



Georgia Department of Community Health

Validation of Performance Measures *for* Peach State Health Plan

Measurement Period: Calendar Year 2013

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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. The 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). The 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, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.¹

Care Management Organization (CMO) Information

Basic information about Peach State Health Plan (Peach State) appears in Table 1, including the office location(s) involved in the validation of performance measures audit that covered the calendar year (CY) 2013 measurement period.

Table 1—Peach State Health Plan Information

| | |
|----------------------------------|--|
| CMO Name: | Peach State Health Plan |
| CMO Location: | 1100 Circle 75 Parkway, Suite 1100 Atlanta, Georgia 30339 |
| CMO Audit Location: | 1100 Circle 75 Parkway, Suite 1100 Atlanta, Georgia 30339 |
| CMO Contact: | Joyce McElwain Quality Improvement Director |
| Contact Telephone Number: | (678) 556-2344 |
| Contact E-mail Address: | JMcelwain@centene.com |
| Site Visit Date: | 4/24/14 |

¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: February 19, 2013.

Performance Measures Validated

HSAG validated rates for the following set of performance measures selected by DCH for validation. All performance measures were selected from CMS' Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set),² Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set),³ or the Agency for Healthcare Research and Quality's (AHRQ's) Quality Indicator measures. The measurement period was identified by DCH as CY 2013 for all measures except the two child core set dental measures. The dental measures were reported for federal fiscal year (FFY) 2013, which covered the time frame of October 1, 2012, through September 30, 2013, per CMS requirements. Table 2 lists the performance measures that HSAG validated and displays the method for data collection and the specifications the CMOs were required to use for each of the measures.

Table 2—List of CY 2013 Performance Measures for Peach State Health Plan

| | Performance Measure | Method | Specifications |
|-----|--|--------|----------------|
| 1. | Annual HIV/AIDS Medical Visit | Admin | Adult Core Set |
| 2. | Antenatal Steroids | Hybrid | Adult Core Set |
| 3. | Asthma in Younger Adults Admission Rate* | Admin | Adult Core Set |
| 4. | Behavioral Health Risk Assessment for Pregnant Women | Hybrid | Child Core Set |
| 5. | Care Transition—Transition Record Transmitted to Health Care Professional | Hybrid | Adult Core Set |
| 6. | Cesarean Delivery Rate | Admin | AHRQ |
| 7. | Cesarean Rate for Nulliparous Singleton Vertex | Admin | Custom** |
| 8. | Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate* | Admin | Adult Core Set |
| 9. | Congestive Heart Failure Admission Rate | Admin | Adult Core Set |
| 10. | Developmental Screening in the First Three Years of Life | Hybrid | Child Core Set |
| 11. | Diabetes Short-Term Complications Admission Rate | Admin | Adult Core Set |
| 12. | Elective Delivery | Hybrid | Adult Core Set |
| 13. | Percentage of Eligibles that Received Dental Treatment Services | Admin | Child Core Set |

² The Centers for Medicare & Medicaid Services. Core Set of Children's Health Care Quality Measures for Medicaid and CHIP, May 2013.

³ The Centers for Medicare & Medicaid Services. Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid, February 2013.

Table 2—List of CY 2013 Performance Measures for Peach State Health Plan

| | Performance Measure | Method | Specifications |
|-----|--|--------|----------------|
| 14. | Percentage of Eligibles that Received Preventive Dental Services | Admin | Child Core Set |
| 15. | Percentage of Live Births Weighing Less Than 2,500 Grams | Admin | Child Core Set |
| 16. | Screening for Clinical Depression and Follow-up Plan | Hybrid | Adult Core Set |

*In a November 2013 addendum, CMS changed the name of this measure.

**Customized specifications were provided to the CMOs in place of the Child Core Set specifications.

In addition to the AHRQ and the CMS adult and child core set measures audited by HSAG, DCH required Peach State 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 an NCQA HEDIS Compliance Audit™. Final audited HEDIS measure results from NCQA's Interactive Data Submission System (IDSS) were submitted to HSAG and provided to DCH. Appendix D displays the final audited HEDIS 2014 results for all required measures, covering the CY 2013 measurement period. 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.

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 performance 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 2014 Record of Administration, Data Management, and Processes (Roadmap); any additional supporting documentation necessary to complete the audit; and a timetable for completion and instructions for submission. HSAG responded to Roadmap-related questions received directly from Peach State during the pre-on-site phase.

Approximately two weeks prior to the on-site visit, HSAG provided Peach State with an agenda describing all on-site visit activities and indicating the type of staff needed for each session. HSAG also conducted a pre-on-site conference call with Peach State to discuss on-site logistics and expectations, important deadlines, and any outstanding Roadmap questions.

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. Table 3 lists the validation team members, their roles, and their skills and expertise.

Table 3—Validation Team

| Name and Role | Skills and Expertise |
|--|--|
| David Mabb, MS, CHCA <i>Director, Audits/State & Corporate Services</i> | Management of audit department, Certified HEDIS Compliance Auditor (CHCA), source code/programming knowledge, and statistics and analysis. |
| Patience Hoag, RHIT, CHCA, CHDA, CCS, CCS-P, CDIP, CHTS-CP, CPHQ <i>Lead Auditor</i> | Coding, HEDIS and pay-for-performance knowledge, CHCA, interviewing skills, abstraction, tool development, and quality improvement. |
| Mariyah Badani, JD, MBA <i>Secondary Auditor; Associate Director, Audits</i> | Management of audit department, multiple years of auditing experience, data integration, systems review, and analysis. |
| Marilea Rose, RN, BA <i>Associate Director, Medical Record Review Validation (MRRV)</i> | Knowledge of HEDIS and CMS measure specifications, clinical consulting and expertise, abstraction of medical record data, and oversight of the medical record over-read process. |

Table 3—Validation Team

| Name and Role | Skills and Expertise |
|--|--|
| Nancy DeRosa, MS, RN-C <i>Project Manager, MRRV</i> | Knowledge of HEDIS and CMS measure specifications, clinical consulting, and abstraction of medical record data. |
| Lora Wagner, MEd <i>Project Manager, MRRV</i> | Manager of the MRRV team and knowledge of HEDIS and CMS measures. |
| Maricris Kueny <i>Project Coordinator, MRRV</i> | Coordinator for the HEDIS medical record review process, liaison between the audit team and clients, maintains record tracking database, and manages deliverables and timelines. |
| Tammy GianFrancisco <i>Project Leader, Audits</i> | Coordinator for the audit department, liaison between the audit team and clients, manages deliverables and timelines, and coordinates source code review activities. |

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 2014 Roadmap:** Peach State completed and submitted the required and relevant portions of its Roadmap for HSAG's review. HSAG used responses from the Roadmap to complete the pre-on-site assessment of information systems.
- ◆ **Source code (programming language) for performance measures:** Peach State contracted with a software vendor, Inovalon, to generate and calculate rates for the non-HEDIS measures under review by HSAG. The source code review was conducted via a Web-assisted session where Inovalon displayed the source code for each measure and explained its rate generation and data integration processes to HSAG's source code review team.
- ◆ **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.

On-Site Activities

HSAG conducted an on-site visit with Peach State on April 24, 2014. HSAG collected information using several methods, including interviews, system demonstration, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

- ◆ **Opening meeting:** The opening meeting included an introduction of the validation team and key Peach State staff members involved in the performance measure validation 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, 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 Peach State 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 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 Health Plan Interviewees

| Name | Title |
|------------------------|--|
| Ronald Purisima | Manager, Quality Improvement Analytics |
| Joyce McElwain | Quality Improvement Director |
| Dean Greeson, MD | Chief Medical Officer |
| Chevron Cardenas | Senior Director, Member Services |
| Loni Eaton | Manager, Claims |
| Yolanda Spivey | Senior Director, Provider Data Analytics |
| Andrea Stuckey-Hundley | Manager, Compliance |
| Detra Friley Clark | Director, Provider Data & Credentialing |
| David Park | Analyst, Quality Improvement |
| Wendy Bailey | Vice President of Pharmacy Operations |
| Tia McCann | Enrollment Coordinator |

Table 4—List of Peach State Health Plan Interviewees

| Name | Title |
|----------------------|---------------------------------------|
| LeDona Tookes | Enrollment Supervisor |
| Valerie Liserio Eike | Quality Improvement Specialist, HEDIS |
| Shaywen Hawkins | Manager, Quality Improvement |
| Leslie Naamon | Chief Operating Officer |
| Debra Peterson-Smith | Senior Vice President, Operations |
| Jason Rosen | HEDIS |
| Robin Mesey | Supervisor, Claims |
| Luke Ferguson | Encounter Analyst |
| Katie Wilson | Supervisor, Encounters |
| Jessica Silver | Director, Encounters |
| Heather House | Manager, Claims |

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, HSAG 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, HSAG 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, HSAG determined that the documentation of performance measure calculations by Peach State was:

- Acceptable
- Not acceptable

Validation Results

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

Medical Service Data (Claims/Encounters)

There were no changes to Amisys, the CMO's claims/encounter system, or to processes related to this system. As noted in previous years, Peach State's provider payment structure was fee-for-service (FFS), which served as a built-in incentive to ensure claims were submitted completely and in a timely manner. In addition, the CMO continued to receive more electronic claims submissions (88 percent) than paper submissions (12 percent), which added to confidence in data accuracy.

Providers submitted industry-standard codes on standard claims forms or via standard 837 electronic submissions. Any paper claims received were scanned and converted to an electronic format via optical character recognition (OCR) technology; therefore, there was minimal data entry. Sufficient checks were in place to ensure electronic transmissions were complete and accurate, and monitoring was in place throughout the measurement year to assess whether volumes were reasonable. Processing accuracy was assessed regularly, and there were no concerns during the measurement year.

Peach State used four vendors: US Script (pharmacy), OptiCare (vision), DentaQuest (dental), and Cenpatico (behavioral health). These vendors were thoroughly monitored to ensure data submissions were complete and accurate, and the delegation oversight committee reviewed reports and activity on an ongoing basis. There were no concerns with the vendors' data.

Enrollment Data

Peach State continued to use the Amisys system for enrollment data processing. Enrollment data were obtained from Hewlett Packard (HP), the State's fiscal agent. File loading was highly automated and required minimal manual intervention, instilling confidence in the accuracy of the data in Amisys. Newborns were assigned IDs by the State's fiscal agent. Planning for Healthy Babies® (P4HB®) members were identified by aid categories: Family Planning, Interpregnancy Care, and Resource Mother Outreach. Each aid code was captured in Amisys, which differentiated this population and identified the member's specific aid category. Inovalon, the vendor used for measure reporting, received all membership data for reporting purposes, and its Quality Spectrum Insight (QSI) measure reporting software enabled identification of the P4HB® population by a specific setup in the system. Peach State worked with its Centene information technology (IT) team and Inovalon to ensure the P4HB® population was excluded from performance measure rate reporting.

The CMO conducted reconciliation monthly, ensuring that members in Amisys and the State data files were consistent.

Vendors (US Script, OptiCare, DentaQuest, and Cenpatico) were provided daily, weekly, and end-of-month enrollment files, and each vendor provided an enrollment confirmation report acknowledging receipt of CMO enrollment data.

Overall, Peach State's enrollment data processing procedures were excellent.

Provider Data

The CMO housed practitioner data in both the Amisys (transactional) and Portico (credentialing) systems. As noted in previous years, these two systems had a direct interface, which minimized concerns that they contained inconsistent practitioner data. CMO staff had a comprehensive process for obtaining, validating, and entering provider data into Portico, which then fed into Amisys. Procedures used by the CMO for the entry and oversight of practitioner data followed NCQA accreditation requirements, were detailed, and were supported by documentation.

Medical Record Review Process

Peach State was fully compliant with the medical record review (MRR) reporting requirements. Peach State contracted with Outcomes Health Information Solutions, a medical record vendor, to procure and abstract MRR data into the ODIS custom measure tools. HSAG reviewed these tools and corresponding instructions. This was the first year Peach State reported the six new CMS Adult and Child Core Set Measures identified below. As such, the CMO's software vendor and the vendor's clinical review staff encountered challenges associated with the interpretation of the new measure specifications. HSAG assisted the CMO in developing abstraction tools and MRR guidelines. The vendor's reviewer qualifications, training, and oversight were appropriate. Peach State conducted adequate oversight of its vendor. Due to new State-required custom measures, a convenience sample was required and subsequently passed.

As shown in Table 5, Peach State passed the MRR process for the following custom measures:

Table 5—MRR Results

| Performance Measure | Rationale | Number of Records | Results |
|---|---------------------|------------------------------------|--|
| Antenatal Steroids | New measure for CMO | 2 | One abstraction error—Passed |
| Behavioral Health Risk Assessment for Pregnant Women | New measure for CMO | 8 | No abstraction errors—Passed |
| Care Transition—Transition Record Transmitted to Health Care Professional | New measure for CMO | 3 | One abstraction error—Passed |
| Developmental Screening in the First Three Years of Life—First Sample | New measure for CMO | 16—First sample 9—Second sample | Two abstraction errors found; a second sample was required. There were |

Table 5—MRR Results

| Performance Measure | Rationale | Number of Records | Results |
|--|---------------------|---------------------------------------|--|
| | | | only nine remaining cases, so all nine cases were reviewed and passed. |
| Elective Delivery | New measure for CMO | No numerator positive cases available | N/A |
| Screening for Clinical Depression and Follow-up Plan | New measure for CMO | No numerator positive cases available | N/A |
| Exclusions | N/A | 16 | Passed |

For each custom measure, HSAG reviewed all of the numerator compliant cases as identified by the CMO. Upon validation of the *Antenatal Steroids* measure and *Care Transition—Transition Record Transmitted to Health Care Professional* measure, HSAG noted one abstraction error per measure. Peach State removed these two noncompliant cases from the numerator positive category, and both measures were passed for the MRR process.

Upon HSAG's validation of the *Developmental Screening in the First Three Years of Life* measure, two abstraction errors were found. These two noncompliant cases were removed from the numerator positive category. HSAG reviewed the remaining nine numerator positive cases, and no abstraction errors were found. Thus, this measure also passed the MRR process.

There were no numerator positive cases to validate for the *Screening for Clinical Depression and Follow-up Plan* and *Elective Delivery* measures.

Supplemental Data

Peach State did not use any supplemental data for the required measures under the scope of the audit.

Data Integration

Peach State contracted with Inovalon to produce its performance measure validation and HEDIS rates. The Centene Corporate IT and CMO analytics teams were thoroughly familiar with processes and data sources used to extract data from the CMO's transactional system for loading into Inovalon's QSI software. Because the performance measures selected by the State were non-HEDIS measures, source code needed to be reviewed for each measure. HSAG reviewed Inovalon's source code for the required performance measures, and all code was approved on March 20, 2014. Primary source verification was performed on all of the administrative-only measures, and no issues were identified. A discrepancy was found with the *Diabetes Short-Term Complications Admission Rate* denominator during preliminary rate review. The issue, which was discussed during the on-site visit, was that the denominator did not match the *Congestive Heart Failure Admission Rate*.

denominator. The CMO confirmed that the preliminary rate run occurred prior to Inovalon's programming update for that measure. The CMO worked with its Corporate IT team to ensure that the latest version of the programming would be used for subsequent rate runs. The CMO was careful to identify and exclude the P4HB® population after loading into QSI. The aid codes for P4HB® members were identified as a separate population which ensured that they were not included for measure reporting.

Final administrative and hybrid rates were received on June 2, 2014; however, at that time, Peach State was continuing to dialogue with the HSAG MRR team regarding denominator identification, as well as findings from the MRR validation process. From these discussions, changes were made to the *Antenatal Steroids, Developmental Screening in the First Three Years of Life, and Elective Delivery* numerators or denominators. As part of the final rate review, the auditors compared this year's rates to those from prior years, to the initial rate submission, as well as to the other two CMOs' rates to ensure reasonableness. All revised rates were reviewed with consensus from the MRR team, and there were no further concerns. Final rates were approved on June 16, 2014.

The CMO should coordinate with Centene Corporate IT and Inovalon to ensure that Roadmap Section 7 accurately reflects its efforts in monitoring and reviewing the rate production process. The CMO may wish to consider using a different font color within the Roadmap for each entity's response.

Performance Measure Specific Findings

Based on all validation activities, HSAG determined validation results for each performance measure rate. HSAG provided an audit result for each performance measure as defined in Table 6. For detailed information, see Appendix B of this report.

Table 6—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 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.” 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 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 7 shows the key review findings and final audit results for Peach State for each performance measure rate. For additional information regarding performance measure rates, see Appendix C of this report.

Table 7—Key Review Findings and Audit Results for Peach State Health Plan

| Performance Measures | | Key Review Findings | Audit Results |
|-----------------------------|---|------------------------------|----------------------|
| 1. | Annual HIV/AIDS Medical Visit | No concerns were identified. | R |
| 2. | Antenatal Steroids | No concerns were identified. | R |
| 3. | Asthma in Younger Adults Admission Rate | No concerns were identified. | R |
| 4. | Behavioral Health Risk Assessment for Pregnant Women | No concerns were identified. | R |
| 5. | Care Transition—Transition Record Transmitted to Health Care Professional | No concerns were identified. | R |
| 6. | Cesarean Delivery Rate | No concerns were identified. | R |
| 7. | Cesarean Rate for Nulliparous Singleton Vertex | No concerns were identified. | R |
| 8. | Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate | No concerns were identified. | R |

Table 7—Key Review Findings and Audit Results for Peach State Health Plan

| Performance Measures | | Key Review Findings | Audit Results |
|----------------------|--|------------------------------|---------------|
| 9. | Congestive Heart Failure Admission Rate | No concerns were identified. | R |
| 10. | Developmental Screening in the First Three Years of Life | No concerns were identified. | R |
| 11. | Diabetes Short-Term Complications Admission Rate | No concerns were identified. | R |
| 12. | Elective Delivery | No concerns were identified. | R |
| 13. | Percentage of Eligibles that Received Dental Treatment Services | No concerns were identified. | R |
| 14. | Percentage of Eligibles that Received Preventive Dental Services | No concerns were identified. | R |
| 15. | Percentage of Live Births Weighing Less Than 2,500 Grams | No concerns were identified. | R |
| 16. | Screening for Clinical Depression and Follow-up Plan | No concerns were identified. | R |

Appendix A. Data Integration and Control Findings

for Peach State Health Plan

Documentation Worksheet

| | | | |
|----------------------------|---|--|--|
| CMO Name: | Peach State Health Plan | | |
| On-Site Visit Date: | 4/24/14 | | |
| Reviewers: | Patience Hoag, RHIT, CHCA, CHDA, CDIP, CHTS-CP, CCS, CCS-P, CPHQ; Mariyah Badani, JD, MBA | | |

Table A-1—Data Integration and Control Findings for Peach State Health Plan

| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Primary source verification was conducted on-site for all administrative-only measures. No issues were identified. |
| 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"/> | Preliminary and final rate reviews were conducted off-site with concerns communicated to the CMO for further investigation. All concerns were resolved. |
| 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"/> | |

Table A-1—Data Integration and Control Findings for Peach State Health Plan

| Data Integration and Control Element | Met | Not Met | N/A | Comments |
|---|-------------------------------------|--------------------------|--------------------------|--|
| If the CMO uses a performance measure data repository, its structure and format facilitates any required programming necessary to calculate and report required performance measure rates. | | | | |
| 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"/> | Peach State used a software vendor to generate the performance measure rates. No issues were identified with the source code or primary source verification. |
| 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"/> | |
| 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 rate 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"/> | Peach State used a software vendor to generate the performance measure rates. No issues were identified with the source code or primary source verification. |
| 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

Reviewer Worksheets

| | |
|----------------------------|--|
| CMO Name: | Peach State Health Plan |
| On-Site Visit Date: | 4/24/14 |
| Reviewers: | Patience Hoag, RHIT, CHCA, CHDA, CDIP, CHTS-CP, CCS, CCS-P, CPHQ; Mariyah Badani, JD, MBA |

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"/> | Source code was reviewed with Inovalon via multiple Webinar sessions. Primary source verification conducted on-site also confirmed that all eligible populations were included based on performance measure specifications. |
| Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance measures. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| The CMO correctly calculates member months and member years if applicable to the performance measure. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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). | <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 necessary for the measures under the scope of the audit. |

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"/> | Nonstandard codes were not used or reported. |
| 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 Reporting Spreadsheet for Peach State Health Plan

Appendix C contains Peach State Health Plan's final audited performance measure rate reporting spreadsheet.

