reportable
<i>12-18 Years: Medication Compliance 75%</i>		23.42%	R	Reportable
<i>19-50 Years: Medication Compliance 50%</i>		56.37%	R	Reportable
<i>19-50 Years: Medication Compliance 75%</i>		31.67%	R	Reportable
<i>51-64 Years: Medication Compliance 50%</i>		64.94%	R	Reportable
<i>51-64 Years: Medication Compliance 75%</i>		44.16%	R	Reportable
<i>Total: Medication Compliance 50%</i>		51.32%	R	Reportable
<i>Total: Medication Compliance 75%</i>		25.08%	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				
Asthma Medication Ratio (amr)	N			
5-11 Years			NQ	Not Required
12-18 Years			NQ	Not Required
19-50 Years			NQ	Not Required
51-64 Years			NQ	Not Required
Total			NQ	Not Required
Effectiveness of Care: Cardiovascular				
Controlling High Blood Pressure (cbp)			NQ	Not Required
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	Y	72.00%	R	Reportable
Statin Therapy for Patients With Cardiovascular Disease (spc)	N			
Received Statin Therapy: 21-75 Years (Male)			NQ	Not Required
Statin Adherence 80%: 21-75 Years (Male)			NQ	Not Required
Received Statin Therapy: 40-75 Years (Female)			NQ	Not Required
Statin Adherence 80%: 40-75 Years (Female)			NQ	Not Required
Received Statin Therapy: Total			NQ	Not Required
Statin Adherence 80%: Total			NQ	Not Required
Effectiveness of Care: Diabetes				
Comprehensive Diabetes Care (cdc)				
Hemoglobin A1c (HbA1c) Testing		78.73%	R	Reportable
HbA1c Poor Control (>9.0%)		97.02%	R	Reportable
HbA1c Control (<8.0%)		1.84%	R	Reportable
HbA1c Control (<7.0%)		1.69%	R	Reportable
Eye Exam (Retinal) Performed		41.83%	R	Reportable
Medical Attention for Nephropathy		89.01%	R	Reportable
Blood Pressure Control (<140/90 mm Hg)		3.65%	R	Reportable
Statin Therapy for Patients With Diabetes (spd)	N			
Received Statin Therapy			NQ	Not Required
Statin Adherence 80%			NQ	Not Required
Effectiveness of Care: Musculoskeletal				
Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)	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				
Effectiveness of Care: Behavioral				
Antidepressant Medication Management (amm)	Y			
<i>Effective Acute Phase Treatment</i>		48.57%	R	Reportable
<i>Effective Continuation Phase Treatment</i>		32.68%	R	Reportable
Follow-Up Care for Children Prescribed ADHD Medication (add)	Y			
<i>Initiation Phase</i>		44.81%	R	Reportable
<i>Continuation and Maintenance (C&M) Phase</i>		60.15%	R	Reportable
Follow-Up After Hospitalization for Mental Illness (fuh)	Y			
<i>30-Day Follow-Up</i>		60.30%	R	Reportable
<i>7-Day Follow-Up</i>		43.49%	R	Reportable
Follow-Up After Emergency Department Visit for Mental Illness (fum)	N			
<i>30-Day Follow-Up</i>			NQ	Not Required
<i>7-Day Follow-Up</i>			NQ	Not Required
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (fua)	N			
<i>30-Day Follow-Up: 13-17 Years</i>			NQ	Not Required
<i>7-Day Follow-Up: 13-17 Years</i>			NQ	Not Required
<i>30-Day Follow-Up: 18+ Years</i>			NQ	Not Required
<i>7-Day Follow-Up: 18+ Years</i>			NQ	Not Required
<i>30-Day Follow-Up: Total</i>			NQ	Not Required
<i>7-Day Follow-Up: Total</i>			NQ	Not Required
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (ssd)	Y	83.77%	R	Reportable
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

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				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (saa)	Y	34.23%	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
Effectiveness of Care: Medication				
Annual Monitoring for Patients on Persistent Medications (mpm)	Y			
<i>ACE Inhibitors or ARBs</i>		87.53%	R	Reportable
<i>Digoxin</i>		35.29%	R	Reportable
<i>Diuretics</i>		87.40%	R	Reportable
<i>Total</i>		87.32%	R	Reportable
Effectiveness of Care:				
Non-Recommended Cervical Cancer Screening in Adolescent Females (ncs)			NQ	Not Required
Appropriate Treatment for Children With URI (uri)	Y	87.10%	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>		1.23%	R	Reportable
<i>12-17 Years</i>		2.73%	R	Reportable
<i>Total</i>		2.06%	R	Reportable
Access/Availability of Care				
Adults' Access to Preventive/Ambulatory Health Services (aap)				

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					
	20-44 Years		79.21%	R	Reportable
	45-64 Years		87.04%	R	Reportable
	65+ Years		87.50%	NA	Small Denominator
	Total		80.36%	R	Reportable
Children and Adolescents' Access to Primary Care Practitioners (cap)					
	12-24 Months		94.73%	R	Reportable
	25 Months - 6 Years		86.23%	R	Reportable
	7-11 Years		88.81%	R	Reportable
	12-19 Years		86.07%	R	Reportable
Annual Dental Visit (adv)					
		Y			
	2-3 Years		46.73%	R	Reportable
	4-6 Years		75.43%	R	Reportable
	7-10 Years		77.82%	R	Reportable
	11-14 Years		71.48%	R	Reportable
	15-18 Years		61.03%	R	Reportable
	19-20 Years		39.08%	R	Reportable
	Total		68.90%	R	Reportable
Initiation and Engagement of AOD Dependence Treatment (iet)					
		Y			
	Initiation of AOD Treatment: 13-17 Years		38.93%	R	Reportable
	Engagement of AOD Treatment: 13-17 Years		9.77%	R	Reportable
	Initiation of AOD Treatment: 18+ Years		31.87%	R	Reportable
	Engagement of AOD Treatment: 18+ Years		5.90%	R	Reportable
	Initiation of AOD Treatment: Total		33.07%	R	Reportable
	Engagement of AOD Treatment: Total		6.56%	R	Reportable
Prenatal and Postpartum Care (ppc)					
	Timeliness of Prenatal Care		50.97%	R	Reportable
	Postpartum Care		37.36%	R	Reportable
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

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				
Utilization				
Frequency of Ongoing Prenatal Care (fpc)				
<21 Percent		51.52%	R	Reportable
21-40 Percent		27.18%	R	Reportable
41-60 Percent		9.00%	R	Reportable
61-80 Percent		5.31%	R	Reportable
81+ Percent		6.99%	R	Reportable
Well-Child Visits in the First 15 Months of Life (w15)				
0 Visits		3.96%	R	Reportable
1 Visit		3.56%	R	Reportable
2 Visits		4.48%	R	Reportable
3 Visits		6.31%	R	Reportable
4 Visits		9.30%	R	Reportable
5 Visits		15.71%	R	Reportable
6+ Visits		56.68%	R	Reportable
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)		63.86%	R	Reportable
Adolescent Well-Care Visits (awc)		45.57%	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

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				
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
Standardized Healthcare-Associated Infection Ratio (hai)			NQ	Not Required
Health Plan Descriptive				
Board Certification (bcr)			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
Language Diversity of Membership (ldm)			NQ	Not Required
Race/Ethnicity Diversity of Membership (rdm)			R	Reportable
Total Membership (tlm)			NQ	Not Required
Measures Collected using Electronic				
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (dms)				
<i>Inclusion in ECDS: Total</i>			NR	Not Reported
<i>Utilization of PHQ-9: Total</i>			NR	Not Reported
Depression and Remission or Response for Adolescents and Adults (drr)				
<i>EDCS Coverage: 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)

Audit Review Table				
<i>Follow-up PHQ-9: Total</i>			NR	Not Reported
<i>Depression Remission: Total</i>			NR	Not Reported
<i>Depression Response: Total</i>			NR	Not Reported

