



Georgia Department of Community Health

Validation of Performance Measures

for

Peach State Health Plan

Measurement Period: Calendar Year 2011

Validation Period: State Fiscal Year 2012

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for Peach State Health Plan

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Validation of Performance Measures

for Peach State Health Plan

Validation Overview

Validation of performance measures is one of three mandatory external quality review (EQR) activities that the Balanced Budget Act of 1997 (BBA) requires state Medicaid agencies to perform. Health Services Advisory Group, Inc. (HSAG), the external quality review organization (EQRO) for the Department of Community Health (DCH), conducted the validation activities. DCH contracts with three care management organizations (CMOs) to provide services to Medicaid managed care enrollees and PeachCare for Kids[®] enrollees. PeachCare for Kids[®] is the name of Georgia’s stand-alone Children’s Health Insurance Program (CHIP). DCH identified a set of performance measures that were calculated and reported by the CMOs for validation. HSAG conducted the validation activities as outlined in the Centers for Medicare & Medicaid Services (CMS) publication, *Validating Performance Measures: A Protocol for Use in Conducting External Quality Review Activities*, Final Protocol, Version 1.0, May 1, 2002 (CMS performance measure validation protocol).

Care Management Organization (CMO) Information

HSAG validated performance measures calculated and reported by **Peach State Health Plan (Peach State)**. Information about **Peach State** appears in Table 1.

Table 1—Peach State Information	
CMO Name:	Peach State Health Plan
CMO Location:	3200 Highlands Parkway SE, Suite 300 Smyrna, GA 30082
CMO Contact:	Joyce McElwain, Senior Director, Quality Improvement (QI)
Contact Telephone Number:	678.556.2344
Contact E-mail Address:	jmcelwain@centene.com
Site Visit Date:	March 6, 2012

Performance Measures Validated

HSAG validated performance measures identified and selected by DCH for validation. Two performance measures were selected from the Agency for Healthcare Research and Quality (AHRQ) Quality Indicator set, and five performance measures were selected from the Children’s Health Insurance Program Reauthorization Act (CHIPRA) Initial Core Set of Children’s Health Care Quality Measures. The measurement period was identified by DCH as calendar year (CY) 2011 for all measures except the two CHIPRA dental measures. They were reported for federal fiscal year (FFY) 2011 per CMS requirements. Table 2 lists the performance measures that HSAG validated and identifies who calculated the performance measure rates.

Table 2—List of CY 2011 Performance Measures for Peach State		
	Performance Measure	Rate Calculation by:
1.	Low Birth Weight Rate (AHRQ)	Peach State
2.	Cesarean Delivery Rate (AHRQ)	Peach State
3.	Percentage of Eligibles That Received Preventive Dental Services (CHIPRA)	Peach State
4.	Otitis Media With Effusion (OME)—Avoidance of Inappropriate Use of Systemic Antimicrobials (CHIPRA)	Peach State
5.	Percentage of Eligibles That Received Dental Treatment Services (CHIPRA)	Peach State
6.	Annual Percentage of Asthma Patients With One or More Asthma-Related Emergency Room Visits (CHIPRA)	Peach State
7.	Annual Pediatric Hemoglobin (HbA1c) Testing (CHIPRA)	Peach State

In addition, **Peach State** was required to report a selected set of Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures to DCH. **Peach State** was required to contract with an NCQA-licensed audit organization and undergo a NCQA HEDIS Compliance Audit[™]. Final audited HEDIS measure results were submitted to DCH via NCQA’s Interactive Data Submission System (IDSS) and provided to HSAG. HSAG will use these results in addition to the measures HSAG validated and displayed within this report as data sources for the annual EQR technical report. Appendices D and E display the final audited HEDIS 2012 results for all required measures.

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

Description of Validation Activities

Pre-Audit Strategy

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

HSAG then prepared a document request letter that was submitted to **Peach State** outlining the steps in the performance measure validation process. The document request letter included a request for source code for each performance measure; a completed HEDIS 2012 Record of Administration, Data Management, and Processes (Roadmap); and any additional supporting documentation necessary to complete the audit. HSAG responded to Roadmap-related questions received directly from **Peach State** during the pre-on-site phase.

For the on-site visit, HSAG prepared an agenda describing all visit activities and indicating the type of staffing needed for each session. HSAG provided the agenda to **Peach State** approximately one week prior to the on-site visit. HSAG also conducted a pre-on-site conference call with **Peach State** to discuss any outstanding Roadmap questions and on-site visit activity expectations.

Validation Team

The HSAG Performance Measure Validation Team was composed of a lead auditor and validation team members. HSAG assembled the team based on the skills required for the validation and requirements of **Peach State**. Some team members, including the lead auditor, participated in the on-site meetings at **Peach State**; others conducted their work at HSAG’s offices. **Peach State**’s validation team was composed of the following members in the designated positions. Table 3 lists the validation team members, their positions, and their skills and expertise.

Name / Role	Skills and Expertise
Jennifer Lenz, MPH, CHCA <i>Lead Auditor</i>	Certified HEDIS auditor, performance measure validation knowledge, health care quality expertise, and interviewing skills
David Mabb, MS, CHCA <i>Associate Director, Audits</i>	Certified HEDIS auditor, HEDIS knowledge, source code review manager, and statistics and analysis.
Ron Holcomb, AS <i>Source Code Reviewer</i>	Source code review
Tammy Gianfrancesco <i>Project Leader</i>	Overall project coordination and communications

Technical Methods of Data Collection and Analysis

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

- ◆ **NCQA's HEDIS 2012 Roadmap: Peach State** completed and submitted the required and relevant portions of its Roadmap for review by the validation team. The validation team used the responses from the Roadmap to complete the pre-on-site systems assessment.
- ◆ **Source code (programming language) for performance measures:** HSAG requested and received source code from **Peach State** that calculated its performance measure rates using automated computer code. The validation team completed a line-by-line code review and observation of program logic flow to ensure compliance with State measure definitions during the on-site visit. Source code reviewers identified areas of deviation and shared them with the lead auditor to evaluate the impact of the deviation on the measure and assess the degree of bias (if any).
- ◆ **Supporting documentation:** HSAG requested any documentation that would provide reviewers with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. The validation team reviewed all supporting documentation, identifying issues or clarifications for further follow-up.

On-Site Activities

HSAG conducted an on-site visit with **Peach State** on March 6, 2012. HSAG collected information using several methods, including interviews, system demonstration, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

- ◆ **Opening meeting:** The opening meeting included an introduction of the validation team and key **Peach State** staff members involved in the performance measure activities. The review purpose, the 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 assessment, focusing on the processing of claims and encounter 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 **Peach State** staff members so that the validation team could obtain a complete picture of all the steps taken to generate the performance measure rates. The goal of the session was to obtain a confidence level as to the degree of compliance with written documentation compared to the actual process. 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 requirements for any post-visit activities.

HSAG conducted several interviews with key **Peach State** staff members who were involved with performance measure reporting. Table 4 lists key **Peach State** interviewees:

Table 4—List of Peach State Interviewees	
Name	Title
Chevron Cardenas	Sr. Director, Member and Provider Services
Donna McIntosh	Director, Compliance
Clyde White	VP, Compliance
Ron Purisma	Manager, QI Analytics
Vandana Pandita	Director, Accreditation
Joyce McElwain	Sr. Director, QI
Dean Greeson	Senior Medical Director
Mark Smith	Manager, Corporate Encounters (Georgia)
Tony Ward	Director, Claims
Loni Eaton	Manager, Claims Support Services
Heather House	Supervisor, Claims
Yolanda Spivey	Senior Director, Data Analytics
Vicki Pitlajk	Director, Claims (Farmington)
Dana Sulton	Encounters Specialist EPO (Georgia)
Luke Ferguson	Encounters Analyst (Georgia)
Kimberly Weakley	Senior Director, Provider Operations
Detra Friley	Manager, Provider Data
Wanda Lee	Manager
Jason Rosen	HEDIS Analyst
Tony Masgio	IT Integration, Corporate
Janet Johnson	IT Integration, Corporate

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 for 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 **Peach State**, which included a review of file consolidations or extracts, a comparison of source data to warehouse files, data integration documentation, source code, production activity logs, and linking mechanisms. Overall, the validation team determined that the data integration processes in place at **Peach State** were:

- Acceptable
- Not acceptable

Data Control

Peach State's organizational infrastructure must support all necessary information systems; and its 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 **Peach State** used which included a review of disaster recovery procedures, data backup protocols, and related policies and procedures. Overall, the validation team determined that the data control processes in place at **Peach State** 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 **Peach State**. 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 calculations, and other related documentation. Overall, the validation team determined that the documentation of performance measure calculations by **Peach State** was:

- Acceptable
- Not acceptable

Validation Results

The validation team evaluated **Peach State**'s data systems for processing of each type of data used for reporting the DCH performance measure rates. General findings are indicated below:

Medical Service Data (Claims/Encounters)

Peach State uses AMISYS to process claims and has no capitated providers. Therefore, all providers must submit a claim for the purpose of payment. **Peach State** receives a high percentage of claims electronically, approximately 90 percent, which leaves a small number of claims for manual processing. There were sufficient edit checks in place for the processing of electronic claims and electronic data interchange (EDI) files. Paper claims are processed at **Peach State**'s claims processing center in Farmington, New Mexico. **Peach State** conducts monthly audits of its claims processors and provides feedback to the claims processors regarding keying errors. While there was sufficient training and oversight of the manual claims process, the auditor recommends that **Peach State** formally document data entry results in addition to the financial accuracy results. **Peach State** had sufficient edit checks in place to detect invalid codes, only accepts industry standard codes, and does not use any homegrown codes. **Peach State** primarily receives delivery claims through a global bill, receives inpatient revenue codes, and uses a DRG grouper.

