



State of Georgia
Department of Community Health

2017 Validation of Performance Measures
for
WellCare of Georgia, Inc.

Measurement Period: Calendar Year 2016

Validation Period: January–June 2017

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Validation Overview

The Centers for Medicare & Medicaid Services (CMS) requires that states, through their contracts with managed care organizations (MCOs), measure and report on performance to assess the quality and appropriateness of care and services provided to members. Validation of performance measures is one of three mandatory external quality review (EQR) activities 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 Georgia Department of Community Health (DCH), conducted the validation activities. The purpose of performance measure validation is to assess the accuracy of performance measure rates reported by the MCO and to determine the extent to which performance measures calculated by the MCO follow state specifications and reporting requirements. The state, its agent that is not an MCO, or an external quality review organization (EQRO) can perform this validation.

The Georgia Department of Community Health (DCH) is responsible for administering the Medicaid program and the Children's Health Insurance Program (CHIP) in the State of Georgia. The State refers to its CHIP program as PeachCare for Kids[®]. Both programs include fee-for-service (FFS) and managed care components and deliver services through a statewide provider network. The FFS program has been in place since the inception of Medicaid in Georgia. The DCH contracts with three privately owned managed care organizations, referred to by the State as care management organizations (CMOs), to deliver services to certain categories of members enrolled in the State's Medicaid and PeachCare for Kids[®] programs. Children in state custody, children receiving adoption assistance, and certain children in the juvenile justice system are enrolled in the Georgia Families 360[°] (GF 360[°]) managed care program. The Georgia Families (GF) program, implemented in 2006, serves all other Medicaid and PeachCare for Kids[®] managed care members not enrolled in the GF 360[°] program. Approximately 1.3 million beneficiaries are enrolled in the GF program.¹

HSAG validated a set of performance measures identified by DCH that were calculated and reported by the CMOs for their GF population. The DCH identified the measurement period as calendar year (CY) 2016. HSAG conducted the validation in accordance with the CMS publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.²

¹ Georgia Department of Community Health. Medicaid Management Information System. Georgia Families Monthly Adjustment Summary Report June 2016.

² Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: Feb 19, 2017.

Care Management Organization (CMO) Information

Basic information about WellCare of Georgia, Inc. (WellCare) appears in Table 1, including the office location(s) involved in the 2017 validation of performance measures audit that covered the CY 2016 measurement period.

Table 1—WellCare of Georgia, Inc. Information

CMO Name:	WellCare of Georgia, Inc.
CMO Location:	211 Perimeter Center Parkway, Suite 800, Atlanta, GA 30346
On-site Location:	8725 Henderson Road, Tampa, FL 33634
Audit Contact:	Marianne Thomas, RN, BS, Sr. Director, Quality Improvement
Contact Telephone Number:	770.913.2175
Contact Email Address:	Marianne.Thomas@wellcare.com
Site Visit Date:	April 20–21, 2017

Performance Measures Validated

HSAG validated rates for the following set of performance measures selected by DCH for validation. All performance measures but one were selected from CMS’ Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set),³ Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set),⁴ or the Agency for Healthcare Research and Quality’s (AHRQ’s) Quality Indicator measures. *Colorectal Cancer Screening*, a Healthcare Effectiveness Data and Information Set (HEDIS®)⁵ non-Medicaid measure, was also included as part of HSAG’s validation. The measurement period was identified by DCH as CY 2016 for all measures except the child core set dental measure. The dental measure was reported for federal fiscal year (FFY) 2016, which covered the time frame of October 1, 2015, through September 30, 2016, according to CMS requirements. Table 2 lists the performance measures that HSAG validated, the method required by DCH for data collection, and the specifications the CMO was required to use for each of the measures.

³ The Centers for Medicare & Medicaid Services. Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP, June 2016.

⁴ The Centers for Medicare & Medicaid Services. Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid, June 2016.

⁵ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Table 2—List of CY 2016 Performance Measures for WellCare of Georgia, Inc.