**State Fiscal Year (SFY) 2014 Performance Measure Rate Reporting Template
for
Georgia Care Management Organizations (CMOs)**

| | |
|-------------------------|--|
| Date of Submission: | 6/10/2014 |
| CMO Name: | Peach State Health Plan |
| Contact Name and Title: | Ron Purisima, Manager QI Analytics |
| Contact E-mail Address: | rpurisima@centene.com |
| Comments: | FINAL Rates Report as of June 10, 2014. |

Appendix C: Department of Community Health, State of Georgia
 Validated CY 2013 Performance Measures for Peach State

| Annual HIV/AIDS Medical Visit | | | |
|---|----------------------|---------------------------------------|--|
| Data Element | General Measure Data | Minimum of 90 Days Between Each Visit | Minimum of 180 Days Between Each Visit |
| Reporting Year | SFY 2014 | | |
| Measurement Period | CY 2013 | | |
| Data Collection Methodology | A | | |
| Eligible Population | | 365 | 365 |
| Numerator Events by Administrative Data | | 184 | 116 |
| Reported Rate | | 50.41% | 31.78% |

Appendix C: Department of Community Health, State of Georgia
Validated CY 2013 Performance Measures for Peach State

| Antenatal Steroids | |
|---|----------------------|
| Data Element | General Measure Data |
| Reporting Year | SFY 2014 |
| Measurement Period | CY 2013 |
| Data Collection Methodology | H |
| Eligible Population | 26 |
| Denominator | 26 |
| Numerator Events by Administrative Data | 0 |
| Numerator Events by Medical Records | 1 |
| Numerator Total | 1 |
| Reported Rate | 3.85% |

Appendix C: Department of Community Health, State of Georgia
Validated CY 2013 Performance Measures for Peach State

| Asthma in Younger Adults Admission Rate <i>(Previously known as Adult Asthma Admission Rate)</i> | |
|---|----------------------------|
| Data Element | General Measure Data |
| Reporting Year | SFY 2014 |
| Measurement Period | Calendar Year (CY) 2013 |
| Data Collection Methodology | Administrative (A) |
| Eligible Population (Total Member Months) | 497179 |
| Numerator Events by Administrative Data | 23 |
| Reported Rate (Per 100,000 Member Months) | 4.63 |

Note: Per DCH, CMOs should report this rate for ages 18-39 only; not 39 years and younger.

Appendix C: Department of Community Health, State of Georgia
Validated CY 2013 Performance Measures for Peach State

| Behavioral Health Risk Assessment for Pregnant Women | |
|--|----------------------|
| Data Element | General Measure Data |
| Reporting Year | SFY 2014 |
| Measurement Period | CY 2013 |
| Data Collection Methodology | H |
| Eligible Population | 17,015 |
| Denominator | 432 |
| Numerator Events by Administrative Data | 0 |
| Numerator Events by Medical Records | 8 |
| Numerator Total | 8 |
| Reported Rate | 1.85% |

Appendix C: Department of Community Health, State of Georgia
Validated CY 2013 Performance Measures for Peach State

| Cesarean Delivery Rate | |
|---|----------------------|
| Data Element | General Measure Data |
| Reporting Year | SFY 2014 |
| Measurement Period | CY 2013 |
| Data Collection Methodology | A |
| Eligible Population | 14669 |
| Numerator Events by Administrative Data | 4340 |
| Reported Rate | 29.59% |

Appendix C: Department of Community Health, State of Georgia
Validated CY 2013 Performance Measures for Peach State

| Care Transition—Transition Record Transmitted to Health Care Professional | |
|---|----------------------|
| Data Element | General Measure Data |
| Reporting Year | SFY 2014 |
| Measurement Period | CY 2013 |
| Data Collection Methodology | H |
| Eligible Population | 432 |
| Denominator | 432 |
| Numerator Events by Administrative Data | 0 |
| Numerator Events by Medical Records | 2 |
| Numerator Total | 2 |
| Reported Rate | 0.46% |

Appendix C: Department of Community Health, State of Georgia
Validated CY 2013 Performance Measures for Peach State

| Cesarean Rate for Nulliparous Singleton Vertex | |
|--|----------------------|
| Data Element | General Measure Data |
| Reporting Year | SFY 2014 |
| Measurement Period | CY 2013 |
| Data Collection Methodology | A |
| Eligible Population | 5365 |
| Numerator Events by Administrative Data | 970 |
| Reported Rate | 18.08% |

Appendix C: Department of Community Health, State of Georgia
Validated CY 2013 Performance Measures for Peach State

| Congestive Heart Failure (CHF) Admission Rate | |
|---|----------------------|
| Data Element | General Measure Data |
| Reporting Year | SFY 2014 |
| Measurement Period | CY 2013 |
| Data Collection Methodology | A |
| Eligible Population (Total Member Months) | 572798 |
| Numerator Events by Administrative Data | 19 |
| Reported Rate (Per 100,000 Member Months) | 3 |

Appendix C: Department of Community Health, State of Georgia
Validated CY 2013 Performance Measures for Peach State

| Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate <i>(Previously known as COPD Admission Rate)</i> | | | | |
|---|----------------------|------------|----------|-------|
| Data Element | General Measure Data | Ages 40-64 | Ages 65+ | Total |
| Reporting Year | SFY 2014 | | | |
| Measurement Period | CY 2013 | | | |
| Data Collection Methodology | A | | | |
| Eligible Population (Total Member Months) | | 75510 | 109 | 75619 |
| Numerator Events by Administrative Data | | 28 | 0 | 28 |
| Reported Rate (Per 100,000 Member Months) | | 37 | 0 | 37 |

Appendix C: Department of Community Health, State of Georgia
Validated CY 2013 Performance Measures for Peach State

| Percentage of Eligibles that Received Preventive Dental Services | |
|--|---------------------------------|
| Data Element | General Measure Data |
| Reporting Year | SFY 2014 |
| Measurement Period | Federal Fiscal Year (FFY) 2013* |
| Data Collection Methodology | A |
| Eligible Population | 327375 |
| Numerator Events by Administrative Data | 163883 |
| Reported Rate | 50.06% |

Appendix C: Department of Community Health, State of Georgia
Validated CY 2013 Performance Measures for Peach State

| Percentage of Eligibles that Received Dental Treatment Services | |
|---|----------------------|
| Data Element | General Measure Data |
| Reporting Year | SFY 2014 |
| Measurement Period | FFY 2013 |
| Data Collection Methodology | A |
| Eligible Population | 327375 |
| Numerator Events by Administrative Data | 77522 |
| Reported Rate | 23.68% |

*FFY covers the time frame of October 1, 2012 through September 30, 2013.

Appendix C: Department of Community Health, State of Georgia
Validated CY 2013 Performance Measures for Peach State

| Developmental Screening in the First Three Years of Life | | | | | |
|--|----------------------|--------|--------|--------|------------------|
| Data Element | General Measure Data | Age 1 | Age 2 | Age 3 | Total (Ages 1-3) |
| Reporting Year | SFY 2014 | | | | |
| Measurement Period | CY 2013 | | | | |
| Data Collection Methodology | H | | | | |
| Eligible Population | | 144 | 144 | 144 | 432 |
| Denominator | | 144 | 144 | 144 | 432 |
| Numerator Events by Administrative Data | | 63 | 55 | 43 | 161 |
| Numerator Events by Medical Records | | 6 | 8 | 10 | 24 |
| Numerator Total | | 69 | 63 | 53 | 185 |
| Reported Rate | | 47.92% | 43.75% | 36.81% | 42.82% |

Appendix C: Department of Community Health, State of Georgia
Validated CY 2013 Performance Measures for Peach State

| Diabetes, Short-Term Complications Admission Rate | |
|---|----------------------|
| Data Element | General Measure Data |
| Reporting Year | SFY 2014 |
| Measurement Period | CY 2013 |
| Data Collection Methodology | A |
| Eligible Population (Total Member Months) | 572798 |
| Numerator Events by Administrative Data | 115 |
| Reported Rate (Per 100,000 Member Months) | 20 |

Appendix C: Department of Community Health, State of Georgia
 Validated CY 2013 Performance Measures for Peach State

| Elective Delivery | |
|---|----------------------|
| Data Element | General Measure Data |
| Reporting Year | SFY 2014 |
| Measurement Period | CY 2013 |
| Data Collection Methodology | H |
| Eligible Population | 115 |
| Denominator | 115 |
| Numerator Events by Administrative Data | 0 |
| Numerator Events by Medical Records | 0 |
| Numerator Total | 0 |
| Reported Rate | 0.00% |

Appendix C: Department of Community Health, State of Georgia
Validated CY 2013 Performance Measures for Peach State

| Percentage of Live Births Weighing Less Than 2,500 Grams | |
|--|----------------------|
| Data Element | General Measure Data |
| Reporting Year | SFY 2014 |
| Measurement Period | CY 2013 |
| Data Collection Methodology | A |
| Eligible Population | 16699 |
| Numerator Events by Administrative Data | 1458 |
| Reported Rate | 8.73% |

Appendix C: Department of Community Health, State of Georgia
Validated CY 2013 Performance Measures for Peach State

| Screening for Clinical Depression and Follow-up Plan | |
|--|----------------------|
| Data Element | General Measure Data |
| Reporting Year | SFY 2014 |
| Measurement Period | CY 2013 |
| Data Collection Methodology | H |
| Eligible Population | 432 |
| Denominator | 432 |
| Numerator Events by Administrative Data | 0 |
| Numerator Events by Medical Records | 0 |
| Numerator Total | 0 |
| Reported Rate | 0.00% |

Appendix C: Department of Community Health, State of Georgia
Validated CY 2013 Performance Measures for Peach State

| Audit Review Table - To Be Completed by Auditor | | |
|---|------------|---------|
| Measure/Data Element | Reportable | Comment |
| Annual HIV/AIDS Medical Visit | Reportable | |
| Antenatal Steroids | Reportable | |
| Asthma in Younger Adults Admission Rate | Reportable | |
| Behavioral Health Risk Assessment for Pregnant Women | Reportable | |
| Cesarean Delivery Rate | Reportable | |
| Care Transition—Transition Record Transmitted to Health Care Professional | Reportable | |
| Cesarean Rate for Nulliparous Singleton Vertex | Reportable | |
| Congestive Heart Failure (CHF) Admission Rate | Reportable | |
| Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate | Reportable | |
| Percentage of Eligibles that Received Preventive Dental Services | Reportable | |
| Percentage of Eligibles that Received Dental Treatment Services | Reportable | |
| Developmental Screening in the First Three Years of Life | Reportable | |
| Diabetes, Short-Term Complications Admission Rate | Reportable | |
| Elective Delivery | Reportable | |
| Percentage of Live Births Weighing Less Than 2,500 Grams | Reportable | |

Appendix C: Department of Community Health, State of Georgia
Validated CY 2013 Performance Measures for Peach State

| Audit Review Table - To Be Completed by Auditor | | |
|--|------------|---------|
| Measure/Data Element | Reportable | Comment |
| Screening for Clinical Depression and Follow-up Plan | Reportable | |



Appendix D. HEDIS Interactive Data Submission System Data for Peach State Health Plan

Appendix D contains Peach State Health Plan's reported IDSS data from its NCQA HEDIS Compliance Audit.

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 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 - 2013 | | | | | | |
| 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 | | | 75.46% | R | Reportable |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc) | Y | | | | | |
| <i>BMI Percentile</i> | | | | 51.16% | R | Reportable |
| <i>Counseling for Nutrition</i> | | | | 58.10% | R | Reportable |
| <i>Counseling for Physical Activity</i> | | | | 54.63% | R | Reportable |
| Childhood Immunization Status (cis) | Y | | | | | |
| <i>DTaP</i> | | | | 84.72% | R | Reportable |
| <i>IPV</i> | | | | 95.60% | R | Reportable |
| <i>MMR</i> | | | | 93.29% | R | Reportable |
| <i>HiB</i> | | | | 94.91% | R | Reportable |
| <i>Hepatitis B</i> | | | | 96.53% | R | Reportable |
| <i>VZV</i> | | | | 94.68% | R | Reportable |
| <i>Pneumococcal Conjugate</i> | | | | 86.81% | R | Reportable |
| <i>Hepatitis A</i> | | | | 92.82% | R | Reportable |
| <i>Rotavirus</i> | | | | 80.79% | R | Reportable |
| <i>Influenza</i> | | | | 45.60% | R | Reportable |
| <i>Combination #2</i> | | | | 83.56% | R | Reportable |
| <i>Combination #3</i> | | | | 79.17% | R | Reportable |
| <i>Combination #4</i> | | | | 77.55% | R | Reportable |
| <i>Combination #5</i> | | | | 68.98% | R | Reportable |
| <i>Combination #6</i> | | | | 40.74% | R | Reportable |
| <i>Combination #7</i> | | | | 67.36% | R | Reportable |
| <i>Combination #8</i> | | | | 39.81% | R | Reportable |
| <i>Combination #9</i> | | | | 37.27% | R | Reportable |
| <i>Combination #10</i> | | | | 36.34% | R | Reportable |
| Immunizations for Adolescents (ima) | Y | | | | | |
| <i>Meningococcal</i> | | | | 78.94% | R | Reportable |
| <i>Tdap/Td</i> | | | | 87.04% | R | Reportable |
| <i>Combination #1</i> | | | | 78.01% | R | Reportable |

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 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 - 2013 | | | | | | |
| The Auditor lock has been applied to this submission. | | | | | | |
| Measure/Data Element | Report Measure | Benefit Offered | Rotated Measure | Rate | Reportable | Comment |
| Human Papillomavirus Vaccine for Female Adolescents (hpv) | Y | | | 21.53% | R | Reportable |
| Lead Screening in Children (lsc) | Y | | | 76.85% | R | Reportable |
| Breast Cancer Screening (bcs) | Y | | | 72.96% | R | Reportable |
| Cervical Cancer Screening (ccs) | Y | | | 73.84% | R | Reportable |
| Non-Recommended Cervical Cancer Screening in Adolescent Females (ncs) | Y | | | 7.41% | R | Reportable |
| Chlamydia Screening in Women (chl) | Y | | | | | |
| 16-20 Years | | | | 52.66% | R | Reportable |
| 21-24 Years | | | | 72.11% | R | Reportable |
| Total | | | | 57.69% | R | Reportable |
| Effectiveness of Care: Respiratory Conditions | | | | | | |
| Appropriate Testing for Children with Pharyngitis (cwp) | Y | Y | | 76.33% | R | Reportable |
| Appropriate Treatment for Children With URI (uri) | Y | Y | | 81.26% | R | Reportable |
| Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (aab) | Y | Y | | 16.39% | R | Reportable |
| Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr) | Y | | | 34.78% | R | Reportable |
| Pharmacotherapy Management of COPD Exacerbation (pce) | Y | Y | | | | |
| Systemic Corticosteroid | | | | 81.82% | R | Reportable |
| Bronchodilator | | | | 93.18% | R | Reportable |
| Use of Appropriate Medications for People With Asthma (asm) | Y | Y | | | | |
| 5-11 Years | | | | 92.92% | R | Reportable |
| 12-18 Years | | | | 91.23% | R | Reportable |
| 19-50 Years | | | | 73.43% | R | Reportable |
| 51-64 Years | | | | NA | R | Denominator fewer than 30 |
| Total | | | | 91.47% | R | Reportable |

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 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 - 2013 | | | | | | |
| The Auditor lock has been applied to this submission. | | | | | | |
| Measure/Data Element | Report Measure | Benefit Offered | Rotated Measure | Rate | Reportable | Comment |
| Medication Management for People With Asthma (mma) | Y | Y | | | | |
| <i>5-11 Years - Medication Compliance 50%</i> | | | | 46.50% | R | Reportable |
| <i>5-11 Years - Medication Compliance 75%</i> | | | | 20.71% | R | Reportable |
| <i>12-18 Years - Medication Compliance 50%</i> | | | | 39.47% | R | Reportable |
| <i>12-18 Years - Medication Compliance 75%</i> | | | | 15.56% | R | Reportable |
| <i>19-50 Years - Medication Compliance 50%</i> | | | | 54.81% | R | Reportable |
| <i>19-50 Years - Medication Compliance 75%</i> | | | | 24.04% | R | Reportable |
| <i>51-64 Years - Medication Compliance 50%</i> | | | | NA | R | Denominator fewer than 30 |
| <i>51-64 Years - Medication Compliance 75%</i> | | | | NA | R | Denominator fewer than 30 |
| <i>Total - Medication Compliance 50%</i> | | | | 44.22% | R | Reportable |
| <i>Total - Medication Compliance 75%</i> | | | | 19.00% | R | Reportable |
| Asthma Medication Ratio (amr) | Y | Y | | | | |
| <i>5-11 Years</i> | | | | 80.72% | R | Reportable |
| <i>12-18 Years</i> | | | | 72.17% | R | Reportable |
| <i>19-50 Years</i> | | | | 48.20% | R | Reportable |
| <i>51-64 Years</i> | | | | NA | R | Denominator fewer than 30 |
| <i>Total</i> | | | | 76.23% | R | Reportable |
| Effectiveness of Care: Cardiovascular | | | | | | |
| Cholesterol Management for Patients With Cardiovascular Conditions (cmc) | Y | | | | | |
| <i>LDL-C Screening Performed</i> | | | | 89.09% | R | Reportable |
| <i>LDL-C Control (<100 mg/dL)</i> | | | | 34.55% | R | Reportable |
| Controlling High Blood Pressure (cbp) | Y | | N | 44.15% | 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 | | | | | |
| <i>Hemoglobin A1c (HbA1c) Testing</i> | | | | 79.51% | R | Reportable |
| <i>HbA1c Poor Control (>9.0%)</i> | | | | 63.19% | R | Reportable |
| <i>HbA1c Control (<8.0%)</i> | | | | 32.64% | R | Reportable |
| <i>HbA1c Control (<7.0%)</i> | | | | 24.07% | R | Reportable |
| <i>Eye Exam (Retinal) Performed</i> | | | | 57.81% | R | Reportable |
| <i>LDL-C Screening Performed</i> | | | | 68.92% | R | Reportable |