Peach State delegates claims processing functions for pharmacy and dental services. The pharmacy vendor, US Script, provided pharmacy data to **Peach State** at least weekly. Paid, denied, and reversal information was included on the file. The data are loaded into a separate table in the data warehouse for the purposes of HEDIS reporting. **Peach State** indicated it conducts financial reconciliation of pharmacy data for the purposes of vendor oversight; however, this information could not be produced for the auditor. **Peach State** did provide claims information by month for the 2011 calendar year. The volume was consistent; therefore, there were no concerns with complete data.

Peach State uses DentaQuest for dental claims processing. Data are received every two weeks on a flat file, and the files are loaded into **Peach State**'s data warehouse as medical claims. Both paid and denied claims are included in the DentaQuest files. All dental providers are paid fee-for-service.

The auditor identified no concerns with **Peach State**'s ability to capture complete and accurate data; however, the auditor encourages **Peach State** to formally implement and document a process that monitors vendor volume.

Enrollment Data

Peach State receives three types of enrollment files from Hewlett Packard (HP), DCH's Medicaid Management Information System (MMIS) vendor. The files include a daily change file, a monthly full file, and the end-of-month adjustment file. All files are posted to the FTP site from HP and retrieved and processed by **Peach State**. **Peach State** had sufficient procedures in place to systematically identify discrepancies for local enrollment processors to update. Enrollment information is housed in AMISYS. **Peach State** indicated that there were some issues with

processing data in April 2011 for newborns that had not been included on the daily file since March 25, 2011. To resolve the issue, the DCH provided **Peach State** with an ad hoc file; and members were manually loaded in the system, which took approximately three-to-four days to process. **Peach State** had very good processes in place to ensure monthly oversight of manually entered data.

Newborns are assigned a Medicaid ID at the time of enrollment and are sometimes passed from DCH to **Peach State** as “baby boy,” etc. The newborns are not linked to their mothers, and **Peach State** is dependent on DCH’s files to show the member as a duplicate or member merge. **Peach State** has a process to forward potential duplicates to the DCH for research and resolution.

There were no concerns identified with **Peach State**’s ability to process eligibility data.

Provider Data

Peach State used a CACTUS database for provider data through July 2011. Beginning in August 2011, **Peach State** implemented Portico to house all provider data. Portico interfaces electronically with the AMISYS system for the purposes of claims payment. Dental provider information is received through a file feed at the corporate location and uploaded into the Portico system monthly. The system is able to capture provider specialties at the individual level; however, federally qualified health centers (FQHCs) are built on a facility number; therefore, the rendering provider and associated provider type are not captured on these claims. This can result in under/over reporting for measures that require a provider type. There were no issues identified with the conversion from CACTUS to Portico.

Peach State should work toward requiring FQHCs to submit the rendering provider for all claims to capture the provider type.

Medical Record Review Process

Peach State was only required to submit administrative rates for the HSAG validated performance measure rates; therefore, no HSAG validated measures used the hybrid method, and medical record review was not required.

Supplemental Data

The auditor verified that **Peach State** did not use any sources of supplemental data.

Data Integration

Peach State produced its own rates for the two AHRQ measures (Cesarean Delivery Rate, and Low Birth Weight Rate), and used its vendor, MedAssurant, to calculate the CMS CHIPRA measures. **Peach State** loaded data into its data warehouse for the purposes of producing the measures. As part of the data integration review, the auditor reviewed a MedAssurant data load report showing that all data files were processed completely and accurately. Overall, there were no concerns with **Peach State**’s integration of data to produce valid rates.

Performance Measure Specific Findings

Based on all validation activities, the HSAG Performance Measure Validation Team determined validation results for each performance measure rate. Table 5 displays the key review results. For detailed information, see Appendix B of this report.

Table 5—Key Review Results for Peach State		
	Performance Measures	Key Review Findings
1.	Low Birth Weight Rate (<i>AHRQ</i>)	No concerns identified
2.	Cesarean Delivery Rate (<i>AHRQ</i>)	No concerns identified
3.	Percentage of Eligibles That Received Preventive Dental Services (<i>CHIPRA</i>)	No concerns identified
4.	Otitis Media With Effusion (OME)—Avoidance of Inappropriate Use of Systemic Antimicrobials (<i>CHIPRA</i>)	The specifications were followed to calculate this measure; however, Georgia providers do not submit CPT Category II codes so rates could not be calculated.
5.	Percentage of Eligibles That Received Dental Treatment Services (<i>CHIPRA</i>)	No concerns identified
6.	Annual Percentage of Asthma Patients With One or More Asthma-Related Emergency Room Visits (<i>CHIPRA</i>)	No concerns identified
7.	Annual Pediatric Hemoglobin (HbA1c) Testing (<i>CHIPRA</i>)	No concerns identified

Validation Findings

HSAG provided an audit designation for each performance measure as defined in Table 6:

Table 6—Validation Findings Definitions	
Report (R)	The organization followed the specifications and produced a reportable rate or result for the measure.
Not Report (NR)	The calculated rate was materially biased, or the organization chose not to report the measure, or the organization was not required to report the measure.

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

Table 7 shows the final validation findings for **Peach State** for each performance measure. For additional information regarding performance measure rates, see Appendix C of this report.

Table 7—Validation Findings for Peach State		
	Performance Measures	Validation Finding
1.	Low Birth Weight Rate (<i>AHRQ</i>)	Report
2.	Cesarean Delivery Rate (<i>AHRQ</i>)	Report
3.	Percentage of Eligibles That Received Preventive Dental Services (<i>CHIPRA</i>)	Report
4.	Otitis Media With Effusion (OME)—Avoidance of Inappropriate Use of Systemic Antimicrobials (<i>CHIPRA</i>)	Not Report
5.	Percentage of Eligibles That Received Dental Treatment Services (<i>CHIPRA</i>)	Report
6.	Annual Percentage of Asthma Patients With One or More Asthma-Related Emergency Room Visits (<i>CHIPRA</i>)	Report
7.	Annual Pediatric Hemoglobin (HbA1c) Testing (<i>CHIPRA</i>)	Report

Appendix A. Data Integration and Control Findings for Peach State Health Plan

Appendix A, which follows this page, contains the data integration and control findings for **Peach State**.

Appendix A. Data Integration and Control Findings for Peach State Health Plan

Documentation Worksheet

CMO Name:	Peach State Health Plan
On-Site Visit Date:	March 6, 2012
Reviewers:	Jennifer Lenz, MPH, CHCA

Data Integration and Control Element	Met	Not Met	N/A	Comments
Accuracy of data transfers to assigned performance measure data repository				
The CMO accurately and completely processes transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the performance measure data repository used to keep the data until the calculations of the performance measures have been completed and validated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Samples of data from the performance measure data repository are complete and accurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All measures were administrative; therefore, no samples were drawn.
Accuracy of file consolidations, extracts, and derivations				
The CMO'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 CMO 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 CMO production activity logs and the CMO 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 CMO 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 CMO's processes and documentation comply with the CMO standards associated with reporting program specifications, code review, and testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix B. Denominator and Numerator Validation Findings for Peach State Health Plan

Appendix B, which follows this page, contains the denominator and numerator validation findings for **Peach State**.