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:				
Age	Member Months			
<1	952,985			
1-9	6,989,699			
10-19	5,750,584			
20-44	2,025,128			
45-64	242,470			
65-74	307			
75-84	53			
85+	14			
Unknown	0			
Total	15,961,240			
Age	Outpatient Visits		ED Visits	
	Visits	Visits/ 1,000 Member Months	Visits	Visits/ 1,000 Member Months
<1	759001	796.45	91802	96.33
1-9	2068805	295.98	336795	48.18
10-19	1197811	208.29	210731	36.65
20-44	725165	358.08	239048	118.04
45-64	142097	586.04	20269	83.59
65-74	201	654.72	22	71.66
75-84	45	849.06	4	75.47
85+	2	142.86	1	71.43
Unknown	0		0	
Total	4,893,127	306.56	898,672	56.30

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					
Age	Member Months				
<1	952,985				
1-9	6,989,699				
10-19	5,750,584				
20-44	2,025,128				
45-64	242,470				
65-74	307				
75-84	53				
85+	14				
Unknown	0				
Total	15,961,240				
Total Inpatient					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	6247	6.56	43552	45.70	6.97
1-9	6839	0.98	20773	2.97	3.04
10-19	11135	1.94	35914	6.25	3.23
20-44	59021	29.14	175019	86.42	2.97
45-64	2273	9.37	10903	44.97	4.80
65-74	1	3.26	1	3.26	1.00
75-84	0	0.00	0	0.00	
85+	0	0.00	0	0.00	
Unknown	0		0		
Total	85,516	5.36	286,162	17.93	3.35
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	6316	1.10	17919	3.12	2.84
20-44	51590	25.47	143599	70.91	2.78

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)					
45-64	66	0.27	214	0.88	3.24
Unknown	0		0		
Total	57,972	7.23	161,732	20.17	2.79
*The maternity category is calculated using member months for members 10-64					
Surgery					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1271	1.33	21068	22.11	16.58
1-9	1383	0.20	6849	0.98	4.95
10-19	1783	0.31	8797	1.53	4.93
20-44	2984	1.47	14301	7.06	4.79
45-64	844	3.48	4753	19.60	5.63
65-74	1	3.26	1	3.26	1.00
75-84	0	0.00	0	0.00	
85+	0	0.00	0	0.00	
Unknown	0		0		
Total	8,266	0.52	55,769	3.49	6.75
Medicine					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	4976	5.22	22484	23.59	4.52
1-9	5456	0.78	13924	1.99	2.55
10-19	3031	0.53	9182	1.60	3.03
20-44	4422	2.18	17058	8.42	3.86
45-64	1363	5.62	5936	24.48	4.36
65-74	0	0.00	0	0.00	
75-84	0	0.00	0	0.00	
85+	0	0.00	0	0.00	
Unknown	0		0		
Total	19,248	1.21	68,584	4.30	3.56

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)			Member Months (Outpatient/ED)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-12	5106250	4998950	10,105,200	5106250	4998950	10,105,200	5106250	4998950	10,105,200	5106250	4998950	10,105,200
13-17	1517793	1536605	3,054,398	1517793	1536603	3,054,396	1517793	1536603	3,054,396	1517793	1536605	3,054,398
18-64	474648	2326162	2,800,810	474648	2326164	2,800,812	474648	2326164	2,800,812	474648	2326162	2,800,810
65+	164	207	371	164	207	371	164	207	371	164	207	371
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	7,098,855	8,861,924	15,960,779	7,098,855	8,861,924	15,960,779	7,098,855	8,861,924	15,960,779	7,098,855	8,861,924	15,960,779
Age	Sex	Any Services		Inpatient		Intensive		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	37696	8.86%	552	0.13%	237	0.06%	37638	8.85%			
	F	23201	5.57%	483	0.12%	136	0.03%	23141	5.56%			
	Total	60,897	7.23%	1,035	0.12%	373	0.04%	60,779	7.22%			
13-17	M	14887	11.77%	1022	0.81%	238	0.19%	14690	11.61%			
	F	16339	12.76%	2172	1.70%	470	0.37%	15961	12.46%			
	Total	31,226	12.27%	3,194	1.25%	708	0.28%	30,651	12.04%			
18-64	M	2706	6.84%	365	0.92%	51	0.13%	2574	6.51%			
	F	19870	10.25%	1837	0.95%	351	0.18%	19272	9.94%			
	Total	22,576	9.67%	2,202	0.94%	402	0.17%	21,846	9.36%			
65+	M	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
	F	1	5.80%	0	0.00%	0	0.00%	1	5.80%			
	Total	1	3.23%	0	0.00%	0	0.00%	1	3.23%			
Unknown	M	0		0		0		0				
	F	0		0		0		0				
	Total	0		0		0		0				
Total	M	55,289	9.35%	1,939	0.33%	526	0.09%	54,902	9.28%			
	F	59,411	8.04%	4,492	0.61%	957	0.13%	58,375	7.90%			
	Total	114,700	8.62%	6,431	0.48%	1,483	0.11%	113,277	8.52%			