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 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 - 2013 | | | | | | |
| The Auditor lock has been applied to this submission. | | | | | | |
| Measure/Data Element | Report Measure | Benefit Offered | Rotated Measure | Rate | Reportable | Comment |
| <i>LDL-C Control (<100 mg/dL)</i> | | | | 23.44% | R | Reportable |
| <i>Medical Attention for Nephropathy</i> | | | | 70.83% | R | Reportable |
| <i>Blood Pressure Control (<140/80 mm Hg)</i> | | | | 29.34% | R | Reportable |
| <i>Blood Pressure Control (<140/90 mm Hg)</i> | | | | 53.65% | R | Reportable |
| Effectiveness of Care: Musculoskeletal | | | | | | |
| Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art) | Y | Y | | 62.75% | R | Reportable |
| Use of Imaging Studies for Low Back Pain (lbp) | Y | | | 74.87% | R | Reportable |
| Effectiveness of Care: Behavioral Health | | | | | | |
| Antidepressant Medication Management (amm) | Y | Y | | | | |
| <i>Effective Acute Phase Treatment</i> | | | | 39.64% | R | Reportable |
| <i>Effective Continuation Phase Treatment</i> | | | | 24.86% | R | Reportable |
| Follow-Up Care for Children Prescribed ADHD Medication (add) | Y | Y | | | | |
| <i>Initiation Phase</i> | | | | 43.04% | R | Reportable |
| <i>Continuation and Maintenance (C&M) Phase</i> | | | | 57.73% | R | Reportable |
| Follow-Up After Hospitalization for Mental Illness (fuh) | Y | Y | | | | |
| <i>30-Day Follow-Up</i> | | | | 75.48% | R | Reportable |
| <i>7-Day Follow-Up</i> | | | | 60.18% | R | Reportable |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (ssd) | Y | Y | | 82.18% | R | Reportable |
| Diabetes Monitoring for People With Diabetes and Schizophrenia (smd) | Y | | | NA | R | Denominator fewer than 30 |
| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (smc) | Y | | | NA | R | Denominator fewer than 30 |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia (saa) | Y | Y | | 16.98% | R | Reportable |

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 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 - 2013 | | | | | | |
| The Auditor lock has been applied to this submission. | | | | | | |
| Measure/Data Element | Report Measure | Benefit Offered | Rotated Measure | Rate | Reportable | Comment |
| Effectiveness of Care: Medication Management | | | | | | |
| Annual Monitoring for Patients on Persistent Medications (mpm) | Y | Y | | | | |
| ACE Inhibitors or ARBs | | | | 88.32% | R | Reportable |
| Digoxin | | | | NA | R | Denominator fewer than 30 |
| Diuretics | | | | 87.41% | R | Reportable |
| Anticonvulsants | | | | 54.02% | R | Reportable |
| Total | | | | 86.42% | R | Reportable |
| Access/Availability of Care | | | | | | |
| Adults' Access to Preventive/Ambulatory Health Services (aap) | Y | | | | | |
| 20-44 Years | | | | 83.56% | R | Reportable |
| 45-64 Years | | | | 89.77% | R | Reportable |
| 65+ Years | | | | NA | R | Denominator fewer than 30 |
| Total | | | | 84.32% | R | Reportable |
| Children and Adolescents' Access to Primary Care Practitioners (cap) | Y | | | | | |
| 12-24 Months | | | | 96.97% | R | Reportable |
| 25 Months - 6 Years | | | | 90.45% | R | Reportable |
| 7-11 Years | | | | 91.53% | R | Reportable |
| 12-19 Years | | | | 88.51% | R | Reportable |
| Annual Dental Visit (adv) | Y | Y | | | | |
| 2-3 Years | | | | 44.28% | R | Reportable |
| 4-6 Years | | | | 75.09% | R | Reportable |
| 7-10 Years | | | | 78.08% | R | Reportable |
| 11-14 Years | | | | 70.66% | R | Reportable |
| 15-18 Years | | | | 59.81% | R | Reportable |
| 19-21 Years | | | | 35.77% | R | Reportable |
| Total | | | | 68.13% | R | Reportable |
| Initiation and Engagement of AOD Dependence Treatment (iet) | Y | Y | | | | |

Appendix D: Department of Community Health, State of Georgia
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| Audit Review Table | | | | | | |
|--|----------------|-----------------|-----------------|--------|------------|--------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None); Measurement Year - 2013 | | | | | | |
| The Auditor lock has been applied to this submission. | | | | | | |
| Measure/Data Element | Report Measure | Benefit Offered | Rotated Measure | Rate | Reportable | Comment |
| <i>Initiation of AOD Treatment: 13-17 Years</i> | | | | 38.85% | R | Reportable |
| <i>Engagement of AOD Treatment: 13-17 Years</i> | | | | 11.82% | R | Reportable |
| <i>Initiation of AOD Treatment: 18+ Years</i> | | | | 37.85% | R | Reportable |
| <i>Engagement of AOD Treatment: 18+ Years</i> | | | | 5.86% | R | Reportable |
| <i>Initiation of AOD Treatment: Total</i> | | | | 38.06% | R | Reportable |
| <i>Engagement of AOD Treatment: Total</i> | | | | 7.08% | R | Reportable |
| Prenatal and Postpartum Care (ppc) | Y | | N | | | |
| <i>Timeliness of Prenatal Care</i> | | | | 82.64% | R | Reportable |
| <i>Postpartum Care</i> | | | | 61.81% | R | Reportable |
| Call Answer Timeliness (cat) | Y | | | 97.99% | R | Reportable |
| Utilization | | | | | | |
| Frequency of Ongoing Prenatal Care (fpc) | Y | | N | | | |
| <i><21 Percent</i> | | | | 10.42% | R | Reportable |
| <i>21-40 Percent</i> | | | | 6.48% | R | Reportable |
| <i>41-60 Percent</i> | | | | 8.56% | R | Reportable |
| <i>61-80 Percent</i> | | | | 16.90% | R | Reportable |
| <i>81+ Percent</i> | | | | 57.64% | R | Reportable |
| Well-Child Visits in the First 15 Months of Life (w15) | Y | | | | | |
| <i>0 Visits</i> | | | | 3.01% | R | Reportable |
| <i>1 Visit</i> | | | | 2.08% | R | Reportable |
| <i>2 Visits</i> | | | | 3.70% | R | Reportable |
| <i>3 Visits</i> | | | | 5.56% | R | Reportable |
| <i>4 Visits</i> | | | | 11.81% | R | Reportable |
| <i>5 Visits</i> | | | | 16.20% | R | Reportable |
| <i>6+ Visits</i> | | | | 57.64% | R | Reportable |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34) | Y | | | 69.44% | R | Reportable |
| Adolescent Well-Care Visits (awc) | Y | | | 45.14% | 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 |

| Audit Review Table | | | | | | |
|--|----------------|-----------------|-----------------|------|------------|--------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None); Measurement Year - 2013 | | | | | | |
| The Auditor lock has been applied to this submission. | | | | | | |
| Measure/Data Element | Report Measure | Benefit Offered | Rotated Measure | Rate | Reportable | Comment |
| 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 |

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| Audit Review Table | | | | | | |
|--|----------------|-----------------|-----------------|------|------------|--------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None), Measurement Year - 2013 | | | | | | |
| The Auditor lock has been applied to this submission. | | | | | | |
| Measure/Data Element | Report Measure | Benefit Offered | Rotated Measure | Rate | Reportable | Comment |
| Relative Resource Use | | | | | | |
| Relative Resource Use for People With Diabetes (rdi) | Y | | | | R | Reportable |
| Relative Resource Use for People With Asthma (ras) | Y | Y | | | R | Reportable |
| Relative Resource Use for People With Cardiovascular Conditions (rca) | Y | | | | R | Reportable |
| Relative Resource Use for People With Hypertension (rhy) | Y | | | | R | Reportable |
| Relative Resource Use for People With COPD (rco) | Y | | | | R | Reportable |
| Health Plan Descriptive Information | | | | | | |
| Board Certification (bcr) | Y | | | | R | Reportable |
| Total Membership (tlm) | Y | | | | R | Reportable |
| Enrollment by Product Line: Total (enpa) | Y | | | | R | Reportable |
| Enrollment by Product Line: Dual Eligibles (enpb) | N | | | | NR | Measure Unselected |
| 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 (wop) | Y | | N | | R | Reportable |

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| Adult BMI Assessment (ABA) | |
|---|--------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative or hybrid) | H |
| Eligible population | 7434 |
| Number of numerator events by administrative data in eligible population (before exclusions) | 1371 |
| Current year's administrative rate (before exclusions) | 18.44% |
| Minimum required sample size (MRSS) or other sample size | 411 |
| Oversampling rate | 0.05 |
| Final sample size (FSS) | 432 |
| Number of numerator events by administrative data in FSS | 109 |
| Administrative rate on FSS | 25.23% |
| Number of original sample records excluded because of valid data errors | 0 |
| Number of administrative data records excluded | 1445 |
| Number of medical records excluded | 0 |
| Number of employee/dependent medical records excluded | 0 |
| Records added from the oversample list | 0 |
| Denominator | 432 |
| Numerator events by administrative data | 109 |
| Numerator events by medical records | 217 |
| Reported rate | 75.46% |
| Lower 95% confidence interval | 71.29% |
| Upper 95% confidence interval | 79.64% |

Appendix D: Department of Community Health, State of Georgia
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| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) | | | | | | | | | |
|---|----------------|-------------|---------|--------------------------|-------------|---------|----------------------------------|-------------|---------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | | | | |
| Data Element | BMI Percentile | | | Counseling for Nutrition | | | Counseling for Physical Activity | | |
| | 3-11 years | 12-17 years | Total | 3-11 years | 12-17 years | Total | 3-11 years | 12-17 years | Total |
| Measurement year | 2013 | | | 2013 | | | 2013 | | |
| Data collection methodology (administrative or hybrid) | H | | | H | | | H | | |
| Eligible population | 78589 | 36421 | 115,010 | 78589 | 36421 | 115,010 | 78589 | 36421 | 115,010 |
| Number of numerator events by administrative data in eligible population (before exclusions) | 14482 | 6131 | 20,613 | 8414 | 3666 | 12,080 | 7715 | 3295 | 11,010 |
| Current year's administrative rate (before exclusions) | 18.43% | 16.83% | 17.92% | 10.71% | 10.07% | 10.50% | 9.82% | 9.05% | 9.57% |
| Minimum required sample size (MRSS) or other sample size | 411 | | | 411 | | | 411 | | |
| Oversampling rate | 0.05 | | | 0.05 | | | 0.05 | | |
| Final sample size | 432 | | | 432 | | | 432 | | |
| Number of numerator events by administrative data in FSS | 63 | 25 | 88 | 47 | 16 | 63 | 48 | 16 | 64 |
| Administrative rate on FSS | 14.58% | 5.79% | 20.37% | 10.88% | 3.70% | 14.58% | 11.11% | 3.70% | 14.81% |
| Number of original sample records excluded because of valid data errors | 0 | | | 0 | | | 0 | | |
| Number of administrative data records excluded | 333 | | | 333 | | | 333 | | |
| Number of medical records excluded | 0 | | | 0 | | | 0 | | |
| Number of employee/dependent medical records excluded | 0 | | | 0 | | | 0 | | |
| Records added from the oversample list | 0 | | | 0 | | | 0 | | |
| Denominator | 286 | 146 | 432 | 286 | 146 | 432 | 286 | 146 | 432 |
| Numerator events by administrative data | 63 | 25 | 88 | 47 | 16 | 63 | 48 | 16 | 64 |
| Numerator events by medical records | 82 | 51 | 133 | 117 | 71 | 188 | 99 | 73 | 172 |
| Reported rate | 50.70% | 52.05% | 51.16% | 57.34% | 59.59% | 58.10% | 51.40% | 60.96% | 54.63% |
| Lower 95% confidence interval | 44.73% | 43.61% | 46.33% | 51.44% | 51.29% | 53.33% | 45.43% | 52.70% | 49.82% |
| Upper 95% confidence interval | 56.67% | 60.50% | 55.99% | 63.25% | 67.89% | 62.87% | 57.37% | 69.21% | 59.44% |

| Childhood Immunization Status (CIS) | | | | | | | | | | |
|---|----------------------|--------|--------|--------|--------|-------------|--------|-------------------------|-------------|-----------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | | | | | |
| Data Element | General Measure Data | DTaP | IPV | MMR | HiB | Hepatitis B | VZV | Pneumo-coccal Conjugate | Hepatitis A | Rotavirus |
| Measurement year | 2013 | | | | | | | | | |
| Data collection methodology (administrative or hybrid) | H | | | | | | | | | |
| Eligible population | 7548 | | | | | | | | | |
| Number of numerator events by admin data in eligible population (before exclusions) | | 6101 | 7099 | 7055 | 7137 | 7031 | 7093 | 6396 | 6982 | 5694 |
| Current year's administrative rate (before exclusions) | | 80.83% | 94.05% | 93.47% | 94.55% | 93.15% | 93.97% | 84.74% | 92.50% | 75.44% |
| Minimum required sample size (MRSS) or other sample Size | 411 | | | | | | | | | |
| Oversampling rate | 0.05 | | | | | | | | | |
| Final sample size | 432 | | | | | | | | | |
| Number of numerator events by admin data in FSS | | 359 | 410 | 403 | 408 | 407 | 407 | 369 | 401 | 338 |
| Administrative rate on FSS | | 83.10% | 94.91% | 93.29% | 94.44% | 94.21% | 94.21% | 85.42% | 92.82% | 78.24% |
| Number of original records excluded because of valid data errors | 0 | | | | | | | | | |
| Number of administrative data records excluded | 6 | | | | | | | | | |
| Number of medical data records excluded | 0 | | | | | | | | | |
| Number of employee/dependent medical records excluded | 0 | | | | | | | | | |
| Records added from the oversample list | 0 | | | | | | | | | |
| Denominator | 432 | | | | | | | | | |
| Numerator events by administrative data | | 359 | 410 | 403 | 408 | 407 | 407 | 369 | 401 | 338 |
| Number of numerator events by medical records | | 7 | 3 | 0 | 2 | 10 | 2 | 6 | 0 | 11 |
| Reported rate | | 84.72% | 95.60% | 93.29% | 94.91% | 96.53% | 94.68% | 86.81% | 92.82% | 80.79% |
| Lower 95% confidence interval | | 81.21% | 93.55% | 90.81% | 92.72% | 94.69% | 92.44% | 83.50% | 90.27% | 76.96% |
| Upper 95% confidence interval | | 88.23% | 97.65% | 95.76% | 97.10% | 98.37% | 96.91% | 90.11% | 95.37% | 84.62% |

| Childhood Immunization Status (CIS) | | | | | | | | | | |
|---|-----------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Me | | | | | | | | | | |
| Data Element | Influenza | Combination 2 | Combination 3 | Combination 4 | Combination 5 | Combination 6 | Combination 7 | Combination 8 | Combination 9 | Combination 10 |
| Measurement year | | | | | | | | | | |
| Data collection methodology (administrative or hybrid) | | | | | | | | | | |
| Eligible population | | | | | | | | | | |
| Number of numerator events by admin data in eligible population (before exclusions) | 3224 | 5885 | 5671 | 5587 | 4858 | 2804 | 4782 | 2774 | 2526 | 2499 |
| Current year's administrative rate (before exclusions) | 42.71% | 77.97% | 75.13% | 74.02% | 64.36% | 37.15% | 63.35% | 36.75% | 33.47% | 33.11% |
| Minimum required sample size (MRSS) or other sample Size | | | | | | | | | | |
| Oversampling rate | | | | | | | | | | |
| Final sample size | | | | | | | | | | |
| Number of numerator events by admin data in FSS | 197 | 348 | 330 | 324 | 283 | 169 | 277 | 166 | 154 | 151 |
| Administrative rate on FSS | 45.60% | 80.56% | 76.39% | 75.00% | 65.51% | 39.12% | 64.12% | 38.43% | 35.65% | 34.95% |
| Number of original records excluded because of valid data errors | | | | | | | | | | |
| Number of administrative data records excluded | | | | | | | | | | |
| Number of medical data records excluded | | | | | | | | | | |
| Number of employee/dependent medical records excluded | | | | | | | | | | |
| Records added from the oversample list | | | | | | | | | | |
| Denominator | | | | | | | | | | |
| Numerator events by administrative data | 197 | 348 | 330 | 324 | 283 | 169 | 277 | 166 | 154 | 151 |
| Number of numerator events by medical records | 0 | 13 | 12 | 11 | 15 | 7 | 14 | 6 | 7 | 6 |
| Reported rate | 45.60% | 83.56% | 79.17% | 77.55% | 68.98% | 40.74% | 67.36% | 39.81% | 37.27% | 36.34% |
| Lower 95% confidence interval | 40.79% | 79.95% | 75.22% | 73.50% | 64.50% | 35.99% | 62.82% | 35.08% | 32.59% | 31.69% |
| Upper 95% confidence interval | 50.41% | 87.18% | 83.11% | 81.60% | 73.46% | 45.49% | 71.90% | 44.55% | 41.94% | 40.99% |

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| Immunizations for Adolescents (IMA) | | | | |
|---|----------------------|---------------|---------|---------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | |
| Data Element | General Measure Data | Meningococcal | Tdap/Td | Combination 1 |
| Measurement year | 2013 | | | |
| Data collection methodology (administrative or hybrid) | H | | | |
| Eligible population | 8897 | | | |
| Number of numerator events by admin data in eligible population (before exclusions) | | 6611 | 7390 | 6512 |
| Current year's administrative rate (before exclusions) | | 74.31% | 83.06% | 73.19% |
| Minimum required sample size (MRSS) or other sample Size | 411 | | | |
| Oversampling rate | 0.05 | | | |
| Final sample size | 432 | | | |
| Number of numerator events by admin data in FSS | | 341 | 376 | 337 |
| Administrative rate on FSS | | 78.94% | 87.04% | 78.01% |
| Number of original records excluded because of valid data errors | 0 | | | |
| Number of administrative data records excluded | 0 | | | |
| Number of medical data records excluded | 0 | | | |
| Number of employee/dependent medical records excluded | 0 | | | |
| Records added from the oversample list | 0 | | | |
| Denominator | 432 | | | |
| Numerator events by administrative data | | 341 | 376 | 337 |
| Number of numerator events by medical records | | 0 | 0 | 0 |
| Reported rate | | 78.94% | 87.04% | 78.01% |
| Lower 95% confidence interval | | 74.97% | 83.75% | 73.99% |
| Upper 95% confidence interval | | 82.90% | 90.32% | 82.03% |

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| Human Papillomavirus Vaccine for Female Adolescents (HPV) | |
|---|--------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative or hybrid) | H |
| Eligible population | 4438 |
| Number of numerator events by administrative data in eligible population (before exclusions) | 909 |
| Current year's administrative rate (before exclusions) | 20.48% |
| Minimum required sample size (MRSS) or other sample size | 411 |
| Oversampling rate | 0.05 |
| Final sample size (FSS) | 432 |
| Number of numerator events by administrative data in FSS | 90 |
| Administrative rate on FSS | 20.83% |
| Number of original sample records excluded because of valid data errors | 0 |
| Number of administrative data records excluded | 0 |
| Number of medical data records excluded | 0 |
| Number of employee/dependent medical records excluded | 0 |
| Records added from the oversample list | 0 |
| Denominator | 432 |
| Numerator events by administrative data | 90 |
| Numerator events by medical records | 3 |
| Reported rate | 21.53% |
| Lower 95% confidence interval | 17.54% |
| Upper 95% confidence interval | 25.52% |

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| Lead Screening in Children (LSC) | |
|--|----------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Lead Screening in Children | |
| Data Elements which do not apply to the selected data collection methodology will not appear | General Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative or hybrid) | H |
| Eligible population | 7548 |
| Number of numerator events by admin data in eligible population (before exclusions) | 5657 |
| Current year's administrative rate (before exclusions) | 74.95% |
| Minimum required sample size (MRSS) or other sample size | 411 |
| Oversampling rate | 0.05 |
| Final sample size (FSS) | 432 |
| Number of numerator events by administrative data in FSS | 330 |
| Administrative rate on FSS | 76.39% |
| Number of original sample records excluded because of valid data errors | 0 |
| Number of administrative data records excluded | 0 |
| Number of medical data records excluded | 0 |
| Number of employee/dependent medical records excluded | 0 |
| Records added from the oversample list | 0 |
| Denominator | 432 |
| Numerator events by administrative data | 330 |
| Numerator events by medical records | 2 |
| Reported rate | 76.85% |
| Lower 95% confidence interval | 72.76% |
| Upper 95% confidence interval | 80.94% |