Appendix B. Denominator and Numerator Validation Findings for Peach State Health Plan

Reviewer Worksheets

CMO Name:	Peach State Health Plan
On-Site Visit Date:	March 6, 2012
Reviewers:	Jennifer Lenz, MPH, CHCA

Table B-1—Denominator Validation Findings for Peach State Health Plan

Audit Element	Met	Not Met	N/A	Comments
For each of the performance measures, all members of the relevant populations identified in the performance measure specifications are included in the population from which the denominator is produced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance measures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO correctly calculates member months and member years if applicable to the performance measure.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to the measures being reported.
The CMO properly evaluates the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes are appropriately identified and applied as specified in each performance measure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If any time parameters are required by the specifications of the performance measure, they are followed (e.g., cutoff dates for data collection, counting 30 calendar days after discharge from a hospital, etc.).	<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 CMO to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Population estimates were not used.

Table B-2—Numerator Validation Findings for Peach State Health Plan				
Audit Element	Met	Not Met	N/A	Comments
The CMO uses the appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO 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 CMO did not 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 Results for Peach State Health Plan

Appendix C, which follows this page, contains **Peach State**'s performance measure results.

**Appendix C. Performance Measure Results
for Peach State Health Plan**

Indicator 1—Low Birth Weight Rate

Table C-1—Indicator 1 for Peach State Health Plan	
	Rate (per 100)
Low Birth Weight Rate	7.0

Indicator 2—Cesarean Delivery Rate

Table C-2—Indicator 2 for Peach State Health Plan	
	Rate (per 100)
Cesarean Delivery Rate	31.9

Indicator 3—Percentage of Eligibles that Received Preventive Dental Services

Table C-3—Indicator 3 for Peach State Health Plan	
	Rate
Preventive Dental Services	45.9%

Indicator 4—Otitis Media with Effusion (OME)—Avoidance of Inappropriate Use of Systemic Antimicrobials

Table C-4—Indicator 4 for Peach State Health Plan	
	Rate
Otitis Media with Effusion	37.9%

Indicator 5—Percentage of Eligibles that Received Dental Treatment Services

Table C-5—Indicator 5 for Peach State Health Plan	
	Rate
Dental Treatment Services	22.1%

Indicator 6—Annual Percentage of Asthma Patients with One or More Asthma-Related Emergency Room Visit

Table C-6—Indicator 6 for Peach State Health Plan	
	Rate
Asthma ER	11.8%

Indicator 7—Annual Pediatric Hemoglobin (HbA1c) Testing

Table C-7—Indicator 7 for Peach State Health Plan	
	Rate
Pediatric HbA1c Testing	82.0%

Appendix D. Final Audited HEDIS Results for Peach State Health Plan

Appendices D and E, which follow this page, contain **Peach State**'s final audited HEDIS results.

Appendix D. Final Audited HEDIS Results for Peach State Health Plan

CMO Audited Calendar Year 2011 HEDIS Performance Measure Report—Peach State Health Plan	
Measure	CMO Rate
Adolescent Well-Care Visits	38.5%
Adults' Access to Preventive/Ambulatory Health Services—Ages 20–44 Years	84.8%
Adults' Access to Preventive/Ambulatory Health Services—Ages 45–64 Years	88.6%
Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years	NA
Adults' Access to Preventive/Ambulatory Health Services—Total	85.2%
Adult BMI Assessment	48.0% Hybrid
Annual Dental Visit—Ages 2–3 Years	43.9%
Annual Dental Visit—Ages 4–6 Years	75.6%
Annual Dental Visit—Ages 7–10 Years	78.6%
Annual Dental Visit—Ages 11–14 Years	70.5%
Annual Dental Visit—Ages 15–18 Years	58.9%
Annual Dental Visit—Ages 19–21 Years	39.2%
Annual Dental Visit—Total	67.5%
Annual Monitoring for Patients on Persistent Medications—Total	83.8%
Antidepressant Medication Management—Effective Acute Phase Treatment	38.4%
Antidepressant Medication Management—Effective Continuation Phase Treatment	23.4%
Appropriate Testing for Children with Pharyngitis	68.8%
Appropriate Treatment for Children with Upper Respiratory Infection (URI) ²	77.8%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis ²	20.6%
Breast Cancer Screening	52.9%
Call Abandonment	1.6%

CMO Audited Calendar Year 2011 HEDIS Performance Measure Report—Peach State Health Plan	
Measure	CMO Rate
Call Answer Timeliness	87.4%
Cervical Cancer Screening	70.0% Hybrid
Cholesterol Management for Patients with Cardiovascular Conditions— LDL-C Screening	77.6% Hybrid
Cholesterol Management for Patients with Cardiovascular Conditions— LDL-C Control	19.0% Hybrid
Childhood Immunization Status—Combo 3	76.6% Hybrid
Childhood Immunization Status—Combo 10	17.6% Hybrid
Children’s and Adolescents’ Access to Primary Care Providers—Ages 12– 24 Months	95.7%
Children’s and Adolescents’ Access to Primary Care Providers—Ages 25 Months–6 Years	90.5%
Children’s and Adolescents’ Access to Primary Care Providers—Ages 7– 11 Years	90.3%
Children’s and Adolescents’ Access to Primary Care Providers—Ages 12– 19 Years	87.2%
Chlamydia Screening in Women—Total	60.2%
Comprehensive Diabetes Care—Blood Pressure Control <140/80	36.1% Hybrid
Comprehensive Diabetes Care—Blood Pressure Control <140/90	58.0% Hybrid
Comprehensive Diabetes Care—Eye Exam	53.7% Hybrid
Comprehensive Diabetes Care—HbA1c Good Control <7.0	28.8% Hybrid
Comprehensive Diabetes Care—HbA1c Good Control <8.0	37.4% Hybrid
Comprehensive Diabetes Care—HbA1c Poor Control ¹	54.5% Hybrid
Comprehensive Diabetes Care—HbA1c Testing	77.4% Hybrid
Comprehensive Diabetes Care—LDL-C Level	27.5% Hybrid

CMO Audited Calendar Year 2011 HEDIS Performance Measure Report—Peach State Health Plan	
Measure	CMO Rate
Comprehensive Diabetes Care—LDL-C Screening	65.5% Hybrid
Comprehensive Diabetes Care—Medical Attention to Nephropathy	71.1% Hybrid
Controlling High Blood Pressure ³	NR 47.6% Hybrid
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	72.5%
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up	74.6%
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up	51.3%
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase	43.7%
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	57.4%
Frequency of Ongoing Prenatal Care—< 21 Percent	7.9% Hybrid
Frequency of Ongoing Prenatal Care—21–40 Percent	3.9% Hybrid
Frequency of Ongoing Prenatal Care—41–60 Percent	5.1% Hybrid
Frequency of Ongoing Prenatal Care—61–80 Percent	12.5% Hybrid
Frequency of Ongoing Prenatal Care—81+ Percent	70.5% Hybrid
Human Papillomavirus Vaccine for Female Adolescents	17.7%
Immunizations for Adolescents—Combo 1	70.8% Hybrid
Initiation and Engagement of AOD Dependence Treatment—Initiation	34.6%
Initiation and Engagement of AOD Dependence Treatment—Engagement	8.7%
Inpatient Utilization—General Hospital/Acute Care—Total	Rates reported in Appendix E

CMO Audited Calendar Year 2011 HEDIS Performance Measure Report—Peach State Health Plan	
Measure	CMO Rate
Lead Screening in Children	70.8% Hybrid
Medication Management for People with Asthma—Total-Medication Compliance 50%	40.6%
Medication Management for People with Asthma—Total-Medication Compliance 75%	17.1%
Persistence of Beta-Blocker Treatment After a Heart Attack	NA
Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid	69.6%
Pharmacotherapy Management of COPD Exacerbation—Bronchodilator	87.0%
Prenatal and Postpartum Care—Postpartum Care	61.7% Hybrid
Prenatal and Postpartum Care—Timeliness of Prenatal Care	85.8% Hybrid
Use of Appropriate Medications for People with Asthma—Ages 5–11 Years	91.3%
Use of Appropriate Medications for People with Asthma—Ages 12–18 Years	90.6%
Use of Appropriate Medications for People with Asthma—Ages 19–50 Years	73.6%
Use of Appropriate Medications for People with Asthma—Ages 51–64 Years	NA
Use of Appropriate Medications for People with Asthma—Total	90.4%
Use of Imaging Studies for Low Back Pain ²	75.8%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	43.2%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Total)	22.7% Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition (Total)	40.7% Hybrid