	Performance Measure	Method	Specifications
1.	<i>Antenatal Steroids</i>	Hybrid	Adult Core Set
2.	<i>Asthma in Younger Adults Admission Rate</i>	Admin	Adult Core Set
3.	<i>Behavioral Health Risk Assessment for Pregnant Women</i>	Hybrid	Child Core Set
4.	<i>Cesarean Delivery Rate</i>	Admin	AHRQ
5.	<i>Cesarean Section for Nulliparous Singleton Vertex</i>	Hybrid	Child Core Set
6.	<i>Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate</i>	Admin	Adult Core Set
7.	<i>Colorectal Cancer Screening*</i>	Hybrid	HEDIS*
8.	<i>Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk</i>	Admin	Child Core Set
9.	<i>Developmental Screening in the First Three Years of Life</i>	Hybrid	Child Core Set
10.	<i>Diabetes Short-Term Complications Admission Rate</i>	Admin	Adult Core Set
11.	<i>Elective Delivery</i>	Hybrid	Adult Core Set
12.	<i>Heart Failure Admission Rate</i>	Admin	Adult Core Set
13.	<i>Live Births Weighing Less Than 2,500 Grams</i>	Admin	Child Core Set
14.	<i>Plan All-Cause Readmissions Rate**</i>	Admin	Adult Core Set
15.	<i>Screening for Clinical Depression and Follow-up Plan</i>	Hybrid	Adult Core Set
16.	<i>Use of Opioids at High Dosage</i>	Admin	Adult Core Set

*The CMO reported this measure using the *HEDIS 2017, Volume 2: Technical Specifications for Health Plans* for the Commercial and Medicare populations, but applied the specifications to the Medicaid population.

**Risk adjustment was not required.

In addition to the AHRQ and the CMS adult and child core set measures audited by HSAG, DCH required WellCare to report a selected set of HEDIS measures to DCH. WellCare was required to contract with a National Committee for Quality Assurance (NCQA)-licensed audit organization and undergo an NCQA HEDIS Compliance Audit™⁶. 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 2017 results for all required measures, covering the CY 2016 measurement period.

⁶ 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 WellCare, 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 WellCare 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 2017 Record of Administration, Data Management, and Processes (Roadmap); and any additional supporting documentation necessary to complete the audit. The letter also included an introduction to the medical record review validation (MRRV) process; a timetable for completion; and instructions for submission. HSAG responded to Roadmap-related questions received directly from WellCare during the pre-on-site phase.

Approximately one month prior to the on-site visit, HSAG provided WellCare 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 WellCare to discuss on-site logistics and expectations, important deadlines, outstanding Roadmap documentation, and any questions from WellCare regarding the process.

Validation Team

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

Table 3—Validation Team

Name and Role	Skills and Expertise
Mariyah Badani, JD, MBA, CHCA <i>Director, Audits/State & Corporate Services; Secondary Auditor</i>	Management of the audit department; Certified HEDIS Compliance Auditor (CHCA); multiple years of auditing experience, data integration, systems review, and analysis.
Allen Iovannisci, MS, CHCA <i>Lead Auditor</i>	CHCA; performance measure knowledge, data integration, systems review, and analysis.
Tammy GianFrancisco <i>HEDIS Manager, Audits/State & Corporate Services</i>	Coordinator for the audit department; liaison between the audit team and clients; manages deliverables and timelines, and source code review activities.

Name and Role	Skills and Expertise
Lynn Shelby, RN, BSN <i>Director, Case Review</i>	Knowledge of HEDIS and CMS measure specifications, clinical consulting, abstraction of medical record data, and oversight of the medical record over-read process.
Lori Cruz <i>Project Coordinator, Case Review</i>	Coordinator for the HEDIS MRRV process, liaison between the audit team and clients, maintains record tracking database, and manages deliverables and timelines.
Dan Moore, MPA <i>Source Code Reviewer</i>	Knowledge of HEDIS and CMS performance measure specifications; multiple years of experience reviewing various formats of source code/programming language to assess compliance with required specifications.

Technical Methods of Data Collection and Analysis

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

- NCQA’s HEDIS 2017 Roadmap:** WellCare 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.
- Medical record documentation:** WellCare completed the medical record section within the Roadmap. In addition, WellCare submitted the following documentation for review: medical record hybrid tools and instructions, training materials for medical record review (MRR) staff members, and policies and procedures outlining the processes for monitoring the accuracy of the reviews performed by the review staff members. To ensure the accuracy of the hybrid data being abstracted by the CMO, HSAG requested WellCare participate in the review of a convenience sample for selected hybrid measures. HSAG followed NCQA’s guidelines to validate the integrity of the MRR processes used by WellCare and then used the MRRV results to determine if the findings impacted the audit results for each performance measure rate.
- Source code (programming language) for performance measures:** WellCare contracted with a software vendor, Inovalon, to generate and calculate rates for the performance measures under review by HSAG. The source code review was conducted via multiple web-assisted sessions 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.