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| Breast Cancer Screening (BCS) | |
|---|----------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | General Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative) | A |
| Eligible population | 318 |
| Numerator events by administrative data | 232 |
| Reported rate | 72.96% |
| Lower 95% confidence interval | 67.92% |
| Upper 95% confidence interval | 78.00% |

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| Cervical Cancer Screening (CCS) | |
|---|--------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative or hybrid) | H |
| Eligible population | 12300 |
| Number of numerator events by administrative data in eligible population (before exclusions) | 8478 |
| Current year's administrative rate (before exclusions) | 68.93% |
| Minimum required sample size (MRSS) or other sample size | 411 |
| Oversampling rate | 0.05 |
| Final sample size (FSS) | 432 |
| Number of numerator events by administrative data in FSS | 310 |
| Administrative rate on FSS | 71.76% |
| Number of original sample records excluded because of valid data errors | 0 |
| Number of administrative data records excluded | 205 |
| Number of medical data records excluded | 0 |
| Number of employee/dependent medical records excluded | 0 |
| Records added from the oversample list | 0 |
| Denominator | 432 |
| Numerator events by administrative data | 310 |
| Numerator events by medical records | 9 |
| Reported rate | 73.84% |
| Lower 95% confidence interval | 69.58% |
| Upper 95% confidence interval | 78.10% |

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| Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) | |
|---|--------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative) | A |
| Eligible population | 10552 |
| Number of optional exclusions | 17 |
| Numerator events by administrative data | 782 |
| Reported rate | 7.41% |
| Lower 95% confidence interval | 6.91% |
| Upper 95% confidence interval | 7.92% |

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| Chlamydia Screening in Women (CHL) | | | | |
|---|----------------------|-------------|-------------|--------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | |
| Data Element | General Measure Data | 16-20 years | 21-24 years | Total |
| Measurement year | 2013 | | | |
| Data collection methodology (administrative) | A | | | |
| Eligible population | | 5163 | 1800 | 6,963 |
| Numerator events by administrative data | | 2719 | 1298 | 4,017 |
| Reported rate | | 52.66% | 72.11% | 57.69% |
| Lower 95% confidence interval | | 51.29% | 70.01% | 56.52% |
| Upper 95% confidence interval | | 54.03% | 74.21% | 58.86% |

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| Appropriate Testing for Children with Pharyngitis (CWP) | |
|---|--------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative) | A |
| Eligible population | 11924 |
| Numerator events by administrative data | 9102 |
| Reported rate | 76.33% |
| Lower 95% confidence interval | 75.57% |
| Upper 95% confidence interval | 77.10% |

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| Appropriate Treatment for Children With URI (URI) | |
|---|--------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative) | A |
| Eligible population | 21349 |
| Numerator events by administrative data | 4000 |
| Reported rate | 81.26% |
| Lower 95% confidence interval | 80.74% |
| Upper 95% confidence interval | 81.79% |

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| Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) | |
|---|--------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative) | A |
| Eligible population | 598 |
| Total numerator events by administrative data | 500 |
| Reported rate | 16.39% |
| Lower 95% confidence interval | 13.34% |
| Upper 95% confidence interval | 19.44% |

| Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) | |
|---|--------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative) | A |
| Eligible population | 46 |
| Numerator events by administrative data | 16 |
| Reported rate | 34.78% |
| Lower 95% confidence interval | 19.93% |
| Upper 95% confidence interval | 49.63% |

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| Pharmacotherapy Management of COPD Exacerbation (PCE) | | | |
|---|--------------|-------------------------|----------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | |
| Pharmacotherapy Management of COPD Exacerbation | | | |
| Data Elements | Measure Data | Systemic corticosteroid | Bronchodilator |
| Measurement year | 2013 | | |
| Data collection methodology (administrative) | A | | |
| Eligible population | 44 | | |
| Numerator events by administrative data | | 36 | 41 |
| Reported rate | | 81.82% | 93.18% |
| Lower 95% confidence interval | | 69.29% | 84.60% |
| Upper 95% confidence interval | | 94.35% | 100.00% |

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| Use of Appropriate Medications for People With Asthma (ASM) | | | | | | |
|---|----------------------|------------|-------------|-------------|-------------|--------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | |
| Data Element | General Measure Data | 5-11 years | 12-18 years | 19-50 years | 51-64 years | Total |
| Measurement year | 2013 | | | | | |
| Data collection methodology (administrative) | A | | | | | |
| Eligible population | | 2077 | 1277 | 143 | 8 | 3,505 |
| Number of required exclusions | | 201 | 114 | 108 | 23 | 446 |
| Numerator events by administrative data | | 1930 | 1165 | 105 | 6 | 3,206 |
| Reported rate | | 92.92% | 91.23% | 73.43% | NA | 91.47% |
| Lower 95% confidence interval | | 91.80% | 89.64% | 65.84% | NA | 90.53% |
| Upper 95% confidence interval | | 94.05% | 92.82% | 81.02% | NA | 92.41% |

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| Medication Management for People With Asthma (MMA) | | | | | | | | | | | | |
|---|----------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|--|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | | | | | | | |
| Data Element | General Measure Data | 5-11 years | | 12-18 years | | 19-50 years | | 51-64 years | | Total | | |
| | | Medication Compliance 50% | Medication Compliance 75% | |
| Measurement year | 2013 | | | | | | | | | | | |
| Data collection methodology (administrative) | A | | | | | | | | | | | |
| Eligible population | | 1927 | | 1163 | | 104 | | 6 | | 3,200 | | |
| Number of required exclusions | | 351 | | 228 | | 147 | | 25 | | 751 | | |
| Numerator events by administrative data | | 896 | 399 | 459 | 181 | 57 | 25 | 3 | 3 | 1,415 | 608 | |
| Reported rate | | 46.50% | 20.71% | 39.47% | 15.56% | 54.81% | 24.04% | NA | NA | 44.22% | 19.00% | |
| Lower 95% confidence interval | | 44.24% | 18.87% | 36.61% | 13.44% | 44.76% | 15.34% | NA | NA | 42.48% | 17.63% | |
| Upper 95% confidence interval | | 48.75% | 22.54% | 42.32% | 17.69% | 64.85% | 32.73% | NA | NA | 45.96% | 20.37% | |

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| Asthma Medication Ratio (AMR) | | | | | | |
|---|--------------|------------|-------------|-------------|-------------|--------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | |
| Data Element | Measure Data | 5-11 years | 12-18 years | 19-50 years | 51-64 years | Total |
| Measurement year | 2013 | | | | | |
| Data collection methodology (administrative) | A | | | | | |
| Eligible population | | 2038 | 1265 | 139 | 8 | 3,450 |
| Number of required exclusions | | 240 | 126 | 112 | 23 | 501 |
| Numerator events by administrative data | | 1645 | 913 | 67 | 5 | 2,630 |
| Reported rate | | 80.72% | 72.17% | 48.20% | NA | 76.23% |
| Lower 95% confidence interval | | 78.98% | 69.66% | 39.53% | NA | 74.80% |
| Upper 95% confidence interval | | 82.45% | 74.68% | 56.87% | NA | 77.67% |

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| Cholesterol Management for Patients With Cardiovascular Conditions (CMC) | | | |
|---|----------------------|-----------------|------------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | |
| Data Element | General Measure Data | LDL-C Screening | LDL-C level <100 mg/dL |
| Measurement year | 2013 | | |
| Data collection methodology (administrative or hybrid) | H | | |
| Eligible population | 55 | | |
| Number of numerator events by administrative data in eligible population (before exclusions) | | 49 | 13 |
| Current year's administrative rate (before exclusions) | | 89.09% | 23.64% |
| Minimum required sample size (MRSS) or other sample size | 55 | | |
| Oversampling rate | 0 | | |
| Final sample size (FSS) | 55 | | |
| Number of numerator events by administrative data in FSS | | 49 | 10 |
| Administrative rate on FSS | | 89.09% | 18.18% |
| Number of original sample records excluded because of valid data errors | 0 | | |
| Number of employee/dependent medical records excluded | 0 | | |
| Records added from the oversample list | 0 | | |
| Denominator | 55 | | |
| Numerator events by administrative data | | 49 | 10 |
| Numerator events by medical records | | 0 | 9 |
| Reported rate | | 89.09% | 34.55% |
| Lower 95% confidence interval | | 79.94% | 21.07% |
| Upper 95% confidence interval | | 98.24% | 48.02% |

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| Controlling High Blood Pressure (CBP) | |
|---|----------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | General Measure Data |
| Measurement year | 2013 |
| Data collection methodology (hybrid) | H |
| Eligible population | 2342 |
| Number of numerator events by administrative data in eligible population (before exclusions) | 0 |
| Current year's administrative rate (before exclusions) | 0.00% |
| Minimum required sample size (MRSS) or other sample size | 411 |
| Oversampling rate | 0.1 |
| Final sample size (FSS) | 453 |
| Number of numerator events by administrative data in FSS | 0 |
| Administrative rate on FSS | 0.00% |
| Number of original sample records excluded because of valid data errors | 0 |
| Number of records excluded because of false positive diagnoses | 0 |
| Number of administrative data records excluded | 0 |
| Number of medical data records excluded | 0 |
| Number of employee/dependent medical records excluded | 0 |
| Records added from the oversample list | 0 |
| Denominator | 453 |
| Numerator events by administrative data | 0 |
| Numerator events by medical records | 200 |
| Reported rate | 44.15% |
| Lower 95% confidence interval | 39.47% |
| Upper 95% confidence interval | 48.83% |

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| Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) | |
|--|--------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative) | A |
| Eligible population | 15 |
| Numerator events by administrative data | 9 |
| Reported rate | NA |
| Lower 95% confidence interval | NA |
| Upper 95% confidence interval | NA |

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| Comprehensive Diabetes Care (CDC) | | | | | | | | | | |
|---|---------------|----------------------------|-----------------------|---|----------|-----------------|------------------------|-----------------------------------|---|---|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | | | | | |
| Data Element | HbA1c Testing | HbA1c Poor Control (>9.0%) | HbA1c Control (<8.0%) | HbA1c Control (<7.0%) for a Selected Population | Eye Exam | LDL-C Screening | LDL-C Level <100 mg/dL | Medical Attention for Nephropathy | Blood Pressure Controlled <140/80 mm Hg | Blood Pressure Controlled <140/90 mm Hg |
| Measurement year | 2013 | 2013 | 2013 | 2013 | 2013 | 2013 | 2013 | 2013 | 2013 | 2013 |
| Data collection methodology (administrative or hybrid) | H | H | H | H | H | H | H | H | H | H |
| Eligible population | 1324 | 1324 | 1324 | 1141 | 1324 | 1324 | 1324 | 1324 | 1324 | 1324 |
| Number of numerator events by administrative data in eligible population (before optional exclusions) | 1009 | 1089 | 191 | 118 | 705 | 892 | 176 | 863 | 8 | 16 |
| Current year's administrative rate (before optional exclusions) | 76.21% | 82.25% | 14.43% | 10.34% | 53.25% | 67.37% | 13.29% | 65.18% | 0.60% | 1.21% |
| Minimum required sample size (MRSS) or other sample size | 548 | 548 | 548 | 548 | 548 | 548 | 548 | 548 | 548 | 548 |
| Oversampling rate | 0.05 | 0.05 | 0.05 | 0.05 | 0.05 | 0.05 | 0.05 | 0.05 | 0.05 | 0.05 |
| Final sample size (FSS) | 576 | 576 | 576 | 576 | 576 | 576 | 576 | 576 | 576 | 576 |
| Number of numerator events by administrative data in FSS | 447 | 485 | 56 | 33 | 304 | 388 | 52 | 388 | 0 | 2 |
| Administrative rate on FSS | 77.60% | 84.20% | 9.72% | 5.73% | 52.78% | 67.36% | 9.03% | 67.36% | 0.00% | 0.35% |
| Number of original sample records excluded because of valid data errors | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of optional administrative data records excluded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of optional medical data records excluded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of HbA1c <7 required medical records excluded | | | | 0 | | | | | | |
| Number of HbA1c <7 required administrative data records excluded | | | | 90 | | | | | | |
| Number of employee/dependent medical records excluded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Records added from the oversample list | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Denominator | 576 | 576 | 576 | 486 | 576 | 576 | 576 | 576 | 576 | 576 |
| Numerator events by administrative data | 447 | 290 | 56 | 33 | 304 | 388 | 52 | 388 | 0 | 2 |
| Numerator events by medical records | 11 | 74 | 132 | 84 | 29 | 9 | 83 | 20 | 169 | 307 |
| Reported rate | 79.51% | 63.19% | 32.64% | 24.07% | 57.81% | 68.92% | 23.44% | 70.83% | 29.34% | 53.65% |
| Lower 95% confidence interval | 76.13% | 59.17% | 28.72% | 20.17% | 53.69% | 65.06% | 19.89% | 67.03% | 25.54% | 49.49% |
| Upper 95% confidence interval | 82.90% | 67.22% | 36.55% | 27.98% | 61.93% | 72.79% | 26.98% | 74.63% | 33.15% | 57.81% |

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| Disease Modifying Anti-Rheumatic Drug therapy in Rheumatoid Arthritis (ART) | |
|---|--------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative) | A |
| Eligible population | 51 |
| Numerator events by administrative data | 32 |
| Reported rate | 62.75% |
| Lower 95% confidence interval | 48.50% |
| Upper 95% confidence interval | 76.99% |

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| Use of Imaging Studies for Low Back Pain (LBP) | |
|---|--------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative) | A |
| Eligible population | 939 |
| Numerator events by administrative data | 236 |
| Reported rate | 74.87% |
| Lower 95% confidence Interval | 72.04% |
| Upper 95% confidence Interval | 77.69% |

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| Antidepressant Medication Management (AMM) | | | |
|---|----------------------|---------------------------------|--|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | |
| Data Element | General Measure Data | Effective Acute Phase Treatment | Effective Continuation Phase Treatment |
| Measurement year | 2013 | | |
| Data collection methodology (administrative) | A | | |
| Eligible population | 893 | | |
| Numerator events by administrative data | | 354 | 222 |
| Reported rate | | 39.64% | 24.86% |
| Lower 95% confidence interval | | 36.38% | 21.97% |
| Upper 95% confidence interval | | 42.91% | 27.75% |

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| Follow-Up Care for Children Prescribed ADHD Medication (ADD) | | | |
|---|----------------------|------------------|------------------------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | |
| Data Element | General Measure Data | Initiation Phase | Continuation and Maintenance Phase |
| Measurement year | 2013 | | |
| Data collection methodology (administrative) | A | | |
| Eligible population | | 3130 | 485 |
| Numerator events by administrative data | | 1347 | 280 |
| Reported rate | | 43.04% | 57.73% |
| Lower 95% confidence interval | | 41.28% | 53.23% |
| Upper 95% confidence interval | | 44.79% | 62.23% |

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| Follow-Up After Hospitalization for Mental Illness (FUH) | | | |
|---|----------------------|------------------|-----------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | |
| Data Element | General Measure Data | 30-day follow-up | 7-day follow-up |
| Measurement year | 2013 | | |
| Data collection methodology (administrative) | A | | |
| Eligible population | 1105 | | |
| Numerator events by administrative data | | 834 | 665 |
| Reported rate | | 75.48% | 60.18% |
| Lower 95% confidence interval | | 72.89% | 57.25% |
| Upper 95% confidence interval | | 78.06% | 63.11% |

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| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD) | |
|--|--------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative) | A |
| Eligible population | 202 |
| Number of required exclusions | 164 |
| Numerator events by administrative data | 166 |
| Reported rate | 82.18% |
| Lower 95% confidence interval | 76.65% |
| Upper 95% confidence interval | 87.70% |

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| Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD) | |
|---|--------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative) | A |
| Eligible population | 6 |
| Numerator events by administrative data | 5 |
| Reported rate | NA |
| Lower 95% confidence interval | NA |
| Upper 95% confidence interval | NA |

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| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC) | |
|---|--------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative) | A |
| Eligible population | 1 |
| Numerator events by administrative data | 1 |
| Reported rate | NA |
| Lower 95% confidence interval | NA |
| Upper 95% confidence interval | NA |

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| Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA) | |
|--|--------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative) | A |
| Eligible population | 53 |
| Number of required exclusions | 27 |
| Numerator events by administrative data | 9 |
| Reported rate | 16.98% |
| Lower 95% confidence interval | 5.93% |
| Upper 95% confidence interval | 28.03% |

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| Annual Monitoring for Patients on Persistent Medications (MPM) | | | | | | |
|---|----------------------|------------------------|---------|-----------|------------------|--------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | |
| Data Element | General Measure Data | ACE Inhibitors or ARBs | Digoxin | Diuretics | Anti-convulsants | Total |
| Measurement year | 2013 | | | | | |
| Data collection methodology (administrative) | A | | | | | |
| Eligible population | | 993 | 6 | 961 | 87 | 2,047 |
| Numerator events by administrative data | | 877 | 5 | 840 | 47 | 1,769 |
| Reported rate | | 88.32% | NA | 87.41% | 54.02% | 86.42% |
| Lower 95% confidence interval | | 86.27% | NA | 85.26% | 42.98% | 84.91% |
| Upper 95% confidence interval | | 90.37% | NA | 89.56% | 65.07% | 87.93% |

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| Adults' Access to Preventive/Ambulatory Health Services (AAP) | | | | | |
|---|----------------------|-------------|-------------|-----------|--------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | |
| Data Element | General Measure Data | 20-44 years | 45-64 years | 65+ years | Total |
| Measurement year | 2013 | | | | |
| Data collection methodology (administrative) | A | | | | |
| Eligible population | | 13549 | 1887 | 2 | 15,438 |
| Numerator events by administrative data | | 11322 | 1694 | 2 | 13,018 |
| Reported rate | | 83.56% | 89.77% | NA | 84.32% |
| Lower 95% confidence interval | | 82.94% | 88.38% | NA | 83.75% |
| Upper 95% confidence interval | | 84.19% | 91.17% | NA | 84.90% |

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| Children and Adolescents' Access to Primary Care Practitioners (CAP) | | | | | |
|---|----------------------|--------------|---------------------|------------|-------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | |
| Data Element | General Measure Data | 12-24 months | 25 months - 6 years | 7-11 years | 12-19 years |
| Measurement year | 2013 | | | | |
| Data collection methodology (administrative) | A | | | | |
| Eligible population | | 9807 | 52329 | 34176 | 38878 |
| Numerator events by administrative data | | 9510 | 47332 | 31281 | 34412 |
| Reported rate | | 96.97% | 90.45% | 91.53% | 88.51% |
| Lower 95% confidence interval | | 96.63% | 90.20% | 91.23% | 88.19% |
| Upper 95% confidence interval | | 97.32% | 90.70% | 91.83% | 88.83% |

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| Annual Dental Visit (ADV) | | | | | | | | |
|---|--------------|-----------|-----------|------------|-------------|-------------|-------------|---------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | | | |
| Data Element | Measure Data | 2-3 Years | 4-6 Years | 7-10 Years | 11-14 Years | 15-18 Years | 19-21 Years | Total |
| Measurement year | 2013 | | | | | | | |
| Data collection methodology (administrative) | A | | | | | | | |
| Eligible population | | 19242 | 33749 | 40120 | 35629 | 27439 | 1135 | 157,314 |
| Numerator events by administrative data | | 8520 | 25341 | 31325 | 25176 | 16412 | 406 | 107,180 |
| Reported rate | | 44.28% | 75.09% | 78.08% | 70.66% | 59.81% | 35.77% | 68.13% |
| Lower 95% confidence interval | | 43.57% | 74.62% | 77.67% | 70.19% | 59.23% | 32.94% | 67.90% |
| Upper 95% confidence interval | | 44.98% | 75.55% | 78.48% | 71.14% | 60.39% | 38.60% | 68.36% |