CMO Audited Calendar Year 2011 HEDIS Performance Measure Report—Peach State Health Plan	
Measure	CMO Rate
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity (Total)	29.4% Hybrid
Well-Child Visits in the First 15 Months of Life—Zero Visits	7.2% Hybrid
Well-Child Visits in the First 15 Months of Life—One Visit	3.5% Hybrid
Well-Child Visits in the First 15 Months of Life—Two Visits	3.0% Hybrid
Well-Child Visits in the First 15 Months of Life—Three Visits	7.4% Hybrid
Well-Child Visits in the First 15 Months of Life—Four Visits	11.3% Hybrid
Well-Child Visits in the First 15 Months of Life—Five Visits	17.1% Hybrid
Well-Child Visits in the First 15 Months of Life—Six or More Visits	50.5% Hybrid
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	67.4% Hybrid
Frequency of Selected Procedures	Rates reported in Appendix E
Mental Health Utilization—Total	Rates reported in Appendix E
Board Certification	NR
Total Membership	Rates reported in Appendix E
Enrollment by Product Line—Total	Rates reported in Appendix E
Enrollment by State	Rates reported in Appendix E
Identification of Alcohol and Other Drug Services—Total	Rates reported in Appendix E
Weeks of Pregnancy at Time of Enrollment	Rates reported in Appendix E
Race/Ethnicity Diversity of Membership	Rates reported in Appendix E

CMO Audited Calendar Year 2011 HEDIS Performance Measure Report—Peach State Health Plan	
Measure	CMO Rate
Language Diversity of Membership	Rates reported in Appendix E
Ambulatory Care—Total	Rates reported in Appendix E
Relative Resource Use for People with Diabetes	NR
Relative Resource Use for People with Asthma	NR
Relative Resource Use for People with Cardiovascular Conditions	NR
Relative Resource Use for People with COPD	NR
Relative Resource Use for People with Hypertension	NR
Antibiotic Utilization—Total	Rates reported in Appendix E

¹ Note: Lower rate is better.

² Note: The measure is reported as an inverted rate. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed). The rate is calculated as 1 minus the numerator divided by the eligible population.

³ Note: The plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in *HEDIS 2012 Technical Specifications for Health Plans, Volume 2*; however, rotation is not allowed by DCH. Therefore, the rotated rate is not reportable with DCH.

Appendix E: Department of Community Health, State of Georgia
Audited CY 2011 HEDIS Measure Results for Peach State

Audit Review Table						
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None); Measurement Year - 2011						
The Auditor lock has been applied to this submission.						
Measure/Data Element	Report Measure	Benefit Offered	Rotated Measure	Rate	Reportable	Comment
Effectiveness of Care: Prevention and Screening						
Adult BMI Assessment (aba)	Y			48.0%	R	Reportable
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)	Y					
<i>BMI Percentile</i>				22.7%	R	Reportable
<i>Counseling for Nutrition</i>				40.7%	R	Reportable
<i>Counseling for Physical Activity</i>				29.4%	R	Reportable
Childhood Immunization Status (cis)	Y					
<i>DTaP</i>				83.8%	R	Reportable
<i>IPV</i>				96.8%	R	Reportable
<i>MMR</i>				94.2%	R	Reportable
<i>HiB</i>				95.6%	R	Reportable
<i>Hepatitis B</i>				95.6%	R	Reportable
<i>VZV</i>				95.4%	R	Reportable
<i>Pneumococcal Conjugate</i>				85.2%	R	Reportable
<i>Hepatitis A</i>				45.8%	R	Reportable
<i>Rotavirus</i>				66.7%	R	Reportable
<i>Influenza</i>				36.3%	R	Reportable
<i>Combination #2</i>				80.6%	R	Reportable
<i>Combination #3</i>				76.6%	R	Reportable
<i>Combination #4</i>				42.6%	R	Reportable
<i>Combination #5</i>				58.6%	R	Reportable
<i>Combination #6</i>				34.0%	R	Reportable
<i>Combination #7</i>				33.3%	R	Reportable
<i>Combination #8</i>				20.8%	R	Reportable
<i>Combination #9</i>				28.0%	R	Reportable
<i>Combination #10</i>				17.6%	R	Reportable
Immunizations for Adolescents (ima)	Y					
<i>Meningococcal</i>				72.7%	R	Reportable
<i>Tdap/Td</i>				81.9%	R	Reportable
<i>Combination #1</i>				70.8%	R	Reportable
Human Papillomavirus Vaccine for Female Adolescents (hpv)	Y			17.7%	R	Reportable
Lead Screening in Children (lsc)	Y			70.8%	R	Reportable
Breast Cancer Screening (bcs)	Y			52.9%	R	Reportable
Cervical Cancer Screening (ccs)	Y		N	70.0%	R	Reportable
Chlamydia Screening in Women (chl)	Y					
<i>16-20 Years</i>				55.6%	R	Reportable
<i>21-24 Years</i>				72.3%	R	Reportable
<i>Total</i>				60.2%	R	Reportable
Effectiveness of Care: Respiratory Conditions						
Appropriate Testing for Children with Pharyngitis (cwp)	Y	Y		68.8%	R	Reportable
Appropriate Treatment for Children With URI (uri)	Y	Y		77.8%	R	Reportable
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (aab)	Y	Y		20.6%	R	Reportable
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)	Y			43.2%	R	Reportable
Pharmacotherapy Management of COPD Exacerbation (pce)	Y	Y				
<i>Systemic Corticosteroid</i>				69.6%	R	Reportable
<i>Bronchodilator</i>				87.0%	R	Reportable
Use of Appropriate Medications for People With Asthma (asm)	Y	Y				
<i>5-11 Years</i>				91.3%	R	Reportable
<i>12-18 Years</i>				90.6%	R	Reportable
<i>19-50 Years</i>				73.6%	R	Reportable
<i>51-64 Years</i>				NA	R	Denominator fewer than 30
<i>Total</i>				90.4%	R	Reportable
Medication Management for People With Asthma (mma)	Y	Y				
<i>5-11 Years - Medication Compliance 50%</i>				40.8%	R	Reportable
<i>5-11 Years - Medication Compliance 75%</i>				17.9%	R	Reportable
<i>12-18 Years - Medication Compliance 50%</i>				39.7%	R	Reportable
<i>12-18 Years - Medication Compliance 75%</i>				15.2%	R	Reportable
<i>19-50 Years - Medication Compliance 50%</i>				42.6%	R	Reportable
<i>19-50 Years - Medication Compliance 75%</i>				19.4%	R	Reportable

Appendix E: Department of Community Health, State of Georgia
Audited CY 2011 HEDIS Measure Results for Peach State