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	1771153									
Percentage of Members for Whom the Organization Has Race/Ethnicity Information by Data Collection										
Direct Data Collection Method			Indirect Data Collection		Unknown					
Race	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.9940								
	Other*	0.0060								
Ethnicity	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.9940								
	Other*	0.0060								
*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	197191	83.18%	509554	37.67%	0		89178	49.18%	795,923	44.94%
Black or African American	6492	2.74%	778611	57.56%	0		62595	34.52%	847,698	47.86%
American-Indian and Alaska Native	736	0.31%	1468	0.11%	0		307	0.17%	2,511	0.14%
Asian	799	0.34%	30720	2.27%	0		6933	3.82%	38,452	2.17%
Native Hawaiian and Other Pacific Islanders	677	0.29%	995	0.07%	0		11	0.01%	1,683	0.10%
Some Other Race	30376	12.81%	20676	1.53%	0		320	0.18%	51,372	2.90%
Two or More Races	4	0.00%	7	0.00%	0		0	0.00%	11	0.00%
Unknown	416	0.18%	5603	0.41%	0		367	0.20%	6,386	0.36%
Declined	384	0.16%	5130	0.38%	0		21603	11.91%	27,117	1.53%
Total	237,075	100.00%	1,352,764	100.00%	0		181,314	100.00%	1,771,153	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 - 2016; Date & Timestamp - 6/15/2017 5:48:45 PM				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Prevention and				
Adult BMI Assessment (aba)		50.84%	R	Reportable
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)				
<i>BMI Percentile</i>		69.54%	R	Reportable
<i>Counseling for Nutrition</i>		69.76%	R	Reportable
<i>Counseling for Physical Activity</i>		46.36%	R	Reportable
Childhood Immunization Status (cis)				
<i>DTaP</i>		87.39%	R	Reportable
<i>IPV</i>		96.90%	R	Reportable
<i>MMR</i>		97.12%	R	Reportable
<i>HiB</i>		95.35%	R	Reportable
<i>Hepatitis B</i>		96.46%	R	Reportable
<i>VZV</i>		96.90%	R	Reportable
<i>Pneumococcal Conjugate</i>		84.73%	R	Reportable
<i>Hepatitis A</i>		96.24%	R	Reportable
<i>Rotavirus</i>		62.39%	R	Reportable
<i>Influenza</i>		46.02%	R	Reportable
<i>Combination #2</i>		85.18%	R	Reportable
<i>Combination #3</i>		79.65%	R	Reportable
<i>Combination #4</i>		78.32%	R	Reportable
<i>Combination #5</i>		57.52%	R	Reportable
<i>Combination #6</i>		40.04%	R	Reportable
<i>Combination #7</i>		56.42%	R	Reportable
<i>Combination #8</i>		39.60%	R	Reportable
<i>Combination #9</i>		29.87%	R	Reportable
<i>Combination #10</i>		29.42%	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				
Immunizations for Adolescents (ima)				
<i>Meningococcal</i>		84.99%	R	Reportable
<i>Tdap</i>		85.21%	R	Reportable
<i>HPV</i>		19.87%	R	Reportable
<i>Combination #1</i>		82.34%	R	Reportable
<i>Combination #2</i>		18.98%	R	Reportable
Lead Screening in Children (lsc)		80.31%	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>		59.41%	R	Reportable
<i>21-24 Years</i>		69.64%	R	Reportable
<i>Total</i>		59.84%	R	Reportable
Effectiveness of Care: Respiratory				
Appropriate Testing for Children with Pharyngitis (cwp)	Y	81.72%	R	Reportable
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)			NQ	Not Required
Pharmacotherapy Management of COPD Exacerbation (pce)				
<i>Systemic Corticosteroid</i>	N			
<i>Bronchodilator</i>			NQ	Not Required
<i>Bronchodilator</i>			NQ	Not Required
Medication Management for People With Asthma (mma)				
<i>5-11 Years: Medication Compliance 50%</i>	Y	61.49%	R	Reportable
<i>5-11 Years: Medication Compliance 75%</i>		35.63%	R	Reportable
<i>12-18 Years: Medication Compliance 50%</i>		56.83%	R	Reportable
<i>12-18 Years: Medication Compliance 75%</i>		28.42%	R	Reportable
<i>19-50 Years: Medication Compliance 50%</i>		83.33%	NA	Small Denominator
<i>19-50 Years: Medication Compliance 75%</i>		0.00%	NA	Small Denominator
<i>51-64 Years: Medication Compliance 50%</i>			NA	Small Denominator
<i>51-64 Years: Medication Compliance 75%</i>			NA	Small Denominator
<i>Total: Medication Compliance 50%</i>		59.50%	R	Reportable
<i>Total: Medication Compliance 75%</i>		31.40%	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				
Asthma Medication Ratio (amr)	N			
5-11 Years			NQ	Not Required
12-18 Years			NQ	Not Required
19-50 Years			NQ	Not Required
51-64 Years			NQ	Not Required
Total			NQ	Not Required
Effectiveness of Care: Cardiovascular				
Controlling High Blood Pressure (cbp)		39.13%	NA	Small Denominator
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	N		NQ	Not Required
Statin Therapy for Patients With Cardiovascular Disease (spc)	N			
Received Statin Therapy: 21-75 Years (Male)			NQ	Not Required
Statin Adherence 80%: 21-75 Years (Male)			NQ	Not Required
Received Statin Therapy: 40-75 Years (Female)			NQ	Not Required
Statin Adherence 80%: 40-75 Years (Female)			NQ	Not Required
Received Statin Therapy: Total			NQ	Not Required
Statin Adherence 80%: Total			NQ	Not Required
Effectiveness of Care: Diabetes				
Comprehensive Diabetes Care (cdc)				
Hemoglobin A1c (HbA1c) Testing		91.67%	NA	Small Denominator
HbA1c Poor Control (>9.0%)		79.17%	NA	Small Denominator
HbA1c Control (<8.0%)		20.83%	NA	Small Denominator
HbA1c Control (<7.0%)		21.74%	NA	Small Denominator
Eye Exam (Retinal) Performed		50.00%	NA	Small Denominator
Medical Attention for Nephropathy		91.67%	NA	Small Denominator
Blood Pressure Control (<140/90 mm Hg)		54.17%	NA	Small Denominator
Statin Therapy for Patients With Diabetes (spd)	N			
Received Statin Therapy			NQ	Not Required
Statin Adherence 80%			NQ	Not Required
Effectiveness of Care: Musculoskeletal				
Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)	N		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				
Effectiveness of Care: Behavioral				
Antidepressant Medication Management (amm)	Y			
<i>Effective Acute Phase Treatment</i>		43.33%	R	Reportable
<i>Effective Continuation Phase Treatment</i>		36.67%	R	Reportable
Follow-Up Care for Children Prescribed ADHD Medication (add)	Y			
<i>Initiation Phase</i>		55.06%	R	Reportable
<i>Continuation and Maintenance (C&M) Phase</i>		69.11%	R	Reportable
Follow-Up After Hospitalization for Mental Illness (fuh)	Y			
<i>30-Day Follow-Up</i>		73.39%	R	Reportable
<i>7-Day Follow-Up</i>		53.44%	R	Reportable
Follow-Up After Emergency Department Visit for Mental Illness (fum)	N			
<i>30-Day Follow-Up</i>			NQ	Not Required
<i>7-Day Follow-Up</i>			NQ	Not Required
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (fua)	N			
<i>30-Day Follow-Up: 13-17 Years</i>			NQ	Not Required
<i>7-Day Follow-Up: 13-17 Years</i>			NQ	Not Required
<i>30-Day Follow-Up: 18+ Years</i>			NQ	Not Required
<i>7-Day Follow-Up: 18+ Years</i>			NQ	Not Required
<i>30-Day Follow-Up: Total</i>			NQ	Not Required
<i>7-Day Follow-Up: Total</i>			NQ	Not Required
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (ssd)	Y	74.58%	R	Reportable
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

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				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (saa)	Y	55.00%	NA	Small Denominator
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				
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:				
Non-Recommended Cervical Cancer Screening in Adolescent Females (ncs)			NQ	Not Required
Appropriate Treatment for Children With URI (uri)	Y	87.42%	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>		3.63%	R	Reportable
<i>12-17 Years</i>		7.20%	R	Reportable
<i>Total</i>		6.01%	R	Reportable
Access/Availability of Care				
Adults' Access to Preventive/Ambulatory Health Services (aap)				

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					
	<i>20-44 Years</i>		55.32%	R	Reportable
	<i>45-64 Years</i>			NA	Small Denominator
	<i>65+ Years</i>			NA	Small Denominator
	<i>Total</i>		55.32%	R	Reportable
Children and Adolescents' Access to Primary Care Practitioners (cap)					
	<i>12-24 Months</i>		98.60%	R	Reportable
	<i>25 Months - 6 Years</i>		89.57%	R	Reportable
	<i>7-11 Years</i>		86.18%	R	Reportable
	<i>12-19 Years</i>		80.58%	R	Reportable
Annual Dental Visit (adv)					
		Y			
	<i>2-3 Years</i>		55.63%	R	Reportable
	<i>4-6 Years</i>		78.18%	R	Reportable
	<i>7-10 Years</i>		77.17%	R	Reportable
	<i>11-14 Years</i>		69.53%	R	Reportable
	<i>15-18 Years</i>		65.07%	R	Reportable
	<i>19-20 Years</i>		40.97%	R	Reportable
	<i>Total</i>		68.67%	R	Reportable
Initiation and Engagement of AOD Dependence Treatment (iet)					
		Y			
	<i>Initiation of AOD Treatment: 13-17 Years</i>		52.34%	R	Reportable
	<i>Engagement of AOD Treatment: 13-17 Years</i>		20.09%	R	Reportable
	<i>Initiation of AOD Treatment: 18+ Years</i>		41.30%	R	Reportable
	<i>Engagement of AOD Treatment: 18+ Years</i>		13.04%	R	Reportable
	<i>Initiation of AOD Treatment: Total</i>		49.02%	R	Reportable
	<i>Engagement of AOD Treatment: Total</i>		17.97%	R	Reportable
Prenatal and Postpartum Care (ppc)					
	<i>Timeliness of Prenatal Care</i>		55.70%	R	Reportable
	<i>Postpartum Care</i>		54.43%	R	Reportable
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

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				
Utilization				
Frequency of Ongoing Prenatal Care (fpc)				
<21 Percent		16.46%	R	Reportable
21-40 Percent		17.72%	R	Reportable
41-60 Percent		15.19%	R	Reportable
61-80 Percent		20.25%	R	Reportable
81+ Percent		30.38%	R	Reportable
Well-Child Visits in the First 15 Months of Life (w15)				
0 Visits		1.69%	R	Reportable
1 Visit		3.11%	R	Reportable
2 Visits		2.26%	R	Reportable
3 Visits		4.80%	R	Reportable
4 Visits		7.63%	R	Reportable
5 Visits		20.62%	R	Reportable
6+ Visits		59.89%	R	Reportable
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)		70.86%	R	Reportable
Adolescent Well-Care Visits (awc)		52.54%	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