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| Initiation and Engagement of AOD Dependence Treatment (IET) | | | | | | |
|---|----------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | |
| Data Elements | General Measure Data | 13-17 years | | 18+ years | | Total |
| | | Initiation of AOD Treatment | Engagement of AOD Treatment | Initiation of AOD Treatment | Engagement of AOD Treatment | Initiation of AOD Treatment |
| Measurement year | 2013 | | | | | |
| Data collection methodology (administrative) | A | | | | | |
| Eligible population | | 296 | | 1144 | | 1,440 |
| Numerator events by administrative data | | 115 | 35 | 433 | 67 | 548 |
| Reported rate | | 38.85% | 11.82% | 37.85% | 5.86% | 38.06% |
| Lower 95% confidence interval | | 33.13% | 7.98% | 35.00% | 4.45% | 35.51% |
| Upper 95% confidence interval | | 44.57% | 15.67% | 40.70% | 7.26% | 40.60% |
| | | | | | | 8.44% |

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| Prenatal and Postpartum Care (PPC) | | |
|---|-----------------------------|-----------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | |
| Data Element | Timeliness of Prenatal Care | Postpartum Care |
| Measurement year | 2013 | 2013 |
| Data collection methodology (administrative or hybrid) | H | H |
| Eligible population | 14458 | 14458 |
| Number of numerator events by administrative data in eligible population (before exclusions) | 4290 | 5495 |
| Current year's administrative rate (before exclusions) | 29.67% | 38.01% |
| Minimum required sample size (MRSS) or other sample size | 411 | 411 |
| Oversampling rate | 0.05 | 0.05 |
| Final sample size (FSS) | 432 | 432 |
| Number of numerator events by administrative data in FSS | 128 | 176 |
| Administrative rate on FSS | 29.63% | 40.74% |
| Number of original sample records excluded because of valid data errors | 0 | 0 |
| Number of employee/dependent medical records excluded | 0 | 0 |
| Records added from the oversample list | 0 | 0 |
| Denominator | 432 | 432 |
| Numerator events by administrative data | 128 | 176 |
| Numerator events by medical records | 229 | 91 |
| Reported rate | 82.64% | 61.81% |
| Lower 95% confidence interval | 78.95% | 57.11% |
| Upper 95% confidence interval | 86.33% | 66.50% |

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| Call Answer Timeliness (CAT) | |
|---|--------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative) | A |
| Eligible population | 202419 |
| Numerator events by administrative data | 198352 |
| Reported rate | 97.99% |
| Lower 95% confidence interval | 97.93% |
| Upper 95% confidence interval | 98.05% |

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| Frequency of Ongoing Prenatal Care (FPC) | | | | | | |
|---|----------------------|-------------|---------------|---------------|---------------|-------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | |
| Data Element | General Measure Data | <21 Percent | 21-40 Percent | 41-60 Percent | 61-80 Percent | 81+ Percent |
| Measurement year | 2013 | | | | | |
| Data collection methodology (administrative or hybrid) | H | | | | | |
| Eligible population | 14458 | | | | | |
| Number of numerator events by administrative data in eligible population (before exclusions) | | 9647 | 2943 | 863 | 434 | 571 |
| Current year's administrative rate (before exclusions) | | 66.72% | 20.36% | 5.97% | 3.00% | 3.95% |
| Minimum required sample size (MRSS) or other sample size | 411 | | | | | |
| Oversampling rate | 0.05 | | | | | |
| Final sample size (FSS) | 432 | | | | | |
| Number of numerator events by administrative data in FSS | | 290 | 78 | 28 | 17 | 19 |
| Administrative rate on FSS | | 67.13% | 18.06% | 6.48% | 3.94% | 4.40% |
| Number of original sample records excluded because of valid data errors | 0 | | | | | |
| Number of employee/dependent medical records excluded | 0 | | | | | |
| Records added from the oversample list | 0 | | | | | |
| Denominator | 432 | | | | | |
| Numerator events by administrative data | | 42 | 18 | 12 | 9 | 21 |
| Numerator events by medical records | | 3 | 10 | 25 | 64 | 228 |
| Reported rate | | 10.42% | 6.48% | 8.56% | 16.90% | 57.64% |
| Lower 95% confidence interval | | 7.42% | 4.04% | 5.81% | 13.25% | 52.86% |
| Upper 95% confidence interval | | 13.41% | 8.92% | 11.32% | 20.55% | 62.41% |

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for Peach State

| Well-Child Visits in the First 15 Months of Life (W15) | | | | | | | | |
|---|--------------|----------|---------|----------|----------|----------|----------|------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | | | |
| Data Element | Measure Data | 0 visits | 1 visit | 2 visits | 3 visits | 4 visits | 5 visits | 6 or more visits |
| Measurement year | 2013 | | | | | | | |
| Data collection methodology (administrative or hybrid) | H | | | | | | | |
| Eligible population | 8855 | | | | | | | |
| Number of numerator events by administrative data in eligible population (before exclusions) | | 241 | 282 | 412 | 671 | 1149 | 1749 | 4351 |
| Current year's administrative rate (before exclusions) | | 2.72% | 3.18% | 4.65% | 7.58% | 12.98% | 19.75% | 49.14% |
| Minimum required sample size (MRSS) or other sample size | 411 | | | | | | | |
| Oversampling rate | 0.05 | | | | | | | |
| Final sample size (FSS) | 432 | | | | | | | |
| Number of numerator events by administrative data in FSS | | 14 | 12 | 19 | 28 | 53 | 73 | 233 |
| Administrative rate on FSS | | 3.24% | 2.78% | 4.40% | 6.48% | 12.27% | 16.90% | 53.94% |
| Number of original sample records excluded because of valid data errors | 0 | | | | | | | |
| Number of employee/dependent medical records excluded | 0 | | | | | | | |
| Records added from the oversample list | 0 | | | | | | | |
| Denominator | 432 | | | | | | | |
| Numerator events by administrative data | | 13 | 9 | 15 | 20 | 45 | 60 | 207 |
| Numerator events by medical records | | 0 | 0 | 1 | 4 | 6 | 10 | 42 |
| Reported rate | | 3.01% | 2.08% | 3.70% | 5.56% | 11.81% | 16.20% | 57.64% |
| Lower 95% confidence interval | | 1.28% | 0.62% | 1.81% | 3.28% | 8.65% | 12.61% | 52.86% |
| Upper 95% confidence interval | | 4.74% | 3.55% | 5.60% | 7.83% | 14.96% | 19.79% | 62.41% |

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| Adolescent Well-Care Visits (AWC) | |
|---|--------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative or hybrid) | H |
| Eligible population | 55126 |
| Number of numerator events by administrative data in eligible population (before exclusions) | 23562 |
| Current year's administrative rate (before exclusions) | 42.74% |
| Minimum required sample size (MRSS) or other sample size | 411 |
| Oversampling rate | 0.05 |
| Final sample size (FSS) | 432 |
| Number of numerator events by administrative data in FSS | 180 |
| Administrative rate on FSS | 41.67% |
| Number of original sample records excluded because of valid data errors | 0 |
| Number of employee/dependent medical records excluded | 0 |
| Records added from the oversample list | 0 |
| Denominator | 432 |
| Numerator events by administrative data | 180 |
| Numerator events by medical records | 15 |
| Reported rate | 45.14% |
| Lower 95% confidence interval | 40.33% |
| Upper 95% confidence interval | 49.95% |

Appendix D: Department of Community Health, State of Georgia
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| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) | |
|---|--------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Data Element | Measure Data |
| Measurement year | 2013 |
| Data collection methodology (administrative or hybrid) | H |
| Eligible population | 43796 |
| Number of numerator events by administrative data in eligible population (before exclusions) | 28478 |
| Current year's administrative rate (before exclusions) | 65.02% |
| Minimum required sample size (MRSS) or other sample size | 411 |
| Oversampling rate | 0.05 |
| Final sample size (FSS) | 432 |
| Number of numerator events by administrative data in FSS | 286 |
| Administrative rate on FSS | 66.20% |
| Number of original sample records excluded because of valid data errors | 0 |
| Number of employee/dependent medical records excluded | 0 |
| Records added from the oversample list | 0 |
| Denominator | 432 |
| Numerator events by administrative data | 286 |
| Numerator events by medical records | 14 |
| Reported rate | 69.44% |
| Lower 95% confidence interval | 64.98% |
| Upper 95% confidence interval | 73.90% |

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| 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 | 991,930 | 967,992 | 1,959,922 | |
| 10-19 | 611,032 | 640,608 | 1,251,640 | |
| 15-44 | | 644,762 | | |
| 20-44 | 35,789 | 390,356 | | |
| 30-64 | 31,746 | | | |
| 45-64 | 8,436 | 30,544 | | |
| Procedure | Age | Sex | Number of Procedures | Procedures / 1,000 Member Months |
| Bariatric weight loss surgery | 0-19 | Male | 0 | 0.00 |
| | | Female | 0 | 0.00 |
| | 20-44 | Male | 0 | 0.00 |
| | | Female | 5 | 0.01 |
| | 45-64 | Male | 1 | 0.12 |
| | | Female | 1 | 0.03 |
| Tonsillectomy | 0-9 | Male & Female | 1408 | 0.72 |
| | 10-19 | | 371 | 0.30 |
| Hysterectomy, Abdominal | 15-44 | Female | 120 | 0.19 |
| | 45-64 | | 18 | 0.59 |
| Hysterectomy, Vaginal | 15-44 | Female | 66 | 0.10 |
| | 45-64 | | 17 | 0.56 |
| Cholecystectomy, Open | 30-64 | Male | 1 | 0.03 |
| | 15-44 | Female | 7 | 0.01 |
| | 45-64 | | 1 | 0.03 |
| Cholecystectomy (laparoscopic) | 30-64 | Male | 8 | 0.25 |
| | 15-44 | Female | 401 | 0.62 |
| | 45-64 | | 23 | 0.75 |
| Back Surgery | 20-44 | Male | 10 | 0.28 |
| | | Female | 48 | 0.12 |
| | 45-64 | Male | 8 | 0.95 |
| | | Female | 12 | 0.39 |
| Mastectomy | 15-44 | Female | 31 | 0.05 |
| | 45-64 | | 57 | 1.87 |
| Lumpectomy | 15-44 | Female | 127 | 0.20 |
| | 45-64 | | 43 | 1.41 |

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| Ambulatory Care: Total (AMBA) | |
|---|----------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| Age | Member Months |
| <1 | 246,488 |
| 1-9 | 1,713,434 |
| 10-19 | 1,251,640 |
| 20-44 | 426,145 |
| 45-64 | 38,980 |
| 65-74 | 90 |
| 75-84 | 15 |
| 85+ | 4 |
| Unknown | 0 |
| Total | 3,676,796 |

| Age | Outpatient Visits | | ED Visits | |
|------------|--------------------------|------------------------------------|------------------|------------------------------------|
| | Visits | Visits/ 1,000 Member Months | Visits | Visits/ 1,000 Member Months |
| <1 | 194153 | 787.68 | 22445 | 91.06 |
| 1-9 | 551112 | 321.64 | 84133 | 49.10 |
| 10-19 | 280837 | 224.38 | 45128 | 36.06 |
| 20-44 | 168811 | 396.14 | 50380 | 118.22 |
| 45-64 | 27576 | 707.44 | 3339 | 85.66 |
| 65-74 | 49 | 544.44 | 0 | 0.00 |
| 75-84 | 32 | 2,133.33 | 0 | 0.00 |
| 85+ | 6 | 1,500.00 | 0 | 0.00 |
| Unknown | 0 | | 0 | |
| Total | 1,222,576 | 332.51 | 205,425 | 55.87 |

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| Ambulatory Care: Dual Eligibles (AMBB) | | | | |
|---|-------------------|-----------------------------|--------|-----------------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | |
| Age | Member Months | | | |
| <1 | NR | | | |
| 1-9 | NR | | | |
| 10-19 | NR | | | |
| 20-44 | NR | | | |
| 45-64 | NR | | | |
| 65-74 | NR | | | |
| 75-84 | NR | | | |
| 85+ | NR | | | |
| Unknown | NR | | | |
| Total | NR | | | |
| | | | | |
| | | | | |
| Age | Outpatient Visits | ED Visits | | |
| | Visits | Visits/ 1,000 Member Months | Visits | Visits/ 1,000 Member Months |
| <1 | NR | NR | NR | NR |
| 1-9 | NR | NR | NR | NR |
| 10-19 | NR | NR | NR | NR |
| 20-44 | NR | NR | NR | NR |
| 45-64 | NR | NR | NR | NR |
| 65-74 | NR | NR | NR | NR |
| 75-84 | NR | NR | NR | NR |
| 85+ | NR | NR | NR | NR |
| Unknown | NR | | NR | |
| Total | NR | NR | NR | NR |

Appendix D: Department of Community Health, State of Georgia
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| Ambulatory Care: Disabled (AMBC) | | | | |
|---|-------------------|-----------------------------|--------|-----------------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | |
| Age | Member Months | | | |
| <1 | NR | | | |
| 1-9 | NR | | | |
| 10-19 | NR | | | |
| 20-44 | NR | | | |
| 45-64 | NR | | | |
| 65-74 | NR | | | |
| 75-84 | NR | | | |
| 85+ | NR | | | |
| Unknown | NR | | | |
| Total | NR | | | |
| | | | | |
| | | | | |
| Age | Outpatient Visits | ED Visits | | |
| | Visits | Visits/ 1,000 Member Months | Visits | Visits/ 1,000 Member Months |
| <1 | NR | NR | NR | NR |
| 1-9 | NR | NR | NR | NR |
| 10-19 | NR | NR | NR | NR |
| 20-44 | NR | NR | NR | NR |
| 45-64 | NR | NR | NR | NR |
| 65-74 | NR | NR | NR | NR |
| 75-84 | NR | NR | NR | NR |
| 85+ | NR | NR | NR | NR |
| Unknown | NR | | NR | |
| Total | NR | NR | NR | NR |

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| Ambulatory Care: Other (AMBD) | | | | |
|---|-------------------|-----------------------------|--------|-----------------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | |
| Age | Member Months | | | |
| <1 | NR | | | |
| 1-9 | NR | | | |
| 10-19 | NR | | | |
| 20-44 | NR | | | |
| 45-64 | NR | | | |
| 65-74 | NR | | | |
| 75-84 | NR | | | |
| 85+ | NR | | | |
| Unknown | NR | | | |
| Total | NR | | | |
| | | | | |
| | | | | |
| Age | Outpatient Visits | ED Visits | | |
| | Visits | Visits/ 1,000 Member Months | Visits | Visits/ 1,000 Member Months |
| <1 | NR | NR | NR | NR |
| 1-9 | NR | NR | NR | NR |
| 10-19 | NR | NR | NR | NR |
| 20-44 | NR | NR | NR | NR |
| 45-64 | NR | NR | NR | NR |
| 65-74 | NR | NR | NR | NR |
| 75-84 | NR | NR | NR | NR |
| 85+ | NR | NR | NR | NR |
| Unknown | NR | | NR | |
| Total | NR | NR | NR | NR |

Appendix D: Department of Community Health, State of Georgia
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| 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 | 246,488 | | | | |
| 1-9 | 1,713,434 | | | | |
| 10-19 | 1,251,640 | | | | |
| 20-44 | 426,145 | | | | |
| 45-64 | 38,980 | | | | |
| 65-74 | 90 | | | | |
| 75-84 | 15 | | | | |
| 85+ | 4 | | | | |
| Unknown | 0 | | | | |
| Total | 3,676,796 | | | | |
| Total Inpatient | | | | | |
| Age | Discharges | Discharges / 1,000 Member Months | Days | Days / 1,000 Members Months | Average Length of Stay |
| <1 | 1541 | 6.25 | 12517 | 50.78 | 8.12 |
| 1-9 | 1788 | 1.04 | 5530 | 3.23 | 3.09 |
| 10-19 | 2945 | 2.35 | 8623 | 6.89 | 2.93 |
| 20-44 | 15986 | 37.51 | 45300 | 106.30 | 2.83 |
| 45-64 | 441 | 11.31 | 2179 | 55.90 | 4.94 |
| 65-74 | 1 | 11.11 | 4 | 44.44 | 4.00 |
| 75-84 | 0 | 0.00 | 0 | 0.00 | NA |
| 85+ | 0 | 0.00 | 0 | 0.00 | NA |
| Unknown | 0 | | 0 | | NA |
| Total | 22,702 | 6.17 | 74,153 | 20.17 | 3.27 |
| Medicine | | | | | |
| Age | Discharges | Discharges / 1,000 Member Months | Days | Days / 1,000 Members Months | Average Length of Stay |
| <1 | 1133 | 4.60 | 4873 | 19.77 | 4.30 |
| 1-9 | 1365 | 0.80 | 3437 | 2.01 | 2.52 |
| 10-19 | 586 | 0.47 | 1651 | 1.32 | 2.82 |
| 20-44 | 836 | 1.96 | 2724 | 6.39 | 3.26 |
| 45-64 | 239 | 6.13 | 979 | 25.12 | 4.10 |
| 65-74 | 1 | 11.11 | 4 | 44.44 | 4.00 |
| 75-84 | 0 | 0.00 | 0 | 0.00 | NA |
| 85+ | 0 | 0.00 | 0 | 0.00 | NA |
| Unknown | 0 | | 0 | | NA |
| Total | 4,160 | 1.13 | 13,668 | 3.72 | 3.29 |

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| Inpatient Utilization--General Hospital/Acute Care: Total (IPUA) | | | | | |
|---|---------------|----------------------------------|---------------|-----------------------------|------------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | |
| Surgery | | | | | |
| Age | Discharges | Discharges / 1,000 Member Months | Days | Days / 1,000 Members Months | Average Length of Stay |
| <1 | 408 | 1.66 | 7644 | 31.01 | 18.74 |
| 1-9 | 423 | 0.25 | 2093 | 1.22 | 4.95 |
| 10-19 | 398 | 0.32 | 1887 | 1.51 | 4.74 |
| 20-44 | 574 | 1.35 | 2936 | 6.89 | 5.11 |
| 45-64 | 183 | 4.69 | 1134 | 29.09 | 6.20 |
| 65-74 | 0 | 0.00 | 0 | 0.00 | NA |
| 75-84 | 0 | 0.00 | 0 | 0.00 | NA |
| 85+ | 0 | 0.00 | 0 | 0.00 | NA |
| Unknown | 0 | | 0 | | NA |
| Total | 1,986 | 0.54 | 15,694 | 4.27 | 7.90 |
| Maternity* | | | | | |
| Age | Discharges | Discharges / 1,000 Member Months | Days | Days / 1,000 Members Months | Average Length of Stay |
| 10-19 | 1961 | 1.57 | 5085 | 4.06 | 2.59 |
| 20-44 | 14576 | 34.20 | 39640 | 93.02 | 2.72 |
| 45-64 | 19 | 0.49 | 66 | 1.69 | 3.47 |
| Unknown | 0 | | 0 | | NA |
| Total | 16,556 | 9.64 | 44,791 | 26.09 | 2.71 |

*The maternity category is calculated using member months for members 10-64 years.