51-64 Years - Medication Compliance 50%				NA	R	Denominator fewer than 30
51-64 Years - Medication Compliance 75%				NA	R	Denominator fewer than 30
Total - Medication Compliance 50%				40.6%	R	Reportable
Total - Medication Compliance 75%				17.1%	R	Reportable
Effectiveness of Care: Cardiovascular						
Cholesterol Management for Patients With Cardiovascular Conditions (cmc)	Y					
LDL-C Screening Performed				77.6%	R	Reportable
LDL-C Control (<100 mg/dL)				19.0%	R	Reportable
Controlling High Blood Pressure (cbp)	Y		Y ¹	47.6%	R	Reportable
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	Y	Y		NA	R	Denominator fewer than 30
Effectiveness of Care: Diabetes						
Comprehensive Diabetes Care (cdc)	Y					
Hemoglobin A1c (HbA1c) Testing				77.4%	R	Reportable
HbA1c Poor Control (>9.0%)				54.5%	R	Reportable
HbA1c Control (<8.0%)				37.4%	R	Reportable
HbA1c Control (<7.0%)				28.8%	R	Reportable
Eye Exam (Retinal) Performed				53.7%	R	Reportable
LDL-C Screening Performed				65.5%	R	Reportable
LDL-C Control (<100 mg/dL)				27.5%	R	Reportable
Medical Attention for Nephropathy				71.1%	R	Reportable
Blood Pressure Control (<140/80 mm Hg)				36.1%	R	Reportable
Blood Pressure Control (<140/90 mm Hg)				58.0%	R	Reportable
Effectiveness of Care: Musculoskeletal						
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)	Y	Y		72.5%	R	Reportable
Use of Imaging Studies for Low Back Pain (lbp)	Y			75.8%	R	Reportable
Effectiveness of Care: Behavioral Health						
Antidepressant Medication Management (amm)	Y	Y				
Effective Acute Phase Treatment				38.4%	R	Reportable
Effective Continuation Phase Treatment				23.4%	R	Reportable
Follow-Up Care for Children Prescribed ADHD Medication (add)	Y	Y				
Initiation Phase				43.7%	R	Reportable
Continuation and Maintenance (C&M) Phase				57.4%	R	Reportable
Follow-Up After Hospitalization for Mental Illness (fuh)	Y	Y				
30-Day Follow-Up				74.6%	R	Reportable
7-Day Follow-Up				51.3%	R	Reportable
Effectiveness of Care: Medication Management						
Annual Monitoring for Patients on Persistent Medications (mpm)	Y	Y				
ACE Inhibitors or ARBs				84.6%	R	Reportable
Digoxin				NA	R	Denominator fewer than 30
Diuretics				84.9%	R	Reportable
Anticonvulsants				65.2%	R	Reportable
Total				83.8%	R	Reportable
Access/Availability of Care						
Adults' Access to Preventive/Ambulatory Health Services (aap)	Y					
20-44 Years				84.8%	R	Reportable
45-64 Years				88.6%	R	Reportable
65+ Years				NA	R	Denominator fewer than 30
Total				85.2%	R	Reportable
Children and Adolescents' Access to Primary Care Practitioners (cap)	Y					
12-24 Months				95.7%	R	Reportable
25 Months - 6 Years				90.5%	R	Reportable
7-11 Years				90.3%	R	Reportable
12-19 Years				87.2%	R	Reportable
Annual Dental Visit (adv)	Y	Y				
2-3 Years				43.9%	R	Reportable
4-6 Years				75.6%	R	Reportable
7-10 Years				78.6%	R	Reportable
11-14 Years				70.5%	R	Reportable
15-18 Years				58.9%	R	Reportable
19-21 Years				39.2%	R	Reportable
Total				67.5%	R	Reportable
Initiation and Engagement of AOD Dependence Treatment (iet)	Y	Y				
Initiation of AOD Treatment: 13-17 Years				28.2%	R	Reportable
Engagement of AOD Treatment: 13-17 Years				12.2%	R	Reportable

Appendix E: Department of Community Health, State of Georgia
Audited CY 2011 HEDIS Measure Results for Peach State

Initiation of AOD Treatment: 18+ Years				36.6%	R	Reportable
Engagement of AOD Treatment: 18+ Years				7.5%	R	Reportable
Initiation of AOD Treatment: Total				34.6%	R	Reportable
Engagement of AOD Treatment: Total				8.7%	R	Reportable
Prenatal and Postpartum Care (ppc)	Y		N			
Timeliness of Prenatal Care				85.8%	R	Reportable
Postpartum Care				61.7%	R	Reportable
Call Answer Timeliness (cat)	Y			87.4%	R	Reportable
Call Abandonment (cab)	Y			1.6%	R	Reportable
Utilization						
Frequency of Ongoing Prenatal Care (fpc)	Y		N			
<21 Percent				7.9%	R	Reportable
21-40 Percent				3.9%	R	Reportable
41-60 Percent				5.1%	R	Reportable
61-80 Percent				12.5%	R	Reportable
81+ Percent				70.5%	R	Reportable
Well-Child Visits in the First 15 Months of Life (w15)	Y					
0 Visits				7.2%	R	Reportable
1 Visit				3.5%	R	Reportable
2 Visits				3.0%	R	Reportable
3 Visits				7.4%	R	Reportable
4 Visits				11.3%	R	Reportable
5 Visits				17.1%	R	Reportable
6+ Visits				50.5%	R	Reportable
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)	Y			67.4%	R	Reportable
Adolescent Well-Care Visits (awc)	Y			38.5%	R	Reportable
Frequency of Selected Procedures (fsp)	Y				R	Reportable
Ambulatory Care: Total (amba)	Y				R	Reportable
Ambulatory Care: Dual Eligibles (ambb)	N				NR	Measure Unselected
Ambulatory Care: Disabled (ambc)	N				NR	Measure Unselected
Ambulatory Care: Other (ambd)	N				NR	Measure Unselected
Inpatient Utilization--General Hospital/Acute Care: Total (ipua)	Y				R	Reportable
Inpatient Utilization--General Hospital/Acute Care: Dual Eligibles (ipub)	N				NR	Measure Unselected
Inpatient Utilization--General Hospital/Acute Care: Disabled (ipuc)	N				NR	Measure Unselected
Inpatient Utilization--General Hospital/Acute Care: Other (ipud)	N				NR	Measure Unselected
Identification of Alcohol and Other Drug Services: Total (iada)	Y	Y			R	Reportable
Identification of Alcohol and Other Drug Services: Dual Eligibles (iadb)	N	N			NR	Measure Unselected
Identification of Alcohol and Other Drug Services: Disabled (iadc)	N	N			NR	Measure Unselected
Identification of Alcohol and Other Drug Services: Other (iadd)	N	N			NR	Measure Unselected
Mental Health Utilization: Total (mpta)	Y	Y			R	Reportable
Mental Health Utilization: Dual Eligibles (mptb)	N	N			NR	Measure Unselected
Mental Health Utilization: Disabled (mptc)	N	N			NR	Measure Unselected
Mental Health Utilization: Other (mptd)	N	N			NR	Measure Unselected
Antibiotic Utilization: Total (abxa)	Y	Y			R	Reportable
Antibiotic Utilization: Dual Eligibles (abxb)	N	N			NR	Measure Unselected
Antibiotic Utilization: Disabled (abxc)	N	N			NR	Measure Unselected
Antibiotic Utilization: Other (abxd)	N	N			NR	Measure Unselected
Relative Resource Use						
Relative Resource Use for People With Diabetes (rdi)	N				NR	Measure Unselected
Relative Resource Use for People With Asthma (ras)	N	N			NR	Measure Unselected
Relative Resource Use for People With Cardiovascular Conditions (rca)	N				NR	Measure Unselected
Relative Resource Use for People With Hypertension (rhy)	N				NR	Measure Unselected
Relative Resource Use for People With COPD (rco)	N				NR	Measure Unselected
Health Plan Descriptive Information						
Board Certification (bcr)	Y				NR	Calculated rate was materially biased
Total Membership (tln)	Y				R	Reportable
Enrollment by Product Line: Total (enpa)	Y				R	Reportable
Enrollment by Product Line: Dual Eligibles (enpb)	N				NR	Measure Unselected

Appendix E: Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for Peach State

Enrollment by Product Line: Disabled (enpc)	N				NR	Measure Unselected
Enrollment by Product Line: Other (enpd)	N				NR	Measure Unselected
Enrollment by State (ebs)	Y				R	Reportable
Race/Ethnicity Diversity of Membership (rdm)	Y				R	Reportable
Language Diversity of Membership (ldm)	Y				R	Reportable
Weeks of Pregnancy at Time of Enrollment in MCO (wop)	Y		N		R	Reportable

¹ Note: Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the HEDIS 2012 Technical Specifications for Health Plans, Volume 2; however, rotation is not allowed by DCH; therefore, the rotated rate is not reportable with DCH.

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for Peach State
 Frequency of Selected Procedures (FSP)

Frequency of Selected Procedures (FSP)				
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None)				
Age	Male	Female	Total	
0-9	997,475	977,039	1,974,514	
10-19	564,259	592,582	1,156,841	
15-44		618,891		
20-44	33,610	378,997		
30-64	28,813			
45-64	8,063	28,544		
Procedure	Age	Sex	Number of Procedures	Procedures / 1,000 Member Years
Bariatric weight loss surgery	0-19	Male	0	0.0
		Female	0	0.0
	20-44	Male	1	<0.1
		Female	15	<0.1
	45-64	Male	0	0.0
		Female	0	0.0
Tonsillectomy	0-9	Male & Female	1541	0.8
	10-19	Male & Female	397	0.3
Hysterectomy, Abdominal	15-44	Female	153	0.2
	45-64	Female	30	1.1
Hysterectomy, Vaginal	15-44	Female	73	0.1
	45-64	Female	5	0.2
Cholecystectomy, Open	30-64	Male	0	0.0
	15-44	Female	9	<0.1
	45-64	Female	3	0.1
Cholecystectomy, Closed (laparoscopic)	30-64	Male	9	0.3
	15-44	Female	429	0.7
	45-64	Female	21	0.7
Back Surgery	20-44	Male	10	0.3
		Female	53	0.1
	45-64	Male	11	1.4
		Female	11	0.4
Mastectomy	15-44	Female	31	0.1
	45-64	Female	32	1.1
Lumpectomy	15-44	Female	141	0.2
	45-64	Female	40	1.4