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				
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
Standardized Healthcare-Associated Infection Ratio (hai)			NQ	Not Required
Health Plan Descriptive				
Board Certification (bcr)			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
Language Diversity of Membership (ldm)			NQ	Not Required
Race/Ethnicity Diversity of Membership (rdm)			R	Reportable
Total Membership (tlm)			NQ	Not Required
Measures Collected using Electronic				
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (dms)				
<i>Inclusion in ECDS: Total</i>			NR	Not Reported
<i>Utilization of PHQ-9: Total</i>			NR	Not Reported
Depression and Remission or Response for Adolescents and Adults (drr)				
<i>EDCS Coverage: 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

Audit Review Table				
<i>Follow-up PHQ-9: Total</i>			NR	Not Reported
<i>Depression Remission: Total</i>			NR	Not Reported
<i>Depression Response: Total</i>			NR	Not Reported

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:				
Age	Member Months			
<1	9,690			
1-9	128,543			
10-19	167,954			
20-44	7,224			
45-64	0			
65-74	0			
75-84	0			
85+	0			
Unknown	0			
Total	313,411			
Age	Outpatient Visits		ED Visits	
	Visits	Visits/ 1,000 Member Months	Visits	Visits/ 1,000 Member Months
<1	10629	1,096.90	725	74.82
1-9	45493	353.91	4190	32.60
10-19	37034	220.50	5732	34.13
20-44	1169	161.82	452	62.57
45-64	0		0	
65-74	0		0	
75-84	0		0	
85+	0		0	
Unknown	0		0	
Total	94,325	300.96	11,099	35.41

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					
Age	Member Months				
<1	9,690				
1-9	128,543				
10-19	167,954				
20-44	7,224				
45-64	0				
65-74	0				
75-84	0				
85+	0				
Unknown	0				
Total	313,411				
Total Inpatient					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	129	13.31	1520	156.86	11.78
1-9	160	1.24	754	5.87	4.71
10-19	242	1.44	1108	6.60	4.58
20-44	27	3.74	101	13.98	3.74
45-64	0		0		
65-74	0		0		
75-84	0		0		
85+	0		0		
Unknown	0		0		
Total	558	1.78	3,483	11.11	6.24
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	87	0.52	283	1.68	3.25
20-44	19	2.63	56	7.75	2.95

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)					
45-64	0		0		
Unknown	0		0		
Total	106	0.61	339	1.94	3.20
*The maternity category is calculated using member months for members 10-64					
Surgery					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	28	2.89	832	85.86	29.71
1-9	46	0.36	312	2.43	6.78
10-19	51	0.30	385	2.29	7.55
20-44	5	0.69	28	3.88	5.60
45-64	0		0		
65-74	0		0		
75-84	0		0		
85+	0		0		
Unknown	0		0		
Total	130	0.41	1,557	4.97	11.98
Medicine					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	101	10.42	688	71.00	6.81
1-9	114	0.89	442	3.44	3.88
10-19	104	0.62	440	2.62	4.23
20-44	3	0.42	17	2.35	5.67
45-64	0		0		
65-74	0		0		
75-84	0		0		
85+	0		0		
Unknown	0		0		
Total	322	1.03	1,587	5.06	4.93

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)			Member Months (Outpatient/ED)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-12	97607	89130	186,737	97607	89130	186,737	97607	89130	186,737	97607	89130	186,737
13-17	52437	49672	102,109	52437	49672	102,109	52437	49672	102,109	52437	49672	102,109
18-64	12308	12245	24,553	12308	12245	24,553	12308	12245	24,553	12308	12245	24,553
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	162,352	151,047	313,399	162,352	151,047	313,399	162,352	151,047	313,399	162,352	151,047	313,399
Age	Sex	Any Services		Inpatient		Intensive		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	4280	52.62%	179	2.20%	38	0.47%	4271	52.51%			
	F	3586	48.28%	102	1.37%	25	0.34%	3584	48.25%			
	Total	7,866	50.55%	281	1.81%	63	0.40%	7,855	50.48%			
13-17	M	2656	60.78%	258	5.90%	41	0.94%	2650	60.64%			
	F	2349	56.75%	340	8.21%	66	1.59%	2341	56.56%			
	Total	5,005	58.82%	598	7.03%	107	1.26%	4,991	58.65%			
18-64	M	281	27.40%	29	2.83%	6	0.58%	276	26.91%			
	F	284	27.83%	43	4.21%	10	0.98%	281	27.54%			
	Total	565	27.61%	72	3.52%	16	0.78%	557	27.22%			
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	7,217	53.34%	466	3.44%	85	0.63%	7,197	53.20%			
	F	6,219	49.41%	485	3.85%	101	0.80%	6,206	49.30%			
	Total	13,436	51.45%	951	3.64%	186	0.71%	13,403	51.32%			