- **Rate Review:** Upon receiving the calculated rates from WellCare, HSAG conducted a review on the reasonableness and integrity of the rates. The review included trending with prior rates and comparison of rates across all CMOs.

On-Site Activities

HSAG conducted an on-site visit with WellCare on April 20–21, 2017. HSAG collected information using several methods, including interviews, system demonstrations, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

- **Opening meeting:** The opening meeting included an introduction of the validation team and key WellCare 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 WellCare staff members so that HSAG could obtain a complete picture of all the steps taken to generate the performance measure rates. The goal of the session was to obtain a confidence level as to the degree of compliance with written documentation compared to actual processes. HSAG conducted interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and ascertain that written policies and procedures were used and followed in daily practice.
- **Overview of data integration and control procedures:** The overview included discussion and observation of source code logic, a review of how all data sources were combined, and a review of how the analytic file was produced for the reporting of selected performance measure rates. HSAG performed primary source verification to further validate the output files, reviewed backup documentation on data integration, and addressed data control and security procedures. HSAG also reviewed preliminary rates during this session, if available.
- **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 WellCare staff members who were involved with performance measure reporting. Table 4 displays a list of key WellCare interviewees:

Table 4—List of WellCare of Georgia, Inc. Interviewees

Name	Title
Lee Genco	Pharmacy Benefit Relations
Melinda Mosser	Manager, Delegation Oversight
William Moreman	Senior Manager, Delegation Oversight
Gretchen Shatter	Senior Manager, Ancillary
Patricia Strickland	Senior Manager, Configurations
Scott Sable	Director
Cameron Curry-Mays	Compliance Oversight Specialist
Diana Crews	Senior Manager, Claims
William Hawes, Jr.	Senior Director, Electronic Data Interchange (EDI) Operations
Danny Sharpe	Director, Data Integrity
Thomas Clegg	Project Manager, Quality Improvement
Marie Baker	Senior Director, Quality Improvement
LaSheka Robinson	Manager, Claims
Yadira Coto	Director, Claims Audit
Tamika Graham	Director, Quality Improvement
Marianne Thomas	Senior Director, Quality Improvement
Amy Tanner	Director, Network Management
Anthony Watson	Senior Director, Network Management
Sidhartha Jain	Senior Manager, Application Developer
Jim Westmoreland	Director, Encounters
Carrie Haug	Compliance
Morgan Roberts	Manager, Enrollment
Desire Griffin	Operations Support Specialist
Gary Chu	Manager, Enterprise Information Management (EIM)
Mark Fehring	Vice President (VP) Contracting
Taraka Busch	Senior Director, Credentialing
Ashley Hereford	Senior Manager, State Operations

Data Integration, Data Control, and Performance Measure Documentation

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

Data Integration

Accurate data integration is essential 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 WellCare, 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 WellCare were:

- Acceptable
- Not acceptable

Data Control

WellCare'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 WellCare 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 WellCare 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 WellCare. 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 rate calculations by WellCare was:

- Acceptable
- Not acceptable

Validation Results

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

Medical Service Data (Claims and Encounters)

There were no changes to the WellCare claims/encounters process since the previous review. WellCare continued to use the Xcelys claims and encounter system. During the on-site review of the claims process, HSAG conducted a system review of Xcelys to verify code specificity and capture. HSAG did not identify any issues during this validation and concluded that WellCare had used appropriate code specificity to capture denominators and numerators. WellCare's claims and encounter data were submitted either electronically or via paper from WellCare's external providers. Electronic data were submitted through clearinghouses and processed overnight in Xcelys. Paper claims and encounters were submitted directly to WellCare's vendor for scanning and conversion into the standard 837 format. Once converted, the data followed the same process as electronic claims and encounters.

In addition to Xcelys, WellCare used data provided by its pharmacy and dental vendors to supplement any medical claims. Specifically, pharmacy data were used to capture data for the *Use of Opioids at High Dosage* measure. Dental vendor encounters were used for the *Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk* measure. HSAG reviewed the multiple systems and processes used for each data source and found each to be compliant.