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for Peach State
 Ambulatory Care: Total (AMBA)

Ambulatory Care: Total (AMBA)				
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None)				
Age	Member Months			
<1	281,392			
1-9	1,693,122			
10-19	1,156,841			
20-44	412,607			
45-64	36,607			
65-74	62			
75-84	11			
85+	3			
Unknown	0			
Total	3,580,645			
Age	Outpatient Visits		ED Visits	
	Visits	Visits/ 1,000 Member Months	Visits	Visits/ 1,000 Member Months
<1	194908	692.7	20984	74.6
1-9	534110	315.5	76493	45.2
10-19	251830	217.7	41705	36.1
20-44	169619	411.1	45696	110.7
45-64	24748	676.0	2910	79.5
65-74	24	387.1	0	0.0
75-84	15	1363.6	1	90.9
85+	0	0.0	0	0.0
Unknown	0		0	
Total	1,175,254	328.2	187,789	52.4

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for Peach State
 Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)

Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)					
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None)					
Age	Member Months				
<1	281,392				
1-9	1,693,122				
10-19	1,156,841				
20-44	412,607				
45-64	36,607				
65-74	62				
75-84	11				
85+	3				
Unknown	0				
Total	3,580,645				
Total Inpatient					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1620	5.8	13090	46.5	8.1
1-9	1938	1.1	5798	3.4	3.0
10-19	3733	3.2	10738	9.3	2.9
20-44	16069	38.9	45162	109.5	2.8
45-64	443	12.1	2366	64.6	5.3
65-74	0	0.0	0	0.0	NA
75-84	0	0.0	0	0.0	NA
85+	0	0.0	0	0.0	NA
Unknown	0		0		NA
Total	23,803	6.6	77,154	21.5	3.2
Medicine					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1240	4.4	5869	20.9	4.7
1-9	1525	0.9	3853	2.3	2.5
10-19	678	0.6	2153	1.9	3.2
20-44	780	1.9	2885	7.0	3.7
45-64	252	6.9	1152	31.5	4.6
65-74	0	0.0	0	0.0	NA
75-84	0	0.0	0	0.0	NA
85+	0	0.0	0	0.0	NA
Unknown	0		0		NA
Total	4,475	1.2	15,912	4.4	3.6
Surgery					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	380	1.4	7221	25.7	19.0
1-9	413	0.2	1945	1.1	4.7
10-19	382	0.3	1711	1.5	4.5
20-44	595	1.4	3123	7.6	5.2
45-64	176	4.8	1174	32.1	6.7

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for Peach State
 Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)

65-74	0	0.0	0	0.0	NA
75-84	0	0.0	0	0.0	NA
85+	0	0.0	0	0.0	NA
Unknown	0		0		NA
Total	1,946	0.5	15,174	4.2	7.8
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	2673	2.3	6874	5.9	2.6
20-44	14694	35.6	39154	94.9	2.7
45-64	15	0.4	40	1.1	2.7
Unknown	0		0		NA
Total	17,382	10.8	46,068	28.7	2.7
*The maternity category is calculated using member months for members 10-64 years.					

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for Peach State
 Identification of Alcohol and Other Drug Services: Total (IADA)

Identification of Alcohol and Other Drug Services: Total (IADA)

Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None)

Age	Member Months (Any)			Member Months (Inpatient)			Member Months (Intensive Outpatient/Partial Hospitalization)			Member Months (Outpatient/ED)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-12	1221894	1199427	2,421,321	1221894	1199427	2,421,321	1221894	1199427	2,421,321	1221894	1199427	2,421,321
13-17	296804	305406	602,210	296804	305406	602,210	296804	305406	602,210	296804	305406	602,210
18-24	48402	182050	230,452	48402	182050	230,452	48402	182050	230,452	48402	182050	230,452
25-34	15488	186257	201,745	15488	186257	201,745	15488	186257	201,745	15488	186257	201,745
35-64	20819	104022	124,841	20819	104022	124,841	20819	104022	124,841	20819	104022	124,841
65+	26	50	76	26	50	76	26	50	76	26	50	76
Unknown	0	0	0	0	0	0	0	0	0	0	0	0

Total	1,603,433	1,977,212	3,580,645	1,603,433	1,977,212	3,580,645	1,603,433	1,977,212	3,580,645	1,603,433	1,977,212	3,580,645
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Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-12	M	39	<0.1%	4	<0.1%	0	0.0%	35	<0.1%
	F	23	<0.1%	4	<0.1%	0	0.0%	20	<0.1%
	Total	62	<0.1%	8	<0.1%	0	0.0%	55	<0.1%
13-17	M	370	1.5%	48	0.2%	8	<0.1%	341	1.4%
	F	186	0.7%	28	0.1%	5	<0.1%	164	0.6%
	Total	556	1.1%	76	0.2%	13	<0.1%	505	1.0%
18-24	M	72	1.8%	16	0.4%	2	<0.1%	60	1.5%
	F	376	2.5%	124	0.8%	11	0.1%	288	1.9%
	Total	448	2.3%	140	0.7%	13	0.1%	348	1.8%
25-34	M	89	6.9%	13	1.0%	1	0.1%	83	6.4%
	F	682	4.4%	165	1.1%	33	0.2%	592	3.8%
	Total	771	4.6%	178	1.1%	34	0.2%	675	4.0%
35-64	M	118	6.8%	27	1.6%	4	0.2%	103	5.9%
	F	450	5.2%	94	1.1%	10	0.1%	402	4.6%
	Total	568	5.5%	121	1.2%	14	0.1%	505	4.9%
65+	M	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	F	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Total	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for Peach State
 Identification of Alcohol and Other Drug Services: Total (IADA)

Unknown	M	0	NA	0	NA	0	NA	0	NA
	F	0	NA	0	NA	0	NA	0	NA
	Total	0	NA	0	NA	0	NA	0	NA
Total	M	688	0.5%	108	0.1%	15	<0.1%	622	0.5%
	F	1,717	1.0%	415	0.3%	59	<0.1%	1,466	0.9%
	Total	2,405	0.8%	523	0.2%	74	<0.1%	2,088	0.7%

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for Peach State
 Mental Health Utilization: Total (MPTA)

Mental Health Utilization: Total (MPTA)												
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None)												
Age	Member Months (Any)			Member Months (Inpatient)			Member Months (Intensive Outpatient/Partial Hospitalization)			Member Months (Outpatient/ED)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-12	1221894	1199427	2,421,321	1221894	1199427	2,421,321	1221894	1199427	2,421,321	1221894	1199427	2,421,321
13-17	296804	305406	602,210	296804	305406	602,210	296804	305406	602,210	296804	305406	602,210
18-64	84709	472329	557,038	84709	472329	557,038	84709	472329	557,038	84709	472329	557,038
65+	26	50	76	26	50	76	26	50	76	26	50	76
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	1,603,433	1,977,212	3,580,645	1,603,433	1,977,212	3,580,645	1,603,433	1,977,212	3,580,645	1,603,433	1,977,212	3,580,645
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	7786	7.6%	118	0.1%	81	0.1%	7778	7.6%			
	F	4688	4.7%	58	0.1%	36	<0.1%	4680	4.7%			
	Total	12,474	6.2%	176	0.1%	117	0.1%	12,458	6.2%			
13-17	M	3277	13.2%	189	0.8%	85	0.3%	3256	13.2%			
	F	2928	11.5%	257	1.0%	91	0.4%	2895	11.4%			
	Total	6,205	12.4%	446	0.9%	176	0.4%	6,151	12.3%			
18-64	M	531	7.5%	49	0.7%	16	0.2%	519	7.4%			
	F	3828	9.7%	296	0.8%	65	0.2%	3749	9.5%			
	Total	4,359	9.4%	345	0.7%	81	0.2%	4,268	9.2%			
65+	M	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
	F	1	24.0%	0	0.0%	0	0.0%	1	24.0%			
	Total	1	15.8%	0	0.0%	0	0.0%	1	15.8%			
Unknown	M	0	NA	0	NA	0	NA	0	NA			
	F	0	NA	0	NA	0	NA	0	NA			
	Total	0	NA	0	NA	0	NA	0	NA			
Total	M	11,594	8.7%	356	0.3%	182	0.1%	11,553	8.6%			
	F	11,445	6.9%	611	0.4%	192	0.1%	11,325	6.9%			
	Total	23,039	7.7%	967	0.3%	374	0.1%	22,878	7.7%			

Department of Community Health, State of Georgia
Audited CY 2011 HEDIS Measure Results for Peach State
Antibiotic Utilization: Total (ABXA)