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	28952									
Percentage of Members for Whom the Organization Has Race/Ethnicity Information by Data Collection										
Direct Data Collection Method			Indirect Data Collection		Unknown					
Race	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.9597								
	Other*	0.0403								
Ethnicity	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.9597								
	Other*	0.0403								
*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	775	84.15%	12938	46.22%	0		12	29.27%	13,725	47.41%
Black or African American	74	8.03%	13232	47.27%	0		27	65.85%	13,333	46.05%
American-Indian and Alaska Native	8	0.87%	35	0.13%	0		0	0.00%	43	0.15%
Asian	2	0.22%	85	0.30%	0		0	0.00%	87	0.30%
Native Hawaiian and Other Pacific Islanders	1	0.11%	29	0.10%	0		0	0.00%	30	0.10%
Some Other Race	37	4.02%	728	2.60%	0		0	0.00%	765	2.64%
Two or More Races	0	0.00%	0	0.00%	0		0	0.00%	0	0.00%
Unknown	14	1.52%	667	2.38%	0		0	0.00%	681	2.35%
Declined	10	1.09%	276	0.99%	0		2	4.88%	288	0.99%
Total	921	100.00%	27,990	100.00%	0		41	100.00%	28,952	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 - 2016; Date & Timestamp - 6/15/2017 5:50:17 PM				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Prevention and				
Adult BMI Assessment (aba)		68.43%	R	Reportable
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)				
<i>BMI Percentile</i>		59.16%	R	Reportable
<i>Counseling for Nutrition</i>		58.06%	R	Reportable
<i>Counseling for Physical Activity</i>		46.14%	R	Reportable
Childhood Immunization Status (cis)				
<i>DTaP</i>		78.98%	R	Reportable
<i>IPV</i>		90.04%	R	Reportable
<i>MMR</i>		89.82%	R	Reportable
<i>HiB</i>		89.38%	R	Reportable
<i>Hepatitis B</i>		90.93%	R	Reportable
<i>VZV</i>		89.60%	R	Reportable
<i>Pneumococcal Conjugate</i>		81.64%	R	Reportable
<i>Hepatitis A</i>		89.60%	R	Reportable
<i>Rotavirus</i>		47.35%	R	Reportable
<i>Influenza</i>		48.45%	R	Reportable
<i>Combination #2</i>		76.33%	R	Reportable
<i>Combination #3</i>		73.67%	R	Reportable
<i>Combination #4</i>		73.01%	R	Reportable
<i>Combination #5</i>		40.93%	R	Reportable
<i>Combination #6</i>		42.70%	R	Reportable
<i>Combination #7</i>		40.71%	R	Reportable
<i>Combination #8</i>		42.26%	R	Reportable
<i>Combination #9</i>		22.12%	R	Reportable
<i>Combination #10</i>		22.12%	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				
Immunizations for Adolescents (ima)				
<i>Meningococcal</i>		82.78%	R	Reportable
<i>Tdap</i>		82.12%	R	Reportable
<i>HPV</i>		18.10%	R	Reportable
<i>Combination #1</i>		80.35%	R	Reportable
<i>Combination #2</i>		18.10%	R	Reportable
Lead Screening in Children (lsc)		64.90%	R	Reportable
Breast Cancer Screening (bcs)		30.23%	R	Reportable
Cervical Cancer Screening (ccs)		31.76%	R	Reportable
Chlamydia Screening in Women (chl)				
<i>16-20 Years</i>		44.64%	R	Reportable
<i>21-24 Years</i>		43.99%	R	Reportable
<i>Total</i>		44.34%	R	Reportable
Effectiveness of Care: Respiratory				
Appropriate Testing for Children with Pharyngitis (cwp)	Y	79.19%	R	Reportable
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)			NQ	Not Required
Pharmacotherapy Management of COPD Exacerbation (pce)				
<i>Systemic Corticosteroid</i>	N		NQ	Not Required
<i>Bronchodilator</i>			NQ	Not Required
Medication Management for People With Asthma (mma)				
<i>5-11 Years: Medication Compliance 50%</i>	Y	64.38%	R	Reportable
<i>5-11 Years: Medication Compliance 75%</i>		38.33%	R	Reportable
<i>12-18 Years: Medication Compliance 50%</i>		59.92%	R	Reportable
<i>12-18 Years: Medication Compliance 75%</i>		35.79%	R	Reportable
<i>19-50 Years: Medication Compliance 50%</i>		68.57%	R	Reportable
<i>19-50 Years: Medication Compliance 75%</i>		47.70%	R	Reportable
<i>51-64 Years: Medication Compliance 50%</i>		75.21%	R	Reportable
<i>51-64 Years: Medication Compliance 75%</i>		56.08%	R	Reportable
<i>Total: Medication Compliance 50%</i>		66.17%	R	Reportable
<i>Total: Medication Compliance 75%</i>		43.22%	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				
Asthma Medication Ratio (amr)	N			
5-11 Years			NQ	Not Required
12-18 Years			NQ	Not Required
19-50 Years			NQ	Not Required
51-64 Years			NQ	Not Required
Total			NQ	Not Required
Effectiveness of Care: Cardiovascular				
Controlling High Blood Pressure (cbp)		36.67%	R	Reportable
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	Y	57.85%	R	Reportable
Statin Therapy for Patients With Cardiovascular Disease (spc)	N			
Received Statin Therapy: 21-75 Years (Male)			NQ	Not Required
Statin Adherence 80%: 21-75 Years (Male)			NQ	Not Required
Received Statin Therapy: 40-75 Years (Female)			NQ	Not Required
Statin Adherence 80%: 40-75 Years (Female)			NQ	Not Required
Received Statin Therapy: Total			NQ	Not Required
Statin Adherence 80%: Total			NQ	Not Required
Effectiveness of Care: Diabetes				
Comprehensive Diabetes Care (cdc)				
Hemoglobin A1c (HbA1c) Testing		71.95%	R	Reportable
HbA1c Poor Control (>9.0%)		68.45%	R	Reportable
HbA1c Control (<8.0%)		26.71%	R	Reportable
HbA1c Control (<7.0%)		21.93%	R	Reportable
Eye Exam (Retinal) Performed		42.40%	R	Reportable
Medical Attention for Nephropathy		85.31%	R	Reportable
Blood Pressure Control (<140/90 mm Hg)		34.72%	R	Reportable
Statin Therapy for Patients With Diabetes (spd)	N			
Received Statin Therapy			NQ	Not Required
Statin Adherence 80%			NQ	Not Required
Effectiveness of Care: Musculoskeletal				
Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)	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				
Effectiveness of Care: Behavioral				
Antidepressant Medication Management (amm)	Y			
<i>Effective Acute Phase Treatment</i>		50.24%	R	Reportable
<i>Effective Continuation Phase Treatment</i>		37.64%	R	Reportable
Follow-Up Care for Children Prescribed ADHD Medication (add)	Y			
<i>Initiation Phase</i>		43.53%	R	Reportable
<i>Continuation and Maintenance (C&M) Phase</i>		57.12%	R	Reportable
Follow-Up After Hospitalization for Mental Illness (fuh)	Y			
<i>30-Day Follow-Up</i>		55.84%	R	Reportable
<i>7-Day Follow-Up</i>		36.33%	R	Reportable
Follow-Up After Emergency Department Visit for Mental Illness (fum)	N			
<i>30-Day Follow-Up</i>			NQ	Not Required
<i>7-Day Follow-Up</i>			NQ	Not Required
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (fua)	N			
<i>30-Day Follow-Up: 13-17 Years</i>			NQ	Not Required
<i>7-Day Follow-Up: 13-17 Years</i>			NQ	Not Required
<i>30-Day Follow-Up: 18+ Years</i>			NQ	Not Required
<i>7-Day Follow-Up: 18+ Years</i>			NQ	Not Required
<i>30-Day Follow-Up: Total</i>			NQ	Not Required
<i>7-Day Follow-Up: Total</i>			NQ	Not Required
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (ssd)	Y	77.68%	R	Reportable
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

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

Audit Review Table				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (saa)	Y	62.52%	R	Reportable
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		90.85%	R	Reportable
Digoxin		51.50%	R	Reportable
Diuretics		91.38%	R	Reportable
Total		90.68%	R	Reportable
Effectiveness of Care:				
Non-Recommended Cervical Cancer Screening in Adolescent Females (ncs)			NQ	Not Required
Appropriate Treatment for Children With URI (uri)	Y	87.70%	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		2.42%	R	Reportable
12-17 Years		5.74%	R	Reportable
Total		4.59%	R	Reportable
Access/Availability of Care				
Adults' Access to Preventive/Ambulatory Health Services (aap)				

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

Audit Review Table					
	20-44 Years		77.19%	R	Reportable
	45-64 Years		87.98%	R	Reportable
	65+ Years		84.75%	R	Reportable
	Total		83.97%	R	Reportable
Children and Adolescents' Access to Primary Care Practitioners (cap)					
	12-24 Months		91.24%	R	Reportable
	25 Months - 6 Years		87.01%	R	Reportable
	7-11 Years		89.99%	R	Reportable
	12-19 Years		84.89%	R	Reportable
Annual Dental Visit (adv)					
		Y			
	2-3 Years		39.55%	R	Reportable
	4-6 Years		60.58%	R	Reportable
	7-10 Years		63.28%	R	Reportable
	11-14 Years		58.08%	R	Reportable
	15-18 Years		47.67%	R	Reportable
	19-20 Years		30.48%	R	Reportable
	Total		53.48%	R	Reportable
Initiation and Engagement of AOD Dependence Treatment (iet)					
		Y			
	Initiation of AOD Treatment: 13-17 Years		26.24%	R	Reportable
	Engagement of AOD Treatment: 13-17 Years		10.64%	R	Reportable
	Initiation of AOD Treatment: 18+ Years		38.30%	R	Reportable
	Engagement of AOD Treatment: 18+ Years		5.31%	R	Reportable
	Initiation of AOD Treatment: Total		38.20%	R	Reportable
	Engagement of AOD Treatment: Total		5.36%	R	Reportable
Prenatal and Postpartum Care (ppc)					
	Timeliness of Prenatal Care		62.59%	R	Reportable
	Postpartum Care		30.39%	R	Reportable
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

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

Audit Review Table				
Utilization				
Frequency of Ongoing Prenatal Care (fpc)				
<21 Percent		23.36%	R	Reportable
21-40 Percent		21.77%	R	Reportable
41-60 Percent		13.61%	R	Reportable
61-80 Percent		13.61%	R	Reportable
81+ Percent		27.66%	R	Reportable
Well-Child Visits in the First 15 Months of Life (w15)				
0 Visits		18.76%	R	Reportable
1 Visit		7.51%	R	Reportable
2 Visits		7.06%	R	Reportable
3 Visits		8.39%	R	Reportable
4 Visits		18.32%	R	Reportable
5 Visits		22.74%	R	Reportable
6+ Visits		17.22%	R	Reportable
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)		61.15%	R	Reportable
Adolescent Well-Care Visits (awc)		32.67%	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

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

Audit Review Table				
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
Standardized Healthcare-Associated Infection Ratio (hai)			NQ	Not Required
Health Plan Descriptive				
Board Certification (bcr)			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
Language Diversity of Membership (ldm)			NQ	Not Required
Race/Ethnicity Diversity of Membership (rdm)			R	Reportable
Total Membership (tlm)			NQ	Not Required
Measures Collected using Electronic				
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (dms)				
<i>Inclusion in ECDS: Total</i>			NR	Not Reported
<i>Utilization of PHQ-9: Total</i>			NR	Not Reported
Depression and Remission or Response for Adolescents and Adults (drr)				
<i>EDCS Coverage: 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)