HSAG also reviewed the outstanding incurred but not reported (IBNR) report during the on-site audit and found that most claims for CY 16 (greater than 98 percent) were received by April 2017, similar to the previous year's review. Outstanding claims or encounters did not have a significant impact on reporting.

WellCare was afforded the opportunity to use a file from the Georgia Medical Care Foundation (GMCF) that provided parity and gestational age for members having a live birth during the measurement year. WellCare did not use this file in a timely manner to capture the gestational age and parity prior to selecting the sample of members for the *Cesarean Section for Nulliparous Singleton Vertex* measure. The GMCF file was also not used for the *Elective Delivery* or *Antenatal Steroids* measure. WellCare staff used an alternative formula from vital statistics data to capture the gestational age.

HSAG recommends that WellCare explore using the GMCF file to capture the parity and gestational age for these three measures.

Enrollment Data

WellCare received daily and monthly files from the State for member enrollment. Daily files were reconciled against the full monthly file and loaded into Xcelys. No enrollment files were manually processed, and all files were handled in standard 834 transactions. No changes had been made to the

Xcelys system or the enrollment process since the previous review, and Xcelys captured all relevant fields required for measure reporting.

HSAG confirmed with WellCare staff that there were no backlogs or outages for the enrollment process during the measurement year. HSAG also confirmed that the assignment of member identification numbers was automatic in Xcelys, but that these identifiers were cross-checked prior to assignment to determine if an Xcelys identifier already existed. In the cases where a match was identified, the Member Services Department reviewed to determine if the member had an existing number or if a new number needed to be assigned.

HSAG verified that WellCare appropriately and clearly flagged the Planning for Healthy Babies[®] (P4HB[®]) population in Inovalon's measure calculation software so that this population was excluded from the final performance measure rates.

HSAG conducted multiple queries during the on-site audit to ensure that members found to be numerator compliant actually met the age and gender requirements. The queries did not reveal any deviation from expectations, and numerator compliance was verified.

WellCare's enrollment system identified duplicate members and merged the multiple records into one unique enrollment string. Duplicate identifiers, although not a frequent occurrence, were verified using the State enrollment files to ensure the most accurate information was captured.

There were no issues identified with WellCare's enrollment data processes.

Provider Data

There had been no changes to WellCare's provider data processes since the previous review. WellCare used Xcelys to capture its provider data for claims processing. WellCare used both direct contracted and delegated entities to enroll providers. WellCare used an internal software tracking mechanism (Omniflow) to manage its provider information. Omniflow was used to send provider data to WellCare's Credentialing department for provider management prior to loading into Xcelys. Once the provider information passed through Omniflow, the data were then loaded into Xcelys. A unique provider identifier was created along with provider specialties. WellCare's credentialing staff ensured that provider specialties were appropriate by validating the provider's education and specialty assignment authorized by the issuing provider board. HSAG verified that the required HEDIS reporting elements were present in Xcelys and that provider specialties were accurate based on the provider mapping documents submitted with WellCare's Roadmap.

Effective August 1, 2015, DCH implemented a centralized credentials verification organization (CVO), and most of the credentialing functions previously performed by WellCare were transitioned to the new CVO.

Although the State is now responsible for credentialing all providers in Georgia, HSAG still reviewed a sample of provider specialties to ensure the specialties matched the credentialed providers' education

and board certification. HSAG found WellCare to be compliant with the credentialing and assignment of individual providers at federally qualified health centers (FQHCs).

There were no concerns identified with WellCare's provider data systems.

Medical Record Review Validation (MRRV)

HSAG reviewed WellCare's Information System (IS) 4 Roadmap pertaining to the policies and procedures for IS Standard 4.0. The Roadmap review found these policies and procedures to be consistent with the NCQA *HEDIS 2017, Volume 5, HEDIS Compliance Audit: Standards, Policies and Procedures*.

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

WellCare contracted with Altegra Health to abstract hybrid medical record data using Altegra Health data entry tools. HSAG participated in a live vendor demonstration of the Altegra Health data entry tools and instructions. All fields, edits, and drop-down boxes were reviewed for accuracy against the current year's Child Core Set Technical Specifications, Adult Core Set Technical Specifications, AHRQ Quality Indicator Technical Specifications, and NCQA's *HEDIS 2017, Volume 2: Technical Specifications for Health Plans*.