Antibiotic Utilization: Total (ABXA)

Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None)

Pharmacy Benefit Member Months			
Age	Male	Female	Total
0-9	997475	977039	1,974,514
10-17	521223	527794	1,049,017
18-34	63890	368307	432,197
35-49	17018	91019	108,037
50-64	3801	13003	16,804
65-74	15	47	62
75-84	8	3	11
85+	3	0	3
Unknown	0	0	0
Total	1,603,433	1,977,212	3,580,645

Antibiotic Utilization								
Age	Sex	Total Antibiotic Scrips	Average Scrips PMPY for Antibiotics	Total Days Supplied for All Antibiotic Scrips	Average Days Supplied per Antibiotic Scrip	Total Number of Scrips for Antibiotics of Concern	Average Scrips PMPY for Antibiotics of Concern	Percentage of Antibiotics of Concern of all Antibiotic Scrips
0-9	M	104804	1.3	943112	9.0	46977	0.6	44.8%
	F	101137	1.2	922633	9.1	42508	0.5	42.0%
	Total	205,941	1.3	1,865,745	9.1	89,485	0.5	43.5%
10-17	M	26186	0.6	259132	9.9	11720	0.3	44.8%
	F	35789	0.8	327116	9.1	14683	0.3	41.0%
	Total	61,975	0.7	586,248	9.5	26,403	0.3	42.6%
18-34	M	3906	0.7	38874	10.0	1461	0.3	37.4%
	F	57854	1.9	440153	7.6	17995	0.6	31.1%
	Total	61,760	1.7	479,027	7.8	19,456	0.5	31.5%
35-49	M	1597	1.1	14103	8.8	711	0.5	44.5%
	F	14425	1.9	118390	8.2	5944	0.8	41.2%
	Total	16,022	1.8	132,493	8.3	6,655	0.7	41.5%
50-64	M	403	1.3	3828	9.5	177	0.6	43.9%
	F	1913	1.8	15430	8.1	958	0.9	50.1%
	Total	2,316	1.7	19,258	8.3	1,135	0.8	49.0%
65-74	M	1	0.8	15	15.0	1	0.8	100.0%
	F	0	0.0	0	NA	0	0.0	NA
	Total	1	0.2	15	15.0	1	0.2	100.0%
75-84	M	1	1.5	5	5.0	1	1.5	0.0%
	F	1	4.0	7	7.0	0	0.0	50.0%
	Total	2	2.2	12	6.0	1	1.1	50.0%
85+	M	0	0.0	0	NA	0	0.0	NA
	F	0	NA	0	NA	0	NA	NA
	Total	0	0.0	0	NA	0	0.0	NA
Unknown	M	0	NA	0	NA	0	NA	NA
	F	0	NA	0	NA	0	NA	NA
	Total	0	NA	0	NA	0	NA	NA
Total	M	136,898	1.0	1,259,069	9.2	61,048	0.5	44.6%
	F	211,119	1.3	1,823,729	8.6	82,088	0.5	38.9%
	Total	348,017	1.2	3,082,798	8.9	143,136	0.5	41.1%

Antibiotics of Concern Utilization

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for Peach State
 Antibiotic Utilization: Total (ABXA)

Age	Sex	Total Quinolone Scripts	Average Scripts PMPY for Quinolones	Total Cephalosporin 2nd-4th Generation Scripts	Average Scripts PMPY for Cephalosporins 2nd-4th Generation	Total Azithromycin and Clarithromycin Scripts	Average Scripts PMPY for Azithromycins and Clarithromycins	Total Amoxicillin/Clavulanate Scripts	Average Scripts PMPY for Amoxicillin/Clavulanates	Total Ketolides Scripts	Average Scripts PMPY for Ketolides	Total Clindamycin Scripts	Average Scripts PMPY for Clindamycins	Total Misc. Antibiotics of Concern Scripts	Average Scripts PMPY for Misc. Antibiotics of Concern
0-9	M	52	<0.1	7951	0.1	19812	0.2	17599	0.2	0	0.0	1560	<0.1	3	<0.1
	F	81	<0.1	7900	0.1	17328	0.2	15767	0.2	0	0.0	1423	<0.1	9	<0.1
	Total	133	<0.1	15,851	0.1	37,140	0.2	33,366	0.2	0	0.0	2,983	<0.1	12	<0.1
10-17	M	186	<0.1	1049	<0.1	5765	0.1	3837	0.1	0	0.0	881	<0.1	2	<0.1
	F	599	<0.1	1286	<0.1	7633	0.2	4152	0.1	0	0.0	1011	<0.1	2	<0.1
	Total	785	<0.1	2,335	<0.1	13,398	0.2	7,989	0.1	0	0.0	1,892	<0.1	4	<0.1
18-34	M	206	<0.1	52	<0.1	706	0.1	332	0.1	0	0.0	165	<0.1	0	0.0
	F	4450	0.1	716	<0.1	8289	0.3	2568	0.1	0	0.0	1970	0.1	2	<0.1
	Total	4,656	0.1	768	<0.1	8,995	0.2	2,900	0.1	0	0.0	2,135	0.1	2	<0.1
35-49	M	180	0.1	23	<0.1	318	0.2	126	0.1	0	0.0	64	<0.1	0	0.0
	F	1853	0.2	188	<0.1	2425	0.3	885	0.1	0	0.0	586	0.1	7	<0.1
	Total	2,033	0.2	211	<0.1	2,743	0.3	1,011	0.1	0	0.0	650	0.1	7	<0.1
50-64	M	61	0.2	10	<0.1	68	0.2	26	0.1	0	0.0	11	<0.1	1	<0.1
	F	334	0.3	40	<0.1	402	0.4	113	0.1	0	0.0	66	0.1	3	<0.1
	Total	395	0.3	50	<0.1	470	0.3	139	0.1	0	0.0	77	0.1	4	<0.1
65-74	M	1	0.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	F	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	1	0.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
75-84	M	0	0.0	0	0.0	1	1.5	0	0.0	0	0.0	0	0.0	0	0.0
	F	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	0	0.0	0	0.0	1	1.1	0	0.0	0	0.0	0	0.0	0	0.0
85+	M	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	F	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	Total	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown	M	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	F	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	Total	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
Total	M	686	<0.1	9,085	0.1	26,670	0.2	21,920	0.2	0	0.0	2,681	<0.1	6	<0.1
	F	7,317	<0.1	10,130	0.1	36,077	0.2	23,485	0.1	0	0.0	5,056	<0.1	23	<0.1
	Total	8,003	<0.1	19,215	0.1	62,747	0.2	45,405	0.2	0	0.0	7,737	<0.1	29	<0.1

All Other Antibiotics Utilization

Age	Sex	Total Absorbable Sulfonamide Scripts	Average Scripts PMPY for Absorbable Sulfonamides	Total Aminoglycoside Scripts	Average Scripts PMPY for Aminoglycosides	Total 1st Generation Cephalosporin Scripts	Average Scripts PMPY for 1st Generation Cephalosporins	Total Lincosamide Scripts	Average Scripts PMPY for Lincosamides	Total Macrolides (not azith. or clarith.) Scripts	Average Scripts PMPY for Macrolides (not azith. or clarith.)	Total Penicillin Scripts	Average Scripts PMPY for Penicillins	Total Tetracycline Scripts	Average Scripts PMPY for Tetracyclines	Total Misc. Antibiotic Scripts	Average Scripts PMPY for Misc. Antibiotics
0-9	M	5358	0.1	14	<0.1	5693	0.1	0	0.0	133	<0.1	46461	0.6	19	<0.1	149	<0.1
	F	8064	0.1	5	<0.1	5602	0.1	0	0.0	112	<0.1	44407	0.5	12	<0.1	427	<0.1
	Total	13,422	0.1	19	<0.1	11,295	0.1	0	0.0	245	<0.1	90,868	0.6	31	<0.1	576	<0.1
10-17	M	1963	<0.1	7	<0.1	2333	0.1	0	0.0	105	<0.1	7763	0.2	2110	<0.1	185	<0.1
	F	3817	0.1	1	<0.1	2774	0.1	0	0.0	122	<0.1	9798	0.2	2268	0.1	2326	0.1
	Total	5,780	0.1	8	<0.1	5,107	0.1	0	0.0	227	<0.1	17,561	0.2	4,378	0.1	2,511	<0.1
18-34	M	385	0.1	3	<0.1	353	0.1	0	0.0	34	<0.1	1072	0.2	483	0.1	115	<0.1
	F	5145	0.2	3	<0.1	3770	0.1	0	0.0	357	<0.1	10376	0.3	4266	0.1	15942	0.5
	Total	5,530	0.2	6	<0.1	4,123	0.1	0	0.0	391	<0.1	11,448	0.3	4,749	0.1	16,057	0.4
35-49	M	119	0.1	0	0.0	155	0.1	0	0.0	12	<0.1	395	0.3	127	0.1	78	0.1
	F	1481	0.2	0	0.0	941	0.1	0	0.0	113	<0.1	2657	0.4	927	0.1	2362	0.3