Audit Review Table				
<i>Follow-up PHQ-9: Total</i>			NR	Not Reported
<i>Depression Remission: Total</i>			NR	Not Reported
<i>Depression Response: Total</i>			NR	Not Reported

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:				
Age	Member Months			
<1	68,687			
1-9	791,229			
10-19	793,982			
20-44	1,160,173			
45-64	1,327,168			
65-74	482,662			
75-84	293,763			
85+	171,059			
Unknown	0			
Total	5,088,723			
Age	Outpatient Visits		ED Visits	
	Visits	Visits/ 1,000 Member Months	Visits	Visits/ 1,000 Member Months
<1	61258	891.84	5734	83.48
1-9	228867	289.26	50352	63.64
10-19	177106	223.06	40470	50.97
20-44	408648	352.23	158604	136.71
45-64	859780	647.83	163327	123.06
65-74	297732	616.85	34167	70.79
75-84	178857	608.85	15462	52.63
85+	95441	557.94	7821	45.72
Unknown	0		0	
Total	2,307,689	453.49	475,937	93.53

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					
Age	Member Months				
<1	68,687				
1-9	791,229				
10-19	793,982				
20-44	1,160,173				
45-64	1,327,168				
65-74	482,662				
75-84	293,763				
85+	171,059				
Unknown	0				
Total	5,088,723				
Total Inpatient					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1472	21.43	23003	334.90	15.63
1-9	4487	5.67	23519	29.72	5.24
10-19	4240	5.34	21460	27.03	5.06
20-44	19561	16.86	108071	93.15	5.52
45-64	37121	27.97	227641	171.52	6.13
65-74	10032	20.78	55516	115.02	5.53
75-84	6215	21.16	33752	114.90	5.43
85+	3782	22.11	18224	106.54	4.82
Unknown	0		0		
Total	86,910	17.08	511,186	100.45	5.88
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	540	0.68	1483	1.87	2.75
20-44	3932	3.39	11770	10.15	2.99

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)					
45-64	8	0.01	32	0.02	4.00
Unknown	0		0		
Total	4,480	1.37	13,285	4.05	2.97
*The maternity category is calculated using member months for members 10-64					
Surgery					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	490	7.13	16728	243.54	34.14
1-9	1091	1.38	9964	12.59	9.13
10-19	958	1.21	7365	9.28	7.69
20-44	3037	2.62	33113	28.54	10.90
45-64	8877	6.69	82914	62.47	9.34
65-74	2183	4.52	17414	36.08	7.98
75-84	1045	3.56	8157	27.77	7.81
85+	497	2.91	3533	20.65	7.11
Unknown	0		0		
Total	18,178	3.57	179,188	35.21	9.86
Medicine					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	982	14.30	6275	91.36	6.39
1-9	3396	4.29	13555	17.13	3.99
10-19	2742	3.45	12612	15.88	4.60
20-44	12589	10.85	63182	54.46	5.02
45-64	28236	21.28	144695	109.03	5.12
65-74	7849	16.26	38102	78.94	4.85
75-84	5170	17.60	25595	87.13	4.95
85+	3285	19.20	14691	85.88	4.47
Unknown	0		0		
Total	64,249	12.63	318,707	62.63	4.96

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)			Member Months (Outpatient/ED)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-12	624919	497769	1,122,688	624919	497769	1,122,688	624919	497769	1,122,688	624919	497769	1,122,688
13-17	238426	172387	410,813	238426	172387	410,813	238426	172387	410,813	238426	172387	410,813
18-64	1140225	1466216	2,606,441	1140213	1466223	2,606,436	1140213	1466223	2,606,436	1140225	1466216	2,606,441
65+	287721	659759	947,480	287721	659759	947,480	287721	659759	947,480	287721	659759	947,480
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	2,291,291	2,796,131	5,087,422	2,291,279	2,796,138	5,087,417	2,291,279	2,796,138	5,087,417	2,291,291	2,796,131	5,087,422
Age	Sex	Any Services		Inpatient		Intensive		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	7617	14.63%	64	0.12%	26	0.05%	7609	14.61%			
	F	2982	7.19%	40	0.10%	16	0.04%	2972	7.16%			
	Total	10,599	11.33%	104	0.11%	42	0.04%	10,581	11.31%			
13-17	M	4800	24.16%	206	1.04%	22	0.11%	4774	24.03%			
	F	2529	17.60%	191	1.33%	25	0.17%	2486	17.31%			
	Total	7,329	21.41%	397	1.16%	47	0.14%	7,260	21.21%			
18-64	M	19657	20.69%	3103	3.27%	66	0.07%	18639	19.62%			
	F	24333	19.91%	3218	2.63%	119	0.10%	23349	19.11%			
	Total	43,990	20.25%	6,321	2.91%	185	0.09%	41,988	19.33%			
65+	M	1778	7.42%	1005	4.19%	1	0.00%	899	3.75%			
	F	4631	8.42%	2725	4.96%	7	0.01%	2189	3.98%			
	Total	6,409	8.12%	3,730	4.72%	8	0.01%	3,088	3.91%			
Unknown	M	0		0		0		0				
	F	0		0		0		0				
	Total	0		0		0		0				
Total	M	33,852	17.73%	4,378	2.29%	115	0.06%	31,921	16.72%			
	F	34,475	14.80%	6,174	2.65%	167	0.07%	30,996	13.30%			
	Total	68,327	16.12%	10,552	2.49%	282	0.07%	62,917	14.84%			

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	1042548									
Percentage of Members for Whom the Organization Has Race/Ethnicity Information by Data Collection										
Direct Data Collection Method			Indirect Data Collection		Unknown					
Race	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.7207								
	Other*	0.2793								
Ethnicity	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.7207								
	Other*	0.2793								
*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	70775	79.07%	249041	30.06%	0		38715	31.05%	358,531	34.39%
Black or African American	2917	3.26%	405153	48.91%	0		40770	32.70%	448,840	43.05%
American-Indian and Alaska Native	312	0.35%	961	0.12%	0		161	0.13%	1,434	0.14%
Asian	389	0.43%	19852	2.40%	0		3059	2.45%	23,300	2.23%
Native Hawaiian and Other Pacific Islanders	239	0.27%	486	0.06%	0		0	0.00%	725	0.07%
Some Other Race	10981	12.27%	10943	1.32%	0		216	0.17%	22,140	2.12%
Two or More Races	1	0.00%	1	0.00%	0		0	0.00%	2	0.00%
Unknown	2789	3.12%	107425	12.97%	0		22608	18.13%	132,822	12.74%
Declined	1108	1.24%	34503	4.17%	0		19143	15.35%	54,754	5.25%
Total	89,511	100.00%	828,365	100.00%	0		124,672	100.00%	1,042,548	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 - 2016; Date & Timestamp - 6/15/2017 5:51:48 PM				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Prevention and				
Adult BMI Assessment (aba)		75.50%	R	Reportable
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)				
<i>BMI Percentile</i>		67.48%	R	Reportable
<i>Counseling for Nutrition</i>		63.50%	R	Reportable
<i>Counseling for Physical Activity</i>		47.57%	R	Reportable
Childhood Immunization Status (cis)				
<i>DTaP</i>		79.69%	R	Reportable
<i>IPV</i>		92.72%	R	Reportable
<i>MMR</i>		92.94%	R	Reportable
<i>HiB</i>		90.95%	R	Reportable
<i>Hepatitis B</i>		93.82%	R	Reportable
<i>VZV</i>		93.16%	R	Reportable
<i>Pneumococcal Conjugate</i>		80.57%	R	Reportable
<i>Hepatitis A</i>		91.17%	R	Reportable
<i>Rotavirus</i>		72.19%	R	Reportable
<i>Influenza</i>		37.75%	R	Reportable
<i>Combination #2</i>		78.81%	R	Reportable
<i>Combination #3</i>		74.83%	R	Reportable
<i>Combination #4</i>		73.95%	R	Reportable
<i>Combination #5</i>		64.02%	R	Reportable
<i>Combination #6</i>		34.22%	R	Reportable
<i>Combination #7</i>		63.58%	R	Reportable
<i>Combination #8</i>		34.22%	R	Reportable
<i>Combination #9</i>		29.80%	R	Reportable
<i>Combination #10</i>		29.80%	R	Reportable