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| Inpatient Utilization--General Hospital/Acute Care: Dual Eligibles (IPUB) | | | | | |
|---|---------------|----------------------------------|------|-----------------------------|------------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | |
| Age | Member Months | | | | |
| <1 | NR | | | | |
| 1-9 | NR | | | | |
| 10-19 | NR | | | | |
| 20-44 | NR | | | | |
| 45-64 | NR | | | | |
| 65-74 | NR | | | | |
| 75-84 | NR | | | | |
| 85+ | NR | | | | |
| Unknown | NR | | | | |
| Total | NR | | | | |
| Total Inpatient | | | | | |
| Age | Discharges | Discharges / 1,000 Member Months | Days | Days / 1,000 Members Months | Average Length of Stay |
| <1 | NR | NR | NR | NR | NR |
| 1-9 | NR | NR | NR | NR | NR |
| 10-19 | NR | NR | NR | NR | NR |
| 20-44 | NR | NR | NR | NR | NR |
| 45-64 | NR | NR | NR | NR | NR |
| 65-74 | NR | NR | NR | NR | NR |
| 75-84 | NR | NR | NR | NR | NR |
| 85+ | NR | NR | NR | NR | NR |
| Unknown | NR | | NR | | NR |
| Total | NR | NR | NR | NR | NR |
| Medicine | | | | | |
| Age | Discharges | Discharges / 1,000 Member Months | Days | Days / 1,000 Members Months | Average Length of Stay |
| <1 | NR | NR | NR | NR | NR |
| 1-9 | NR | NR | NR | NR | NR |
| 10-19 | NR | NR | NR | NR | NR |
| 20-44 | NR | NR | NR | NR | NR |
| 45-64 | NR | NR | NR | NR | NR |
| 65-74 | NR | NR | NR | NR | NR |
| 75-84 | NR | NR | NR | NR | NR |
| 85+ | NR | NR | NR | NR | NR |
| Unknown | NR | | NR | | NR |
| Total | NR | NR | NR | NR | NR |

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| Inpatient Utilization--General Hospital/Acute Care: Dual Eligibles (IPUB) | | | | | |
|---|------------|----------------------------------|-----------|-----------------------------|------------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | |
| Surgery | | | | | |
| Age | Discharges | Discharges / 1,000 Member Months | Days | Days / 1,000 Members Months | Average Length of Stay |
| <1 | NR | NR | NR | NR | NR |
| 1-9 | NR | NR | NR | NR | NR |
| 10-19 | NR | NR | NR | NR | NR |
| 20-44 | NR | NR | NR | NR | NR |
| 45-64 | NR | NR | NR | NR | NR |
| 65-74 | NR | NR | NR | NR | NR |
| 75-84 | NR | NR | NR | NR | NR |
| 85+ | NR | NR | NR | NR | NR |
| Unknown | NR | | NR | | NR |
| Total | NR | NR | NR | NR | NR |
| Maternity* | | | | | |
| Age | Discharges | Discharges / 1,000 Member Months | Days | Days / 1,000 Members Months | Average Length of Stay |
| 10-19 | NR | NR | NR | NR | NR |
| 20-44 | NR | NR | NR | NR | NR |
| 45-64 | NR | NR | NR | NR | NR |
| Unknown | NR | | NR | | NR |
| Total | NR | NR | NR | NR | NR |

*The maternity category is calculated using member months for members 10-64 years.

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| Inpatient Utilization--General Hospital/Acute Care: Disabled (IPUC) | | | | | |
|---|---------------|----------------------------------|------|-----------------------------|------------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | |
| Age | Member Months | | | | |
| <1 | NR | | | | |
| 1-9 | NR | | | | |
| 10-19 | NR | | | | |
| 20-44 | NR | | | | |
| 45-64 | NR | | | | |
| 65-74 | NR | | | | |
| 75-84 | NR | | | | |
| 85+ | NR | | | | |
| Unknown | NR | | | | |
| Total | NR | | | | |
| Total Inpatient | | | | | |
| Age | Discharges | Discharges / 1,000 Member Months | Days | Days / 1,000 Members Months | Average Length of Stay |
| <1 | NR | NR | NR | NR | NR |
| 1-9 | NR | NR | NR | NR | NR |
| 10-19 | NR | NR | NR | NR | NR |
| 20-44 | NR | NR | NR | NR | NR |
| 45-64 | NR | NR | NR | NR | NR |
| 65-74 | NR | NR | NR | NR | NR |
| 75-84 | NR | NR | NR | NR | NR |
| 85+ | NR | NR | NR | NR | NR |
| Unknown | NR | | NR | | NR |
| Total | NR | NR | NR | NR | NR |

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| Inpatient Utilization--General Hospital/Acute Care: Disabled (IPUC) | | | | | |
|---|------------|----------------------------------|------|-----------------------------|------------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | |
| Medicine | | | | | |
| Age | Discharges | Discharges / 1,000 Member Months | Days | Days / 1,000 Members Months | Average Length of Stay |
| <1 | NR | NR | NR | NR | NR |
| 1-9 | NR | NR | NR | NR | NR |
| 10-19 | NR | NR | NR | NR | NR |
| 20-44 | NR | NR | NR | NR | NR |
| 45-64 | NR | NR | NR | NR | NR |
| 65-74 | NR | NR | NR | NR | NR |
| 75-84 | NR | NR | NR | NR | NR |
| 85+ | NR | NR | NR | NR | NR |
| Unknown | NR | | NR | | NR |
| Total | NR | NR | NR | NR | NR |
| Surgery | | | | | |
| Age | Discharges | Discharges / 1,000 Member Months | Days | Days / 1,000 Members Months | Average Length of Stay |
| <1 | NR | NR | NR | NR | NR |
| 1-9 | NR | NR | NR | NR | NR |
| 10-19 | NR | NR | NR | NR | NR |
| 20-44 | NR | NR | NR | NR | NR |
| 45-64 | NR | NR | NR | NR | NR |
| 65-74 | NR | NR | NR | NR | NR |
| 75-84 | NR | NR | NR | NR | NR |
| 85+ | NR | NR | NR | NR | NR |
| Unknown | NR | | NR | | NR |
| Total | NR | NR | NR | NR | NR |

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| Inpatient Utilization--General Hospital/Acute Care: Disabled (IPUC) | | | | | |
|---|------------|----------------------------------|------|-----------------------------|------------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | |
| Maternity* | | | | | |
| Age | Discharges | Discharges / 1,000 Member Months | Days | Days / 1,000 Members Months | Average Length of Stay |
| 10-19 | NR | NR | NR | NR | NR |
| 20-44 | NR | NR | NR | NR | NR |
| 45-64 | NR | NR | NR | NR | NR |
| Unknown | NR | | NR | | NR |
| Total | NR | NR | NR | NR | NR |

*The maternity category is calculated using member months for members 10-64 years.

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| Inpatient Utilization--General Hospital/Acute Care: Other (IPUD) | | | | | |
|---|---------------|----------------------------------|------|-----------------------------|------------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | |
| Age | Member Months | | | | |
| <1 | NR | | | | |
| 1-9 | NR | | | | |
| 10-19 | NR | | | | |
| 20-44 | NR | | | | |
| 45-64 | NR | | | | |
| 65-74 | NR | | | | |
| 75-84 | NR | | | | |
| 85+ | NR | | | | |
| Unknown | NR | | | | |
| Total | NR | | | | |
| Total Inpatient | | | | | |
| Age | Discharges | Discharges / 1,000 Member Months | Days | Days / 1,000 Members Months | Average Length of Stay |
| <1 | NR | NR | NR | NR | NR |
| 1-9 | NR | NR | NR | NR | NR |
| 10-19 | NR | NR | NR | NR | NR |
| 20-44 | NR | NR | NR | NR | NR |
| 45-64 | NR | NR | NR | NR | NR |
| 65-74 | NR | NR | NR | NR | NR |
| 75-84 | NR | NR | NR | NR | NR |
| 85+ | NR | NR | NR | NR | NR |
| Unknown | NR | | NR | | NR |
| Total | NR | NR | NR | NR | NR |
| Medicine | | | | | |
| Age | Discharges | Discharges / 1,000 Member Months | Days | Days / 1,000 Members Months | Average Length of Stay |
| <1 | NR | NR | NR | NR | NR |
| 1-9 | NR | NR | NR | NR | NR |
| 10-19 | NR | NR | NR | NR | NR |
| 20-44 | NR | NR | NR | NR | NR |
| 45-64 | NR | NR | NR | NR | NR |
| 65-74 | NR | NR | NR | NR | NR |
| 75-84 | NR | NR | NR | NR | NR |
| 85+ | NR | NR | NR | NR | NR |
| Unknown | NR | | NR | | NR |
| Total | NR | NR | NR | NR | NR |

Appendix D: Department of Community Health, State of Georgia
 Audited CY 2013 HEDIS Measure Results for Peach State

| Inpatient Utilization--General Hospital/Acute Care: Other (IPUD) | | | | | |
|---|------------|----------------------------------|-----------|-----------------------------|------------------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | |
| Surgery | | | | | |
| Age | Discharges | Discharges / 1,000 Member Months | Days | Days / 1,000 Members Months | Average Length of Stay |
| <1 | NR | NR | NR | NR | NR |
| 1-9 | NR | NR | NR | NR | NR |
| 10-19 | NR | NR | NR | NR | NR |
| 20-44 | NR | NR | NR | NR | NR |
| 45-64 | NR | NR | NR | NR | NR |
| 65-74 | NR | NR | NR | NR | NR |
| 75-84 | NR | NR | NR | NR | NR |
| 85+ | NR | NR | NR | NR | NR |
| Unknown | NR | | NR | | NR |
| Total | NR | NR | NR | NR | NR |
| Maternity* | | | | | |
| Age | Discharges | Discharges / 1,000 Member Months | Days | Days / 1,000 Members Months | Average Length of Stay |
| 10-19 | NR | NR | NR | NR | NR |
| 20-44 | NR | NR | NR | NR | NR |
| 45-64 | NR | NR | NR | NR | NR |
| Unknown | NR | | NR | | NR |
| Total | NR | NR | NR | NR | NR |

*The maternity category is calculated using member months for members 10-64 years.

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for Peach State

| 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 | 1230455 | 1208221 | 2,438,676 | 1230455 | 1208221 | 2,438,676 | 1230455 | 1208221 | 2,438,676 | 1230455 | 1208221 | 2,438,676 |
| 13-17 | 327542 | 337780 | 665,322 | 327542 | 337780 | 665,322 | 327542 | 337780 | 665,322 | 327542 | 337780 | 665,322 |
| 18-24 | 49719 | 172806 | 222,525 | 49719 | 172806 | 222,525 | 49719 | 172806 | 222,525 | 49719 | 172806 | 222,525 |
| 25-34 | 17100 | 195742 | 212,842 | 17100 | 195742 | 212,842 | 17100 | 195742 | 212,842 | 17100 | 195742 | 212,842 |
| 35-64 | 22371 | 114951 | 137,322 | 22371 | 114951 | 137,322 | 22371 | 114951 | 137,322 | 22371 | 114951 | 137,322 |
| 65+ | 39 | 70 | 109 | 39 | 70 | 109 | 39 | 70 | 109 | 39 | 70 | 109 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 1,647,226 | 2,029,570 | 3,676,796 | 1,647,226 | 2,029,570 | 3,676,796 | 1,647,226 | 2,029,570 | 3,676,796 | 1,647,226 | 2,029,570 | 3,676,796 |
| Age | Sex | Any Services | | Inpatient | | Intensive Outpatient/Partial Hospitalization | | Outpatient/ED | | | | |
| | | Number | Percent | Number | Percent | Number | Percent | Number | Percent | | | |
| 0-12 | M | 45 | 0.04% | 3 | 0.00% | 0 | 0.00% | 42 | 0.04% | | | |
| | F | 32 | 0.03% | 4 | 0.00% | 1 | 0.00% | 29 | 0.03% | | | |
| | Total | 77 | 0.04% | 7 | 0.00% | 1 | 0.00% | 71 | 0.03% | | | |
| 13-17 | M | 360 | 1.32% | 56 | 0.21% | 12 | 0.04% | 322 | 1.18% | | | |
| | F | 183 | 0.65% | 44 | 0.16% | 8 | 0.03% | 152 | 0.54% | | | |
| | Total | 543 | 0.98% | 100 | 0.18% | 20 | 0.04% | 474 | 0.85% | | | |
| 18-24 | M | 87 | 2.10% | 15 | 0.36% | 7 | 0.17% | 81 | 1.95% | | | |
| | F | 418 | 2.90% | 159 | 1.10% | 14 | 0.10% | 314 | 2.18% | | | |
| | Total | 505 | 2.72% | 174 | 0.94% | 21 | 0.11% | 395 | 2.13% | | | |
| 25-34 | M | 117 | 8.21% | 26 | 1.82% | 0 | 0.00% | 100 | 7.02% | | | |
| | F | 852 | 5.22% | 235 | 1.44% | 26 | 0.16% | 704 | 4.32% | | | |
| | Total | 969 | 5.46% | 261 | 1.47% | 26 | 0.15% | 804 | 4.53% | | | |
| 35-64 | M | 137 | 7.35% | 38 | 2.04% | 6 | 0.32% | 114 | 6.12% | | | |
| | F | 481 | 5.02% | 104 | 1.09% | 10 | 0.10% | 423 | 4.42% | | | |
| | Total | 618 | 5.40% | 142 | 1.24% | 16 | 0.14% | 537 | 4.69% | | | |
| 65+ | M | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | | | |
| | F | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | | | |
| | Total | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | | | |
| Unknown | M | 0 | 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 | 746 | 0.54% | 138 | 0.10% | 25 | 0.02% | 659 | 0.48% | | | |
| | F | 1,966 | 1.16% | 546 | 0.32% | 59 | 0.03% | 1,622 | 0.96% | | | |
| | Total | 2,712 | 0.89% | 684 | 0.22% | 84 | 0.03% | 2,281 | 0.74% | | | |

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for Peach State

Identification of Alcohol and Other Drug Services: Dual Eligibles (IADB)

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 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 13-17 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 18-24 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 25-34 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 35-64 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 65+ | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Unknown | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Age | Sex | Any Services | | Inpatient | | Intensive Outpatient/Partial Hospitalization | | Outpatient/ED | | | | |
| | | Number | Percent | Number | Percent | Number | Percent | Number | Percent | | | |
| 0-12 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| 13-17 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| 18-24 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| 25-34 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| 35-64 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| 65+ | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| Unknown | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| Total | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |

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Audited CY 2013 HEDIS Measure Results for Peach State

Identification of Alcohol and Other Drug Services: Disabled (IADC)

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 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 13-17 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 18-24 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 25-34 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 35-64 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 65+ | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Unknown | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Age | Sex | Any Services | | Inpatient | | Intensive Outpatient/Partial Hospitalization | | Outpatient/ED | | | | |
| | | Number | Percent | Number | Percent | Number | Percent | Number | Percent | | | |
| 0-12 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| 13-17 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| 18-24 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| 25-34 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| 35-64 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| 65+ | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| Unknown | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| Total | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for Peach State

Identification of Alcohol and Other Drug Services: Other (IADD)

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 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 13-17 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 18-24 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 25-34 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 35-64 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 65+ | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Unknown | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Age | Sex | Any Services | | Inpatient | | Intensive Outpatient/Partial Hospitalization | Outpatient/ED | | | | | |
| | | Number | Percent | Number | Percent | | Number | Percent | Number | Percent | | |
| 0-12 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 13-17 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 18-24 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 25-34 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 35-64 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 65+ | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Unknown | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Total | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for Peach State

| 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 | 1230455 | 1208221 | 2,438,676 | 1230455 | 1208221 | 2,438,676 | 1230455 | 1208221 | 2,438,676 | 1230455 | 1208221 | 2,438,676 | |
| 13-17 | 327542 | 337780 | 665,322 | 327542 | 337780 | 665,322 | 327542 | 337780 | 665,322 | 327542 | 337780 | 665,322 | |
| 18-64 | 89190 | 483499 | 572,689 | 89190 | 483499 | 572,689 | 89190 | 483499 | 572,689 | 89190 | 483499 | 572,689 | |
| 65+ | 39 | 70 | 109 | 39 | 70 | 109 | 39 | 70 | 109 | 39 | 70 | 109 | |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total | 1,647,226 | 2,029,570 | 3,676,796 | 1,647,226 | 2,029,570 | 3,676,796 | 1,647,226 | 2,029,570 | 3,676,796 | 1,647,226 | 2,029,570 | 3,676,796 | |
| Age | Sex | Any Services | | Inpatient | | Intensive Outpatient/Partial Hospitalization | | Outpatient/ED | | | | | |
| | | Number | Percent | Number | Percent | Number | Percent | Number | Percent | | | | |
| 0-12 | M | 8832 | 8.61% | 124 | 0.12% | 76 | 0.07% | 8826 | 8.61% | | | | |
| | F | 5333 | 5.30% | 92 | 0.09% | 56 | 0.06% | 5325 | 5.29% | | | | |
| | Total | 14,165 | 6.97% | 216 | 0.11% | 132 | 0.06% | 14,151 | 6.96% | | | | |
| 13-17 | M | 3601 | 13.19% | 217 | 0.80% | 91 | 0.33% | 3567 | 13.07% | | | | |
| | F | 3407 | 12.10% | 380 | 1.35% | 111 | 0.39% | 3354 | 11.92% | | | | |
| | Total | 7,008 | 12.64% | 597 | 1.08% | 202 | 0.36% | 6,921 | 12.48% | | | | |
| 18-64 | M | 546 | 7.35% | 47 | 0.63% | 9 | 0.12% | 532 | 7.16% | | | | |
| | F | 4207 | 10.44% | 274 | 0.68% | 59 | 0.15% | 4126 | 10.24% | | | | |
| | Total | 4,753 | 9.96% | 321 | 0.67% | 68 | 0.14% | 4,658 | 9.76% | | | | |
| 65+ | M | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | | | | |
| | F | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | | | | |
| | Total | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | | | | |
| Unknown | M | 0 | 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 | 12,979 | 9.46% | 388 | 0.28% | 176 | 0.13% | 12,925 | 9.42% | | | | |
| | F | 12,947 | 7.66% | 746 | 0.44% | 226 | 0.13% | 12,805 | 7.57% | | | | |
| | Total | 25,926 | 8.46% | 1,134 | 0.37% | 402 | 0.13% | 25,730 | 8.40% | | | | |

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| Mental Health Utilization: Dual Eligibles (MPTB) | | | | | | | | | | | | |
|---|---------------------|--------------|---------|---------------------------|---------|--|--|---------------|---------|-------------------------------|--------|-------|
| 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 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 13-17 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 18-64 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 65+ | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Unknown | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Age | Sex | Any Services | | Inpatient | | Intensive Outpatient/Partial Hospitalization | | Outpatient/ED | | | | |
| | | Number | Percent | Number | Percent | Number | Percent | Number | Percent | | | |
| 0-12 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| 13-17 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| 18-64 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| 65+ | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| Unknown | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| Total | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |

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Audited CY 2013 HEDIS Measure Results for Peach State

| Mental Health Utilization: Disabled (MPTC) | | | | | | | | | | | | | |
|---|---------------------|--------------|---------|---------------------------|---------|--|--|---------------|---------|-------------------------------|--------|-------|--|
| 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 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | |
| 13-17 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | |
| 18-64 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | |
| 65+ | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | |
| Unknown | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | |
| Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | |
| Age | Sex | Any Services | | Inpatient | | Intensive Outpatient/Partial Hospitalization | | Outpatient/ED | | | | | |
| | | Number | Percent | Number | Percent | Number | Percent | Number | Percent | | | | |
| 0-12 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | | |
| 13-17 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | | |
| 18-64 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | | |
| 65+ | M | NR | NR | NR | NR | NR | NR | NR | NR | | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | | |
| Unknown | M | NR | NR | NR | NR | NR | NR | NR | NR | | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | | |
| Total | M | NR | NR | NR | NR | NR | NR | NR | NR | | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | | |