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for Peach State
 Antibiotic Utilization: Total (ABXA)

	Total	1,600	0.2	0	0.0	1,096	0.1	0	0.0	125	<0.1	3,052	0.3	1,054	0.1	2,440	0.3
50-64	M	54	0.2	0	0.0	33	0.1	0	0.0	2	<0.1	78	0.2	33	0.1	26	0.1
	F	177	0.2	0	0.0	167	0.2	0	0.0	16	<0.1	302	0.3	101	0.1	192	0.2
	Total	231	0.2	0	0.0	200	0.1	0	0.0	18	<0.1	380	0.3	134	0.1	218	0.2
65-74	M	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	F	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
75-84	M	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	F	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	4.0
	Total	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	1.1
85+	M	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	F	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	Total	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown	M	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	F	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	Total	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
Total	M	7,879	0.1	24	<0.1	8,567	0.1	0	0.0	286	<0.1	55,769	0.4	2,772	<0.1	553	<0.1
	F	18,684	0.1	9	<0.1	13,254	0.1	0	0.0	720	<0.1	67,540	0.4	7,574	<0.1	21,250	0.1
	Total	26,563	0.1	33	<0.1	21,821	0.1	0	0.0	1,006	<0.1	123,309	0.4	10,346	<0.1	21,803	0.1

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for Peach State
 Total Membership (TLM)

Total Membership (TLM)	
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None)	
Product/Product Line	Total Number of Members*
HMO (Total)	296,716
Medicaid	296716
Commercial	0
Medicare (cost or risk)	0
Other	0
PPO (Total)	0
Medicaid	0
Commercial	0
Medicare (cost or risk)	0
Other	0
POS (Total)	0
Medicaid	0
Commercial	0
Medicare (cost or risk)	0
Other	0
FFS (Total)	0
Medicaid	0
Commercial	0
Medicare (cost or risk)	0
Other	0
Total	296,716
* Total number of members in each category as of December 31 of the measurement year.	

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for Peach State
 Enrollment by Product Line: Total (ENPA)

Enrollment by Product Line: Total (ENPA)			
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None)			
Age	Male Member Months	Female Member Months	Total Member Months
<1	142613	138779	281,392
1-4	425951	411824	837,775
5-9	428911	426436	855,347
10-14	354649	352688	707,337
15-17	166574	175106	341,680
18-19	43036	64788	107,824
0-19 Subtotal	1,561,734	1,569,621	3,131,355
0-19 Subtotal: %	97.4%	79.4%	87.5%
20-24	5366	117262	122,628
25-29	7494	106397	113,891
30-34	7994	79860	87,854
35-39	7176	49154	56,330
40-44	5580	26324	31,904
20-44 Subtotal	33,610	378,997	412,607
20-44 Subtotal: %	2.1%	19.2%	11.5%
45-49	4262	15541	19,803
50-54	2448	7591	10,039
55-59	956	3606	4,562
60-64	397	1806	2,203
45-64 Subtotal	8,063	28,544	36,607
45-64 Subtotal: %	0.5%	1.4%	1.0%
65-69	14	37	51
70-74	1	10	11
75-79	8	3	11
80-84	0	0	0
85-89	0	0	0
>=90	3	0	3
>=65 Subtotal	26	50	76
>=65 Subtotal: %	<0.1%	<0.1%	<0.1%
Age Unknown	0	0	0
Total	1,603,433	1,977,212	3,580,645

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for Peach State
 Enrollment by State (EBS)

Enrollment by State (EBS)	
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None)	
State	Number
Alabama	30
Alaska	2
Arizona	5
Arkansas	0
California	5
Colorado	0
Connecticut	0
Delaware	2
District of Columbia	2
Florida	43
Georgia	295850
Hawaii	0
Idaho	0
Illinois	5
Indiana	2
Iowa	5
Kansas	0
Kentucky	7
Louisiana	4
Maine	0
Maryland	3
Massachusetts	5
Michigan	3
Minnesota	0
Mississippi	2
Missouri	4
Montana	0
Nebraska	1
Nevada	3
New Hampshire	0
New Jersey	2
New Mexico	2
New York	6
North Carolina	14
North Dakota	1
Ohio	4
Oklahoma	0
Oregon	0
Pennsylvania	4
Rhode Island	0
South Carolina	17
South Dakota	0
Tennessee	15
Texas	25
Utah	0
Vermont	0
Virginia	1
Washington	5
West Virginia	0
Wisconsin	1

Department of Community Health, State of Georgia
Audited CY 2011 HEDIS Measure Results for Peach State
Enrollment by State (EBS)

Wyoming	0
American Samoa	0
Federated States of Micronesia	0
Guam	0
Commonwealth of Northern Marianas	0
Puerto Rico	0
Virgin Islands	0
Other	639
TOTAL	296,719

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for Peach State
 Race/Ethnicity Diversity of Membership (RDM)

Race/Ethnicity Diversity of Membership (RDM)										
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None)										
Race/Ethnicity Diversity of Membership										
Total Unduplicated Membership During the Measurement Year	425792									
Percentage of Members for Whom the Organization has Race/Ethnicity Information by Data Collection										
Direct Data Collection Method			Indirect Data Collection Method		Unknown					
Race	Direct Total	48.2%	Indirect Total*	0.0000000000	Total*	.51849				
	Health Plan Direct*	0.0000000000								
	CMS/State Database*	.48151								
	Other*	0.0000000000								
Ethnicity	Direct Total	5.2%	Indirect Total*	0.0000000000	Total*	.94842				
	Health Plan Direct*	0.0000000000								
	CMS/State Database*	.05158								
	Other*	0.0000000000								
*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	17048	76.6%	59049	30.8%	0	0.0%	0	NR	76,097	17.9%
Black or African American	484	2.2%	117156	61.1%	0	0.0%	0	NR	117,640	27.6%
American-Indian and Alaska Native	33	0.1%	161	0.1%	0	0.0%	0	NR	194	<0.1%
Asian	134	0.6%	5129	2.7%	0	0.0%	0	NR	5,263	1.2%
Native Hawaiian and Other Pacific Islanders	75	0.3%	83	<0.1%	0	0.0%	0	NR	158	<0.1%
Some Other Race	4188	18.8%	1482	0.8%	0	0.0%	0	NR	5,670	1.3%
Two or More Races	0	0.0%	0	0.0%	0	0.0%	0	NR	0	0.0%
Unknown	291	1.3%	8590	4.5%	211889	100.0%	0	NR	220,770	51.8%
Declined	0	0.0%	0	0.0%	0	0.0%	0	NR	0	0.0%
Total	22,253	100.0%	191,650	100.0%	211,889	100.0%	0	NR	425,792	100.0%

Department of Community Health, State of Georgia
Audited CY 2011 HEDIS Measure Results for Peach State
Language Diversity of Membership (LDM)

Language Diversity of Membership (LDM)			
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None)			
Percentage of Members With Known Language Value from Each Data Source			
Category	Health Plan Direct	CMS/State Databases	Other Third-Party Source
Spoken Language Preferred for Health Care*	0.000000000 0	1.000000000 0	0.000000000 0
Preferred Language for Written Materials*	0.000000000 0	1.000000000 0	0.000000000 0
Other Language Needs*	0.000000000 0	1.000000000 0	0.000000000 0
*Enter percentage as a value between 0 and 1.			
Spoken Language Preferred for Health Care			
	Number	Percentage	
English	186547	43.8%	
Non-English	11885	2.8%	
Unknown	227360	53.4%	
Declined	0	0.0%	
Total*	425,792	100.0%	
Language Preferred for Written Materials			
	Number	Percentage	
English	0	0.0%	
Non-English	0	0.0%	
Unknown	425792	100.0%	
Declined	0	0.0%	
Total*	425,792	100.0%	
Other Language Needs			
	Number	Percentage	
English	0	0.0%	
Non-English	0	0.0%	
Unknown	425792	100.0%	
Declined	0	0.0%	
Total*	425,792	100.0%	
*Should sum to 100%			