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

Audit Review Table				
Immunizations for Adolescents (ima)				
<i>Meningococcal</i>		89.40%	R	Reportable
<i>Tdap</i>		90.07%	R	Reportable
<i>HPV</i>		20.31%	R	Reportable
<i>Combination #1</i>		88.52%	R	Reportable
<i>Combination #2</i>		20.31%	R	Reportable
Lead Screening in Children (lsc)		75.50%	R	Reportable
Breast Cancer Screening (bcs)		31.84%	R	Reportable
Cervical Cancer Screening (ccs)		49.33%	R	Reportable
Chlamydia Screening in Women (chl)				
<i>16-20 Years</i>		53.51%	R	Reportable
<i>21-24 Years</i>		61.98%	R	Reportable
<i>Total</i>		55.67%	R	Reportable
Effectiveness of Care: Respiratory				
Appropriate Testing for Children with Pharyngitis (cwp)	Y	81.40%	R	Reportable
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)			NQ	Not Required
Pharmacotherapy Management of COPD Exacerbation (pce)				
<i>Systemic Corticosteroid</i>	N		NQ	Not Required
<i>Bronchodilator</i>			NQ	Not Required
Medication Management for People With Asthma (mma)				
<i>5-11 Years: Medication Compliance 50%</i>	Y	53.57%	R	Reportable
<i>5-11 Years: Medication Compliance 75%</i>		26.99%	R	Reportable
<i>12-18 Years: Medication Compliance 50%</i>		51.37%	R	Reportable
<i>12-18 Years: Medication Compliance 75%</i>		25.55%	R	Reportable
<i>19-50 Years: Medication Compliance 50%</i>		62.86%	R	Reportable
<i>19-50 Years: Medication Compliance 75%</i>		40.67%	R	Reportable
<i>51-64 Years: Medication Compliance 50%</i>		74.50%	R	Reportable
<i>51-64 Years: Medication Compliance 75%</i>		54.88%	R	Reportable
<i>Total: Medication Compliance 50%</i>		54.44%	R	Reportable
<i>Total: Medication Compliance 75%</i>		28.78%	R	Reportable

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

Audit Review Table				
Asthma Medication Ratio (amr)	N			
5-11 Years			NQ	Not Required
12-18 Years			NQ	Not Required
19-50 Years			NQ	Not Required
51-64 Years			NQ	Not Required
Total			NQ	Not Required
Effectiveness of Care: Cardiovascular				
Controlling High Blood Pressure (cbp)		33.55%	R	Reportable
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	Y	59.92%	R	Reportable
Statin Therapy for Patients With Cardiovascular Disease (spc)	N			
Received Statin Therapy: 21-75 Years (Male)			NQ	Not Required
Statin Adherence 80%: 21-75 Years (Male)			NQ	Not Required
Received Statin Therapy: 40-75 Years (Female)			NQ	Not Required
Statin Adherence 80%: 40-75 Years (Female)			NQ	Not Required
Received Statin Therapy: Total			NQ	Not Required
Statin Adherence 80%: Total			NQ	Not Required
Effectiveness of Care: Diabetes				
Comprehensive Diabetes Care (cdc)				
Hemoglobin A1c (HbA1c) Testing		70.27%	R	Reportable
HbA1c Poor Control (>9.0%)		71.10%	R	Reportable
HbA1c Control (<8.0%)		23.42%	R	Reportable
HbA1c Control (<7.0%)		15.94%	R	Reportable
Eye Exam (Retinal) Performed		39.53%	R	Reportable
Medical Attention for Nephropathy		83.72%	R	Reportable
Blood Pressure Control (<140/90 mm Hg)		32.72%	R	Reportable
Statin Therapy for Patients With Diabetes (spd)	N			
Received Statin Therapy			NQ	Not Required
Statin Adherence 80%			NQ	Not Required
Effectiveness of Care: Musculoskeletal				
Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)	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				
Effectiveness of Care: Behavioral				
Antidepressant Medication Management (amm)	Y			
<i>Effective Acute Phase Treatment</i>		51.11%	R	Reportable
<i>Effective Continuation Phase Treatment</i>		36.58%	R	Reportable
Follow-Up Care for Children Prescribed ADHD Medication (add)	Y			
<i>Initiation Phase</i>		44.79%	R	Reportable
<i>Continuation and Maintenance (C&M) Phase</i>		59.19%	R	Reportable
Follow-Up After Hospitalization for Mental Illness (fuh)	Y			
<i>30-Day Follow-Up</i>		58.75%	R	Reportable
<i>7-Day Follow-Up</i>		40.35%	R	Reportable
Follow-Up After Emergency Department Visit for Mental Illness (fum)	N			
<i>30-Day Follow-Up</i>			NQ	Not Required
<i>7-Day Follow-Up</i>			NQ	Not Required
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (fua)	N			
<i>30-Day Follow-Up: 13-17 Years</i>			NQ	Not Required
<i>7-Day Follow-Up: 13-17 Years</i>			NQ	Not Required
<i>30-Day Follow-Up: 18+ Years</i>			NQ	Not Required
<i>7-Day Follow-Up: 18+ Years</i>			NQ	Not Required
<i>30-Day Follow-Up: Total</i>			NQ	Not Required
<i>7-Day Follow-Up: Total</i>			NQ	Not Required
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (ssd)	Y	78.52%	R	Reportable
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

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

Audit Review Table				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (saa)	Y	60.92%	R	Reportable
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		90.11%	R	Reportable
Digoxin		50.65%	R	Reportable
Diuretics		90.44%	R	Reportable
Total		89.92%	R	Reportable
Effectiveness of Care:				
Non-Recommended Cervical Cancer Screening in Adolescent Females (ncs)			NQ	Not Required
Appropriate Treatment for Children With URI (uri)	Y	87.22%	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		1.98%	R	Reportable
12-17 Years		4.78%	R	Reportable
Total		3.70%	R	Reportable
Access/Availability of Care				
Adults' Access to Preventive/Ambulatory Health Services (aap)				

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

Audit Review Table				
20-44 Years		78.27%	R	Reportable
45-64 Years		87.74%	R	Reportable
65+ Years		84.76%	R	Reportable
Total		82.70%	R	Reportable
Children and Adolescents' Access to Primary Care Practitioners (cap)				
12-24 Months		94.54%	R	Reportable
25 Months - 6 Years		85.92%	R	Reportable
7-11 Years		88.64%	R	Reportable
12-19 Years		85.66%	R	Reportable
Annual Dental Visit (adv)				
	Y			
2-3 Years		45.17%	R	Reportable
4-6 Years		73.62%	R	Reportable
7-10 Years		75.99%	R	Reportable
11-14 Years		69.67%	R	Reportable
15-18 Years		59.09%	R	Reportable
19-20 Years		34.17%	R	Reportable
Total		66.68%	R	Reportable
Initiation and Engagement of AOD Dependence Treatment (iet)				
	Y			
Initiation of AOD Treatment: 13-17 Years		41.69%	R	Reportable
Engagement of AOD Treatment: 13-17 Years		12.95%	R	Reportable
Initiation of AOD Treatment: 18+ Years		36.39%	R	Reportable
Engagement of AOD Treatment: 18+ Years		5.70%	R	Reportable
Initiation of AOD Treatment: Total		36.79%	R	Reportable
Engagement of AOD Treatment: Total		6.25%	R	Reportable
Prenatal and Postpartum Care (ppc)				
Timeliness of Prenatal Care		67.63%	R	Reportable
Postpartum Care		52.46%	R	Reportable
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