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for Peach State

| Mental Health Utilization: Other (MPTD) | | | | | | | | | | | | |
|---|---------------------|--------------|---------|---------------------------|---------|--|--|---------------|---------|-------------------------------|--------|-------|
| 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 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 13-17 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 18-64 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 65+ | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Unknown | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Age | Sex | Any Services | | Inpatient | | Intensive Outpatient/Partial Hospitalization | | Outpatient/ED | | | | |
| | | Number | Percent | Number | Percent | Number | Percent | Number | Percent | | | |
| 0-12 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| 13-17 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| 18-64 | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| 65+ | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| Unknown | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| Total | M | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | | | |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | | | |

| 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 | 991930 | 967992 | 1,959,922 | | | | | |
| 10-17 | 566067 | 578009 | 1,144,076 | | | | | |
| 18-34 | 66819 | 368548 | 435,367 | | | | | |
| 35-49 | 18255 | 99969 | 118,224 | | | | | |
| 50-64 | 4116 | 14982 | 19,098 | | | | | |
| 65-74 | 29 | 61 | 90 | | | | | |
| 75-84 | 9 | 6 | 15 | | | | | |
| 85+ | 1 | 3 | 4 | | | | | |
| Unknown | 0 | 0 | 0 | | | | | |
| Total | 1,647,226 | 2,029,570 | 3,676,796 | | | | | |
| 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 | 103580 | 1.25 | 959737 | 9.27 | 44626 | 0.54 | 43.08% |
| | F | 100734 | 1.25 | 946277 | 9.39 | 40030 | 0.50 | 39.74% |
| | Total | 204,314 | 1.25 | 1,906,014 | 9.33 | 84,656 | 0.52 | 41.43% |
| 10-17 | M | 27369 | 0.58 | 277251 | 10.13 | 11866 | 0.25 | 43.36% |
| | F | 37963 | 0.79 | 372022 | 9.80 | 14903 | 0.31 | 39.26% |
| | Total | 65,332 | 0.69 | 649,273 | 9.94 | 26,769 | 0.28 | 40.97% |
| 18-34 | M | 3751 | 0.67 | 36971 | 9.86 | 1454 | 0.26 | 38.76% |
| | F | 56583 | 1.84 | 435078 | 7.69 | 18524 | 0.60 | 32.74% |
| | Total | 60,334 | 1.66 | 472,049 | 7.82 | 19,978 | 0.55 | 33.11% |
| 35-49 | M | 1538 | 1.01 | 14168 | 9.21 | 668 | 0.44 | 43.43% |
| | F | 15853 | 1.90 | 131594 | 8.30 | 6513 | 0.78 | 41.08% |
| | Total | 17,391 | 1.77 | 145,762 | 8.38 | 7,181 | 0.73 | 41.29% |
| 50-64 | M | 386 | 1.13 | 3629 | 9.40 | 202 | 0.59 | 52.33% |
| | F | 2397 | 1.92 | 20856 | 8.70 | 1196 | 0.96 | 49.90% |
| | Total | 2,783 | 1.75 | 24,485 | 8.80 | 1,398 | 0.88 | 50.23% |
| 65-74 | M | 2 | 0.83 | 10 | 5.00 | 1 | 0.41 | 50.00% |
| | F | 2 | 0.39 | 12 | 6.00 | 1 | 0.20 | 50.00% |
| | Total | 4 | 0.53 | 22 | 5.50 | 2 | 0.27 | 50.00% |
| 75-84 | M | 0 | 0.00 | 0 | NA | 0 | 0.00 | NA |
| | F | 2 | 4.00 | 15 | 7.50 | 2 | 4.00 | 100.00% |
| | Total | 2 | 1.60 | 15 | 7.50 | 2 | 1.60 | 100.00% |
| 85+ | M | 0 | 0.00 | 0 | NA | 0 | 0.00 | NA |
| | F | 0 | 0.00 | 0 | NA | 0 | 0.00 | NA |
| | Total | 0 | 0.00 | 0 | NA | 0 | 0.00 | 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 | 136,626 | 1.00 | 1,291,766 | 9.45 | 58,817 | 0.43 | 43.05% |
| | F | 213,534 | 1.26 | 1,905,854 | 8.93 | 81,169 | 0.48 | 38.01% |
| | Total | 350,160 | 1.14 | 3,197,620 | 9.13 | 139,986 | 0.46 | 39.98% |

| Antibiotic Utilization: Total (ABXA) | | | | | | | | | | | | | | | |
|---|-------|------------------------|------------------------------------|--|---|--|--|--------------------------------------|--|------------------------|-----------------------------------|--------------------------|--------------------------------------|---|--|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | | | | | | | | | | |
| Antibiotics of Concern Utilization | | | | | | | | | | | | | | | |
| Age | Sex | Total Quinolone Scrips | Average Scrips PMPY for Quinolones | Total Cephalexin 2nd-4th Generation Scrips | Average Scrips PMPY for Cephalexin 2nd-4th Generation | Total Azithromycin and Clarithromycin Scrips | Average Scrips PMPY for Azithromycin and Clarithromycins | Total Amoxicillin/Clavulanate Scrips | Average Scrips PMPY for Amoxicillin/Clavulanates | Total Ketolides Scrips | Average Scrips PMPY for Ketolides | Total Clindamycin Scrips | Average Scrips PMPY for Clindamycins | Total Misc. Antibiotics of Concern Scrips | Average Scrips PMPY for Misc. Antibiotics of Concern |
| 0-9 | M | 36 | 0.00 | 7843 | 0.09 | 17925 | 0.22 | 17175 | 0.21 | 0 | 0.00 | 1640 | 0.02 | 7 | 0.00 |
| | F | 66 | 0.00 | 7301 | 0.09 | 15785 | 0.20 | 15272 | 0.19 | 0 | 0.00 | 1605 | 0.02 | 1 | 0.00 |
| | Total | 102 | 0.00 | 15,144 | 0.09 | 33,710 | 0.21 | 32,447 | 0.20 | 0 | 0.00 | 3,245 | 0.02 | 8 | 0.00 |
| 10-17 | M | 240 | 0.01 | 1013 | 0.02 | 5929 | 0.13 | 3867 | 0.08 | 0 | 0.00 | 816 | 0.02 | 1 | 0.00 |
| | F | 653 | 0.01 | 1288 | 0.03 | 7413 | 0.15 | 4365 | 0.09 | 0 | 0.00 | 1183 | 0.02 | 1 | 0.00 |
| | Total | 893 | 0.01 | 2,301 | 0.02 | 13,342 | 0.14 | 8,232 | 0.09 | 0 | 0.00 | 1,999 | 0.02 | 2 | 0.00 |
| 18-34 | M | 209 | 0.04 | 44 | 0.01 | 717 | 0.13 | 304 | 0.05 | 0 | 0.00 | 179 | 0.03 | 1 | 0.00 |
| | F | 4241 | 0.14 | 612 | 0.02 | 8622 | 0.28 | 2738 | 0.09 | 0 | 0.00 | 2306 | 0.08 | 5 | 0.00 |
| | Total | 4,450 | 0.12 | 656 | 0.02 | 9,339 | 0.26 | 3,042 | 0.08 | 0 | 0.00 | 2,485 | 0.07 | 6 | 0.00 |
| 35-49 | M | 190 | 0.12 | 24 | 0.02 | 267 | 0.18 | 120 | 0.08 | 0 | 0.00 | 67 | 0.04 | 0 | 0.00 |
| | F | 2032 | 0.24 | 203 | 0.02 | 2614 | 0.31 | 1031 | 0.12 | 0 | 0.00 | 626 | 0.08 | 7 | 0.00 |
| | Total | 2,222 | 0.23 | 227 | 0.02 | 2,881 | 0.29 | 1,151 | 0.12 | 0 | 0.00 | 693 | 0.07 | 7 | 0.00 |
| 50-64 | M | 64 | 0.19 | 5 | 0.01 | 77 | 0.22 | 41 | 0.12 | 0 | 0.00 | 15 | 0.04 | 0 | 0.00 |
| | F | 447 | 0.36 | 34 | 0.03 | 432 | 0.35 | 199 | 0.16 | 0 | 0.00 | 81 | 0.06 | 3 | 0.00 |
| | Total | 511 | 0.32 | 39 | 0.02 | 509 | 0.32 | 240 | 0.15 | 0 | 0.00 | 96 | 0.06 | 3 | 0.00 |
| 65-74 | M | 0 | 0.00 | 0 | 0.00 | 1 | 0.41 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| | F | 1 | 0.20 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| | Total | 1 | 0.13 | 0 | 0.00 | 1 | 0.13 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| 75-84 | M | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| | F | 1 | 2.00 | 0 | 0.00 | 1 | 2.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| | Total | 1 | 0.80 | 0 | 0.00 | 1 | 0.80 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| 85+ | M | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| | F | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| | Total | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| 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 | 739 | 0.01 | 8,929 | 0.07 | 24,916 | 0.18 | 21,507 | 0.16 | 0 | 0.00 | 2,717 | 0.02 | 9 | 0.00 |
| | F | 7,441 | 0.04 | 9,438 | 0.06 | 34,867 | 0.21 | 23,605 | 0.14 | 0 | 0.00 | 5,801 | 0.03 | 17 | 0.00 |
| | Total | 8,180 | 0.03 | 18,367 | 0.06 | 59,783 | 0.20 | 45,112 | 0.15 | 0 | 0.00 | 8,518 | 0.03 | 26 | 0.00 |

| Antibiotic Utilization: Total (ABXA) | | | | | | | | | | | | | | | | | |
|---|-------|-------------------------------------|--|------------------------------|--|---|---|--------------------------|---------------------------------------|--|---|-------------------------|-------------------------------------|---------------------------|--|-------------------------------|---|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | | | | | | | | | | | | |
| All Other Antibiotics Utilization | | | | | | | | | | | | | | | | | |
| Age | Sex | Total Absorbable Sulfonamide Scrips | Average Scrips PMPY for Absorbable Sulfonamide s | Total Amino-glycoside Scrips | Average Scrips PMPY for Amino-glycosides | Total 1st Generation Cephalosporin Scrips | Average Scrips PMPY for 1st Generation Cephalosporins | Total Lincosamide Scrips | Average Scrips PMPY for Lincosamide s | Total Macrolides (not azith. or clarith.) Scrips | Average Scrips PMPY for Macrolides (not azith. or clarith.) | Total Penicillin Scrips | Average Scrips PMPY for Penicillins | Total Tetracycline Scrips | Average Scrips PMPY for Tetracycline s | Total Misc. Antibiotic Scrips | Average Scrips PMPY for Misc. Antibiotics |
| 0-9 | M | 4890 | 0.06 | 7 | 0.00 | 5526 | 0.07 | 0 | 0.00 | 103 | 0.00 | 48285 | 0.58 | 19 | 0.00 | 124 | 0.00 |
| | F | 7538 | 0.09 | 1 | 0.00 | 5858 | 0.07 | 0 | 0.00 | 87 | 0.00 | 46832 | 0.58 | 7 | 0.00 | 381 | 0.00 |
| | Total | 12,428 | 0.08 | 8 | 0.00 | 11,384 | 0.07 | 0 | 0.00 | 190 | 0.00 | 95,117 | 0.58 | 26 | 0.00 | 505 | 0.00 |
| 10-17 | M | 2032 | 0.04 | 4 | 0.00 | 2484 | 0.05 | 0 | 0.00 | 67 | 0.00 | 8680 | 0.18 | 2038 | 0.04 | 198 | 0.00 |
| | F | 4144 | 0.09 | 3 | 0.00 | 2736 | 0.06 | 0 | 0.00 | 99 | 0.00 | 11314 | 0.23 | 2576 | 0.05 | 2188 | 0.05 |
| | Total | 6,176 | 0.06 | 7 | 0.00 | 5,220 | 0.05 | 0 | 0.00 | 166 | 0.00 | 19,994 | 0.21 | 4,614 | 0.05 | 2,386 | 0.03 |
| 18-34 | M | 397 | 0.07 | 0 | 0.00 | 307 | 0.06 | 0 | 0.00 | 6 | 0.00 | 1084 | 0.19 | 407 | 0.07 | 96 | 0.02 |
| | F | 5122 | 0.17 | 0 | 0.00 | 3617 | 0.12 | 0 | 0.00 | 211 | 0.01 | 10468 | 0.34 | 2841 | 0.09 | 15,800 | 0.51 |
| | Total | 5,519 | 0.15 | 0 | 0.00 | 3,924 | 0.11 | 0 | 0.00 | 217 | 0.01 | 11,552 | 0.32 | 3,248 | 0.09 | 15,896 | 0.44 |
| 35-49 | M | 201 | 0.13 | 0 | 0.00 | 144 | 0.09 | 0 | 0.00 | 6 | 0.00 | 357 | 0.23 | 94 | 0.06 | 68 | 0.04 |
| | F | 1651 | 0.20 | 0 | 0.00 | 1064 | 0.13 | 0 | 0.00 | 63 | 0.01 | 2996 | 0.36 | 925 | 0.11 | 2641 | 0.32 |
| | Total | 1,852 | 0.19 | 0 | 0.00 | 1,208 | 0.12 | 0 | 0.00 | 69 | 0.01 | 3,353 | 0.34 | 1,019 | 0.10 | 2,709 | 0.27 |
| 50-64 | M | 32 | 0.09 | 0 | 0.00 | 25 | 0.07 | 0 | 0.00 | 1 | 0.00 | 76 | 0.22 | 33 | 0.10 | 17 | 0.05 |
| | F | 240 | 0.19 | 0 | 0.00 | 168 | 0.13 | 0 | 0.00 | 7 | 0.01 | 430 | 0.34 | 130 | 0.10 | 226 | 0.18 |
| | Total | 272 | 0.17 | 0 | 0.00 | 193 | 0.12 | 0 | 0.00 | 8 | 0.01 | 506 | 0.32 | 163 | 0.10 | 243 | 0.15 |
| 65-74 | M | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 0.41 |
| | F | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 0.20 |
| | Total | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 2 | 0.27 |
| 75-84 | M | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| | F | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| | Total | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| 85+ | M | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| | F | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| | Total | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| 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 | 7,552 | 0.06 | 11 | 0.00 | 8,486 | 0.06 | 0 | 0.00 | 183 | 0.00 | 58,482 | 0.43 | 2,591 | 0.02 | 504 | 0.00 |
| | F | 18,695 | 0.11 | 4 | 0.00 | 13,443 | 0.08 | 0 | 0.00 | 467 | 0.00 | 72,040 | 0.43 | 6,479 | 0.04 | 21,237 | 0.13 |
| | Total | 26,247 | 0.09 | 15 | 0.00 | 21,929 | 0.07 | 0 | 0.00 | 650 | 0.00 | 130,522 | 0.43 | 9,070 | 0.03 | 21,741 | 0.07 |

| Antibiotic Utilization: Dual Eligibles (ABXB) | | | | | | | | |
|---|-------|--------------------------|--------------------------------------|--|---|--|---|--|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | | | |
| Member Months | | | | | | | | |
| Age | | Member Months | | | | | | |
| Age | | Male | Female | Total | | | | |
| | | NR | NR | NR | | | | |
| 0-9 | | NR | NR | NR | | | | |
| 10-17 | | NR | NR | NR | | | | |
| 18-34 | | NR | NR | NR | | | | |
| 35-49 | | NR | NR | NR | | | | |
| 50-64 | | NR | NR | NR | | | | |
| 65-74 | | NR | NR | NR | | | | |
| 75-84 | | NR | NR | NR | | | | |
| 85+ | | NR | NR | NR | | | | |
| Unknown | | NR | NR | NR | | | | |
| Total | | NR | NR | NR | | | | |
| Antibiotic Utilization | | | | | | | | |
| Age | Sex | Total Antibiotic Scripts | Average Scripts PMPY for Antibiotics | Total Days Supplied for All Antibiotic Scripts | Average Days Supplied per Antibiotic Script | Total Number of Scripts for Antibiotics of Concern | Average Scripts PMPY for Antibiotics of Concern | Percentage of Antibiotics of Concern of all Antibiotic Scripts |
| 0-9 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 10-17 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 18-34 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 35-49 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 50-64 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 65-74 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 75-84 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 85+ | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| Unknown | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| Total | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |

| Antibiotic Utilization: Dual Eligibles (ABXB) | | | | | | | | | | | | | | | |
|---|-------|------------------------|------------------------------------|--|---|--|---|--------------------------------------|---|------------------------|-----------------------------------|--------------------------|-------------------------------------|---|--|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | | | | | | | | | | |
| Antibiotics of Concern Utilization | | | | | | | | | | | | | | | |
| Age | Sex | Total Quinolone Scrips | Average Scrips PMPY for Quinolones | Total Cephalexin 2nd-4th Generation Scrips | Average Scrips PMPY for Cephalexin 2nd-4th Generation | Total Azithromycin and Clarithromycin Scrips | Average Scrips PMPY for Azithromycin and Clarithromycin | Total Amoxicillin/Clavulanate Scrips | Average Scrips PMPY for Amoxicillin/Clavulanate | Total Ketolides Scrips | Average Scrips PMPY for Ketolides | Total Clindamycin Scrips | Average Scrips PMPY for Clindamycin | Total Misc. Antibiotics of Concern Scrips | Average Scrips PMPY for Misc. Antibiotics of Concern |
| 0-9 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 10-17 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 18-34 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 35-49 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 50-64 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 65-74 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 75-84 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 85+ | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Unknown | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Total | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |

| Antibiotic Utilization: Dual Eligibles (ABXB) | | | | | | | | | | | | | | | | | |
|---|-------|-------------------------------------|--|-----------------------------|--|---|---|--------------------------|---------------------------------------|--|---|-------------------------|-------------------------------------|---------------------------|--|-------------------------------|---|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | | | | | | | | | | | | |
| All Other Antibiotics Utilization | | | | | | | | | | | | | | | | | |
| Age | Sex | Total Absorbable Sulfonamide Scrips | Average Scrips PMPY for Absorbable Sulfonamide s | Total Aminoglycoside Scrips | Average Scrips PMPY for Aminoglyco sides | Total 1st Generation Cephalosporin Scrips | Average Scrips PMPY for 1st Generation Cephalospo | Total Lincosamide Scrips | Average Scrips PMPY for Lincosamid es | Total Macrolides (not azith. or clarith.) Scrips | Average Scrips PMPY for Macrolides (not azith. or clarith.) | Total Penicillin Scrips | Average Scrips PMPY for Penicillins | Total Tetracycline Scrips | Average Scrips PMPY for Tetracycline s | Total Misc. Antibiotic Scrips | Average Scrips PMPY for Misc. Antibiotics |
| 0-9 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 10-17 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 18-34 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 35-49 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 50-64 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 65-74 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 75-84 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 85+ | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Unknown | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Total | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |

Antibiotic Utilization: Disabled (ABXC)