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

Audit Review Table				
Utilization				
Frequency of Ongoing Prenatal Care (fpc)				
<21 Percent		27.68%	R	Reportable
21-40 Percent		14.29%	R	Reportable
41-60 Percent		8.93%	R	Reportable
61-80 Percent		10.94%	R	Reportable
81+ Percent		38.17%	R	Reportable
Well-Child Visits in the First 15 Months of Life (w15)				
0 Visits		2.21%	R	Reportable
1 Visit		3.31%	R	Reportable
2 Visits		3.75%	R	Reportable
3 Visits		6.18%	R	Reportable
4 Visits		9.27%	R	Reportable
5 Visits		16.78%	R	Reportable
6+ Visits		58.50%	R	Reportable
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)		66.45%	R	Reportable
Adolescent Well-Care Visits (awc)		48.12%	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

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

Audit Review Table				
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
Standardized Healthcare-Associated Infection Ratio (hai)			NQ	Not Required
Health Plan Descriptive				
Board Certification (bcr)			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
Language Diversity of Membership (ldm)			NQ	Not Required
Race/Ethnicity Diversity of Membership (rdm)			R	Reportable
Total Membership (tlm)			NQ	Not Required
Measures Collected using Electronic				
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (dms)				
<i>Inclusion in ECDS: Total</i>			NR	Not Reported
<i>Utilization of PHQ-9: Total</i>			NR	Not Reported
Depression and Remission or Response for Adolescents and Adults (drr)				
<i>EDCS Coverage: Total</i>			NR	Not Reported

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

Audit Review Table				
<i>Follow-up PHQ-9: Total</i>			NR	Not Reported
<i>Depression Remission: Total</i>			NR	Not Reported
<i>Depression Response: Total</i>			NR	Not Reported

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:				
Age	Member Months			
<1	1,031,362			
1-9	7,909,471			
10-19	6,712,520			
20-44	3,192,525			
45-64	1,569,638			
65-74	482,969			
75-84	293,816			
85+	171,073			
Unknown	0			
Total	21,363,374			
Age	Outpatient Visits		ED Visits	
	Visits	Visits/ 1,000 Member Months	Visits	Visits/ 1,000 Member Months
<1	830888	805.62	98261	95.27
1-9	2343165	296.25	391337	49.48
10-19	1411951	210.35	256933	38.28
20-44	1134982	355.51	398104	124.70
45-64	1001877	638.29	183596	116.97
65-74	297933	616.88	34189	70.79
75-84	178902	608.89	15466	52.64
85+	95443	557.91	7822	45.72
Unknown	0		0	
Total	7,295,141	341.48	1,385,708	64.86

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					
Age	Member Months				
<1	1,031,362				
1-9	7,909,471				
10-19	6,712,520				
20-44	3,192,525				
45-64	1,569,638				
65-74	482,969				
75-84	293,816				
85+	171,073				
Unknown	0				
Total	21,363,374				
Total Inpatient					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	7848	7.61	68075	66.00	8.67
1-9	11486	1.45	45046	5.70	3.92
10-19	15617	2.33	58482	8.71	3.74
20-44	78609	24.62	283191	88.70	3.60
45-64	39394	25.10	238544	151.97	6.06
65-74	10033	20.77	55517	114.95	5.53
75-84	6215	21.15	33752	114.87	5.43
85+	3782	22.11	18224	106.53	4.82
Unknown	0		0		
Total	172,984	8.10	800,831	37.49	4.63
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	6943	1.03	19685	2.93	2.84
20-44	55541	17.40	155425	48.68	2.80

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)					
45-64	74	0.05	246	0.16	3.32
Unknown	0		0		
Total	62,558	5.45	175,356	15.28	2.80
*The maternity category is calculated using member months for members 10-64					
Surgery					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1789	1.73	38628	37.45	21.59
1-9	2520	0.32	17125	2.17	6.80
10-19	2792	0.42	16547	2.47	5.93
20-44	6026	1.89	47442	14.86	7.87
45-64	9721	6.19	87667	55.85	9.02
65-74	2184	4.52	17415	36.06	7.97
75-84	1045	3.56	8157	27.76	7.81
85+	497	2.91	3533	20.65	7.11
Unknown	0		0		
Total	26,574	1.24	236,514	11.07	8.90
Medicine					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	6059	5.87	29447	28.55	4.86
1-9	8966	1.13	27921	3.53	3.11
10-19	5877	0.88	22234	3.31	3.78
20-44	17014	5.33	80257	25.14	4.72
45-64	29599	18.86	150631	95.97	5.09
65-74	7849	16.25	38102	78.89	4.85
75-84	5170	17.60	25595	87.11	4.95
85+	3285	19.20	14691	85.88	4.47
Unknown	0		0		
Total	83,819	3.92	388,878	18.20	4.64

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)			Member Months (Outpatient/ED)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-12	5828776	5585849	11,414,625	5828776	5585849	11,414,625	5828776	5585849	11,414,625	5828776	5585849	11,414,625
13-17	1808656	1758664	3,567,320	1808656	1758662	3,567,318	1808656	1758662	3,567,318	1808656	1758664	3,567,320
18-64	1627181	3804623	5,431,804	1627169	3804632	5,431,801	1627169	3804632	5,431,801	1627181	3804623	5,431,804
65+	287885	659966	947,851	287885	659966	947,851	287885	659966	947,851	287885	659966	947,851
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	9,552,498	11,809,102	21,361,600	9,552,486	11,809,109	21,361,595	9,552,486	11,809,109	21,361,595	9,552,498	11,809,102	21,361,600
Age	Sex	Any Services		Inpatient		Intensive		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	49593	10.21%	795	0.16%	301	0.06%	49518	10.19%			
	F	29769	6.40%	625	0.13%	177	0.04%	29697	6.38%			
	Total	79,362	8.34%	1,420	0.15%	478	0.05%	79,215	8.33%			
13-17	M	22343	14.82%	1486	0.99%	301	0.20%	22114	14.67%			
	F	21217	14.48%	2703	1.84%	561	0.38%	20788	14.18%			
	Total	43,560	14.65%	4,189	1.41%	862	0.29%	42,902	14.43%			
18-64	M	22644	16.70%	3497	2.58%	123	0.09%	21489	15.85%			
	F	44487	14.03%	5098	1.61%	480	0.15%	42902	13.53%			
	Total	67,131	14.83%	8,595	1.90%	603	0.13%	64,391	14.23%			
65+	M	1778	7.41%	1005	4.19%	1	0.00%	899	3.75%			
	F	4632	8.42%	2725	4.95%	7	0.01%	2190	3.98%			
	Total	6,410	8.12%	3,730	4.72%	8	0.01%	3,089	3.91%			
Unknown	M	0		0		0		0				
	F	0		0		0		0				
	Total	0		0		0		0				
Total	M	96,358	12.10%	6,783	0.85%	726	0.09%	94,020	11.81%			
	F	100,105	10.17%	11,151	1.13%	1,225	0.12%	95,577	9.71%			
	Total	196,463	11.04%	17,934	1.01%	1,951	0.11%	189,597	10.65%			

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	2842653									
Percentage of Members for Whom the Organization Has Race/Ethnicity Information by Data Collection										
Direct Data Collection Method			Indirect Data Collection		Unknown					
Race	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.8934								
	Other*	0.1066								
Ethnicity	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000				
	Health Plan Direct*	0.0000								
	CMS/State Database*	0.8934								
	Other*	0.1066								
*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	268741	82.06%	771533	34.92%	0		127905	41.80%	1,168,179	41.09%
Black or African American	9483	2.90%	1196996	54.18%	0		103392	33.79%	1,309,871	46.08%
American-Indian and Alaska Native	1056	0.32%	2464	0.11%	0		468	0.15%	3,988	0.14%
Asian	1190	0.36%	50657	2.29%	0		9992	3.27%	61,839	2.18%
Native Hawaiian and Other Pacific Islanders	917	0.28%	1510	0.07%	0		11	0.00%	2,438	0.09%
Some Other Race	41394	12.64%	32347	1.46%	0		536	0.18%	74,277	2.61%
Two or More Races	5	0.00%	8	0.00%	0		0	0.00%	13	0.00%
Unknown	3219	0.98%	113695	5.15%	0		22975	7.51%	139,889	4.92%
Declined	1502	0.46%	39909	1.81%	0		40748	13.32%	82,159	2.89%
Total	327,507	100.00%	2,209,119	100.00%	0		306,027	100.00%	2,842,653	100.00%