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

| Member Months | | | | | | | | |
|------------------------|---------------|--------------------------|--------------------------------------|--|---|--|---|--|
| Age | Member Months | | | | | | | |
| | Male | Female | Total | | | | | |
| 0-9 | NR | NR | NR | | | | | |
| 10-17 | NR | NR | NR | | | | | |
| 18-34 | NR | NR | NR | | | | | |
| 35-49 | NR | NR | NR | | | | | |
| 50-64 | NR | NR | NR | | | | | |
| 65-74 | NR | NR | NR | | | | | |
| 75-84 | NR | NR | NR | | | | | |
| 85+ | NR | NR | NR | | | | | |
| Unknown | NR | NR | NR | | | | | |
| Total | NR | NR | NR | | | | | |
| Antibiotic Utilization | | | | | | | | |
| Age | Sex | Total Antibiotic Scripts | Average Scripts PMPY for Antibiotics | Total Days Supplied for All Antibiotic Scripts | Average Days Supplied per Antibiotic Script | Total Number of Scripts for Antibiotics of Concern | Average Scripts PMPY for Antibiotics of Concern | Percentage of Antibiotics of Concern of all Antibiotic Scripts |
| 0-9 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 10-17 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 18-34 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 35-49 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 50-64 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 65-74 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 75-84 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 85+ | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| Unknown | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| Total | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |

| Antibiotic Utilization: Disabled (ABXC) | | | | | | | | | | | | | | | |
|---|-------|------------------------|------------------------------------|--|--|--|---|--------------------------------------|--|------------------------|-----------------------------------|--------------------------|--------------------------------------|---|--|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | | | | | | | | | | |
| Antibiotics of Concern Utilization | | | | | | | | | | | | | | | |
| Age | Sex | Total Quinolone Scrips | Average Scrips PMPY for Quinolones | Total Cephalexin 2nd-4th Generation Scrips | Average Scrips PMPY for Cephalexins 2nd-4th Generation | Total Azithromycin and Clarithromycin Scrips | Average Scrips PMPY for Azithromycins and Clarithromycins | Total Amoxicillin/Clavulanate Scrips | Average Scrips PMPY for Amoxicillin/Clavulanates | Total Ketolides Scrips | Average Scrips PMPY for Ketolides | Total Clindamycin Scrips | Average Scrips PMPY for Clindamycins | Total Misc. Antibiotics of Concern Scrips | Average Scrips PMPY for Misc. Antibiotics of Concern |
| 0-9 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 10-17 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 18-34 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 35-49 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 50-64 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 65-74 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 75-84 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 85+ | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Unknown | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Total | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |

| Antibiotic Utilization: Disabled (ABXC) | | | | | | | | | | | | | | | | | |
|---|-------|-------------------------------------|--|-----------------------------|--|---|--|---------------------------|---------------------------------------|--|---|-------------------------|-------------------------------------|---------------------------|--|-------------------------------|---|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | | | | | | | | | | | | |
| All Other Antibiotics Utilization | | | | | | | | | | | | | | | | | |
| Age | Sex | Total Absorbable Sulfonamide Scrips | Average Scrips PMPY for Absorbable Sulfonamide s | Total Aminoglycoside Scrips | Average Scrips PMPY for Aminoglyco sides | Total 1st Generation Cephalosporin Scrips | Average Scrips PMPY for 1st Generation Cephalospo rins | Total Lincosamid e Scrips | Average Scrips PMPY for Lincosamid es | Total Macrolides (not azith. or clarith.) Scrips | Average Scrips PMPY for Macrolides (not azith. or clarith.) | Total Penicillin Scrips | Average Scrips PMPY for Penicillins | Total Tetracycline Scrips | Average Scrips PMPY for Tetracycline s | Total Misc. Antibiotic Scrips | Average Scrips PMPY for Misc. Antibiotics |
| 0-9 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 10-17 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 18-34 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 35-49 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 50-64 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 65-74 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 75-84 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 85+ | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Unknown | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Total | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |

| Antibiotic Utilization: Other (ABXD) | | | | | | | | |
|---|-------|-------------------------|-------------------------------------|---|--|---|--|---|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | | | |
| Member Months | | | | | | | | |
| Age | | Member Months | | | | | | |
| | | Male | Female | Total | | | | |
| 0-9 | | NR | NR | NR | | | | |
| 10-17 | | NR | NR | NR | | | | |
| 18-34 | | NR | NR | NR | | | | |
| 35-49 | | NR | NR | NR | | | | |
| 50-64 | | NR | NR | NR | | | | |
| 65-74 | | NR | NR | NR | | | | |
| 75-84 | | NR | NR | NR | | | | |
| 85+ | | NR | NR | NR | | | | |
| Unknown | | NR | NR | NR | | | | |
| Total | | NR | NR | NR | | | | |
| 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 | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 10-17 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 18-34 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 35-49 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 50-64 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 65-74 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 75-84 | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| 85+ | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| Unknown | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |
| Total | M | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR |

| Antibiotic Utilization: Other (ABXD) | | | | | | | | | | | | | | | |
|---|-------|------------------------|------------------------------------|---|---|--|---|--------------------------------------|---|------------------------|-----------------------------------|--------------------------|--------------------------------------|---|--|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | | | | | | | | | | |
| Antibiotics of Concern Utilization | | | | | | | | | | | | | | | |
| Age | Sex | Total Quinolone Scrips | Average Scrips PMPY for Quinolones | Total Cephalosporin 2nd-4th Generation Scrips | Average Scrips PMPY for Cephalosporins 2nd-4th Generation | Total Azithromycin and Clarithromycin Scrips | Average Scrips PMPY for Azithromycins and Clarithromycins | Total Amoxicillin/Clavulanate Scrips | Average Scrips PMPY for Amoxicillin/Clavulanate | Total Ketolides Scrips | Average Scrips PMPY for Ketolides | Total Clindamycin Scrips | Average Scrips PMPY for Clindamycins | Total Misc. Antibiotics of Concern Scrips | Average Scrips PMPY for Misc. Antibiotics of Concern |
| 0-9 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 10-17 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 18-34 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 35-49 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 50-64 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 65-74 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 75-84 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 85+ | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Unknown | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Total | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |

| Antibiotic Utilization: Other (ABXD) | | | | | | | | | | | | | | | | | | |
|---|-------|-------------------------------------|--|------------------------------|--|---|--|--------------------------|---------------------------------------|--|---|-------------------------|-------------------------------------|---------------------------|--|-------------------------------|---|----|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | | | | | | | | | | | | | | | | | |
| All Other Antibiotics Utilization | | | | | | | | | | | | | | | | | | |
| Age | Sex | Total Absorbable Sulfonamide Scrips | Average Scrips PMPY for Absorbable Sulfonamide s | Total Aminoglyco side Scrips | Average Scrips PMPY for Aminoglyco sides | Total 1st Generation Cephalosporin Scrips | Average Scrips PMPY for 1st Generation Cephalospo rins | Total Lincosamide Scrips | Average Scrips PMPY for Lincosamid es | Total Macrolides (not azith. or clarith.) Scrips | Average Scrips PMPY for Macrolides (not azith. or clarith.) | Total Penicillin Scrips | Average Scrips PMPY for Penicillins | Total Tetracycline Scrips | Average Scrips PMPY for Tetracycline s | Total Misc. Antibiotic Scrips | Average Scrips PMPY for Misc. Antibiotics | |
| 0-9 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 10-17 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 18-34 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 35-49 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 50-64 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 65-74 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 75-84 | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 85+ | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Unknown | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| Total | M | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | F | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | Total | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for Peach State

| Board Certification (BCR) | | | |
|----------------------------------|---------------------------------------|----------------------------|---------|
| Type of Physician | Number of Physicians in Each Practice | Board Certification | |
| | | Number | Percent |
| Family Medicine | 1252 | 794 | 63.42% |
| Internal Medicine | 1639 | 1242 | 75.78% |
| OB/GYN physicians | 821 | 666 | 81.12% |
| Pediatricians | 1318 | 1067 | 80.96% |
| Geriatricians | 30 | 23 | 76.67% |
| Other physician specialists | 4979 | 3878 | 77.89% |

Appendix D: Department of Community Health, State of Georgia
 Audited CY 2013 HEDIS Measure Results for Peach State

| 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) | 312,623 |
| Medicaid | 312610 |
| Commercial | 0 |
| Medicare (cost or risk) | 13 |
| 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 | 312,623 |

* Total number of members in each category as of December 31 of the measurement year.

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for Peach State

| 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 | 124231 | 122257 | 246,488 |
| 1-4 | 394716 | 381501 | 776,217 |
| 5-9 | 472983 | 464234 | 937,217 |
| 10-14 | 383947 | 386202 | 770,149 |
| 15-17 | 182120 | 191807 | 373,927 |
| 18-19 | 44965 | 62599 | 107,564 |
| 0-19 Subtotal | 1,602,962 | 1,608,600 | 3,211,562 |
| 0-19 Subtotal: % | 97.31% | 79.26% | 87.35% |
| 20-24 | 4754 | 110207 | 114,961 |
| 25-29 | 7725 | 108806 | 116,531 |
| 30-34 | 9375 | 86936 | 96,311 |
| 35-39 | 7931 | 53881 | 61,812 |
| 40-44 | 6004 | 30526 | 36,530 |
| 20-44 Subtotal | 35,789 | 390,356 | 426,145 |
| 20-44 Subtotal: % | 2.17% | 19.23% | 11.59% |
| 45-49 | 4320 | 15562 | 19,882 |
| 50-54 | 2537 | 8863 | 11,400 |
| 55-59 | 1180 | 4242 | 5,422 |
| 60-64 | 399 | 1877 | 2,276 |
| 45-64 Subtotal | 8,436 | 30,544 | 38,980 |
| 45-64 Subtotal: % | 0.51% | 1.50% | 1.06% |
| 65-69 | 18 | 46 | 64 |
| 70-74 | 11 | 15 | 26 |
| 75-79 | 5 | 6 | 11 |
| 80-84 | 4 | 0 | 4 |
| 85-89 | 0 | 3 | 3 |
| >=90 | 1 | 0 | 1 |
| >=65 Subtotal | 39 | 70 | 109 |
| >=65 Subtotal: % | 0.00% | 0.00% | 0.00% |
| Age Unknown | 0 | 0 | 0 |
| Total | 1,647,226 | 2,029,570 | 3,676,796 |

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for Peach State

| Enrollment by Product Line: Dual Eligibles (ENPB) | | | |
|---|--------------------|----------------------|---------------------|
| 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 | NR | NR | NR |
| 1-4 | NR | NR | NR |
| 5-9 | NR | NR | NR |
| 10-14 | NR | NR | NR |
| 15-17 | NR | NR | NR |
| 18-19 | NR | NR | NR |
| 0-19 Subtotal | NR | NR | NR |
| 0-19 Subtotal: % | NR | NR | NR |
| 20-24 | NR | NR | NR |
| 25-29 | NR | NR | NR |
| 30-34 | NR | NR | NR |
| 35-39 | NR | NR | NR |
| 40-44 | NR | NR | NR |
| 20-44 Subtotal | NR | NR | NR |
| 20-44 Subtotal: % | NR | NR | NR |
| 45-49 | NR | NR | NR |
| 50-54 | NR | NR | NR |
| 55-59 | NR | NR | NR |
| 60-64 | NR | NR | NR |
| 45-64 Subtotal | NR | NR | NR |
| 45-64 Subtotal: % | NR | NR | NR |
| 65-69 | NR | NR | NR |
| 70-74 | NR | NR | NR |
| 75-79 | NR | NR | NR |
| 80-84 | NR | NR | NR |
| 85-89 | NR | NR | NR |
| >=90 | NR | NR | NR |
| >=65 Subtotal | NR | NR | NR |
| >=65 Subtotal: % | NR | NR | NR |
| Age Unknown | NR | NR | NR |
| Total | NR | NR | NR |

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for Peach State

| Enrollment by Product Line: Disabled (ENPC) | | | |
|---|--------------------|----------------------|---------------------|
| 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 | NR | NR | NR |
| 1-4 | NR | NR | NR |
| 5-9 | NR | NR | NR |
| 10-14 | NR | NR | NR |
| 15-17 | NR | NR | NR |
| 18-19 | NR | NR | NR |
| 0-19 Subtotal | NR | NR | NR |
| 0-19 Subtotal: % | NR | NR | NR |
| 20-24 | NR | NR | NR |
| 25-29 | NR | NR | NR |
| 30-34 | NR | NR | NR |
| 35-39 | NR | NR | NR |
| 40-44 | NR | NR | NR |
| 20-44 Subtotal | NR | NR | NR |
| 20-44 Subtotal: % | NR | NR | NR |
| 45-49 | NR | NR | NR |
| 50-54 | NR | NR | NR |
| 55-59 | NR | NR | NR |
| 60-64 | NR | NR | NR |
| 45-64 Subtotal | NR | NR | NR |
| 45-64 Subtotal: % | NR | NR | NR |
| 65-69 | NR | NR | NR |
| 70-74 | NR | NR | NR |
| 75-79 | NR | NR | NR |
| 80-84 | NR | NR | NR |
| 85-89 | NR | NR | NR |
| >=90 | NR | NR | NR |
| >=65 Subtotal | NR | NR | NR |
| >=65 Subtotal: % | NR | NR | NR |
| Age Unknown | NR | NR | NR |
| Total | NR | NR | NR |

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for Peach State

| Enrollment by Product Line: Other (ENPD) | | | |
|---|---------------------------|-----------------------------|----------------------------|
| 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 | NR | NR | NR |
| 1-4 | NR | NR | NR |
| 5-9 | NR | NR | NR |
| 10-14 | NR | NR | NR |
| 15-17 | NR | NR | NR |
| 18-19 | NR | NR | NR |
| 0-19 Subtotal | NR | NR | NR |
| 0-19 Subtotal: % | NR | NR | NR |
| 20-24 | NR | NR | NR |
| 25-29 | NR | NR | NR |
| 30-34 | NR | NR | NR |
| 35-39 | NR | NR | NR |
| 40-44 | NR | NR | NR |
| 20-44 Subtotal | NR | NR | NR |
| 20-44 Subtotal: % | NR | NR | NR |
| 45-49 | NR | NR | NR |
| 50-54 | NR | NR | NR |
| 55-59 | NR | NR | NR |
| 60-64 | NR | NR | NR |
| 45-64 Subtotal | NR | NR | NR |
| 45-64 Subtotal: % | NR | NR | NR |
| 65-69 | NR | NR | NR |
| 70-74 | NR | NR | NR |
| 75-79 | NR | NR | NR |
| 80-84 | NR | NR | NR |
| 85-89 | NR | NR | NR |
| >=90 | NR | NR | NR |
| >=65 Subtotal | NR | NR | NR |
| >=65 Subtotal: % | NR | NR | NR |
| Age Unknown | NR | NR | NR |
| Total | NR | NR | NR |

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for Peach State

| Enrollment by State (EBS) | |
|--|--------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| State | Number |
| Alabama | 28 |
| Alaska | 0 |
| Arizona | 3 |
| Arkansas | 0 |
| California | 5 |
| Colorado | 5 |
| Connecticut | 0 |
| Delaware | 0 |
| District of Columbia | 0 |
| Florida | 30 |
| Georgia | 312411 |
| Hawaii | 1 |
| Idaho | 0 |
| Illinois | 9 |
| Indiana | 2 |
| Iowa | 1 |
| Kansas | 0 |
| Kentucky | 4 |
| Louisiana | 6 |
| Maine | 0 |
| Maryland | 4 |
| Massachusetts | 2 |
| Michigan | 3 |
| Minnesota | 2 |
| Mississippi | 5 |
| Missouri | 6 |
| Montana | 0 |
| Nebraska | 0 |
| Nevada | 1 |
| New Hampshire | 0 |

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for Peach State

| Enrollment by State (EBS) | |
|--|----------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | |
| State | Number |
| New Jersey | 0 |
| New Mexico | 0 |
| New York | 11 |
| North Carolina | 8 |
| North Dakota | 0 |
| Ohio | 3 |
| Oklahoma | 0 |
| Oregon | 0 |
| Pennsylvania | 4 |
| Rhode Island | 0 |
| South Carolina | 17 |
| South Dakota | 0 |
| Tennessee | 12 |
| Texas | 11 |
| Utah | 2 |
| Vermont | 0 |
| Virginia | 5 |
| Washington | 2 |
| West Virginia | 0 |
| Wisconsin | 0 |
| Wyoming | 0 |
| American Samoa | 0 |
| Federated States of Micronesia | 0 |
| Guam | 0 |
| Commonwealth of Northern Marianas | 0 |
| Puerto Rico | 0 |
| Virgin Islands | 0 |
| Other | 7 |
| TOTAL | 312,610 |

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for Peach State

| 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 | | | | | | | | |
| Percentage of Members for Whom the Organization has Race/Ethnicity Information by Data Collection | | | | | | | | |
| Direct Data Collection Method | | | Indirect Data Collection Method | | Unknown | | | |
| Race | Direct Total | 100.00% | Indirect Total* | 0.0000 | Total* | 0 | | |
| | Health Plan Direct* | 0.0000 | | | | | | |
| | CMS/State Database* | 1 | | | | | | |
| | Other* | 0.0000 | | | | | | |
| Ethnicity | Direct Total | 100.00% | Indirect Total* | 0.0000 | Total* | 0 | | |
| | Health Plan Direct* | 0.0000 | | | | | | |
| | CMS/State Database* | 1 | | | | | | |
| | Other* | 0.0000 | | | | | | |
| *Enter percentage as a value between 0 and 1. | | | | | | | | |
| Race | Hispanic or Latino | | Not Hispanic or Latino | | Unknown Ethnicity | | | |
| | Number | Percentage | Number | Percentage | Number | Percentage | | |
| White | 24488 | 79.48% | 62545 | 30.26% | 67 | 0.03% | | |
| Black or African American | 666 | 2.16% | 136799 | 66.18% | 73 | 0.04% | | |
| American-Indian and Alaska Native | 40 | 0.13% | 110 | 0.05% | 0 | 0.00% | | |
| Asian | 141 | 0.46% | 5943 | 2.88% | 5 | 0.00% | | |
| Native Hawaiian and Other Pacific Islanders | 80 | 0.26% | 59 | 0.03% | 0 | 0.00% | | |
| Some Other Race | 5396 | 17.51% | 1248 | 0.60% | 2 | 0.00% | | |
| Two or More Races | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | | |
| Unknown | 0 | 0.00% | 0 | 0.00% | 207020 | 99.93% | | |
| Declined | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | | |
| Total | 30,811 | 100.00% | 206,704 | 100.00% | 207,167 | 100.00% | | |
| | | | | | 0 | NR | | |
| | | | | | 444,682 | 100.00% | | |

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for Peach State

| 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 | 1 | 0 |
| Preferred Language for Written Materials* | 0 | 1 | 0 |
| Other Language Needs* | 0 | 1 | 0 |
| *Enter percentage as a value between 0 and 1. | | | |
| Spoken Language Preferred for Health Care | | | |
| | Number | Percentage | |
| English | 219322 | 49.32% | |
| Non-English | 17368 | 3.91% | |
| Unknown | 207992 | 46.77% | |
| Declined | 0 | 0.00% | |
| Total* | 444,682 | 100.00% | |
| Language Preferred for Written Materials | | | |
| | Number | Percentage | |
| English | 219322 | 49.32% | |
| Non-English | 17368 | 3.91% | |
| Unknown | 207992 | 46.77% | |
| Declined | 0 | 0.00% | |
| Total* | 444,682 | 100.00% | |
| Other Language Needs | | | |
| | Number | Percentage | |
| English | 219322 | 49.32% | |
| Non-English | 17368 | 3.91% | |
| Unknown | 207992 | 46.77% | |
| Declined | 0 | 0.00% | |
| Total* | 444,682 | 100.00% | |

Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for Peach State

| Weeks of Pregnancy at Time of Enrollment (WOP) | | |
|---|--------|------------|
| Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None) | | |
| Measurement Year | 2013 | |
| Weeks of Pregnancy | Number | Percentage |
| < 0 weeks | 1645 | 9.83% |
| 1-12 weeks | 1407 | 8.41% |
| 13-27 weeks | 9602 | 57.38% |
| 28 or more weeks | 3054 | 18.25% |
| Unknown | 1027 | 6.14% |
| Total | 16,735 | 100.00% |