WellCare used Altegra Health's abstractors to conduct medical record reviews and quality assurance. Staff members were sufficiently qualified and trained in the current year's Child Core Set Technical Specifications, Adult Core Set Technical Specifications, AHRQ Quality Indicator Technical Specifications, *HEDIS 2017, Volume 2: Technical Specifications for Health Plans*, and the use of Altegra Health's data entry tools to accurately conduct medical record reviews. HSAG reviewed Altegra Health's training abstraction manual and found no concerns.

WellCare maintained appropriate quality assurance of reviews, including over-reads of all abstractions resulting in a numerator positive or exclusions, and a random sample of numerator negatives.

The auditor requested a convenience sample for the *Colorectal Cancer Screening (COL)* measure, and WellCare passed the convenience sample process.

The following measures were reviewed for WellCare as part of the MRRV process:

- *Non-HEDIS—Screening for Clinical Depression and Follow-up Plan (SCD)*
- *Non-HEDIS—Cesarean Section for Nulliparous Singleton Vertex (NSV)*
- *Non-HEDIS—Elective Delivery (PC01-AD)*
- *Non-HEDIS—Antenatal Steroids (PC03-AD)*

WellCare passed the MRRV process for all measures. However, the appropriate eligible population and sample size were not met for reporting the *Cesarean Section for Nulliparous Singleton Vertex (NSV)* measure; therefore, this measure was not approved for reporting.

Table 5—MRRV Results for WellCare of Georgia, Inc.

Performance Measure	Initial Sample Size	Findings	Follow-up	Final Results
<i>Screening for Clinical Depression and Follow-up Plan (SCD)</i> medical record numerator positives	16	HSAG identified no errors.	None	Approved for reporting
<i>SCD</i> medical record exclusions	16	HSAG identified no errors.	None	Approved for reporting
<i>Cesarean Section for Nulliparous Singleton Vertex (NSV)</i> medical record numerator positives	6	HSAG identified an error and it was rectified by WellCare; however, the appropriate eligible population and sample size were not met for reporting.	None	Not approved for reporting
<i>NSV</i> medical record exclusions	10	HSAG identified no errors; however, the appropriate eligible population and sample size were not met for reporting.	None	Not approved for reporting
<i>Elective Delivery (PC01-AD)</i> medical record exclusions	16	HSAG identified no errors.	None	Approved for reporting
<i>Antenatal Steroids (PC03-AD)</i> medical record numerator positives	1	HSAG identified no errors.	None	Approved for reporting
<i>PC03-AD</i> medical record exclusions	15	HSAG identified no errors.	None	Approved for reporting

Supplemental Data

WellCare did not use supplemental data for any portion of measure production.

Data Integration

WellCare continued to use the Green Plumb data warehouse to house and consolidate files prior to loading into Inovalon’s measure production software.

HSAG reviewed WellCare's processes related to the Green Thumb data warehouse and determined that no significant changes occurred from the previous year's review. WellCare's information technology staff continued to extract data monthly from the CMO's core systems.

Several internal data sources were consolidated to produce files for the software vendor. Internal data sources validated by HSAG included enrollment, claims, provider, encounters, pharmacy, and laboratory files. These internal files were transformed and merged into the software vendor's file layouts in order to produce the measures.

HSAG conducted primary source verification for each measure's administrative numerators during the on-site audit. HSAG reviewed a minimum of three cases for each measure with an administrative hit to determine whether numerators met age, gender, diagnosis, and procedural compliance with the specifications. HSAG did not find any issues during the primary source review.

WellCare used a new process to identify the gestational age for the *Antenatal Steroids*, *Elective Delivery*, and *Cesarean Section for Nulliparous Singleton Vertex* measures. WellCare followed an internal process to estimate the gestational age using the estimated date of delivery (EDD). WellCare required obstetricians/gynecologists (OB/GYNs) to submit a maternity form to WellCare containing the EDD information at the member's first prenatal visit. The EDD calculation was used to determine the gestational age component for the *Antenatal Steroids*, *Elective Delivery*, and *Cesarean Section for Nulliparous Singleton Vertex* measure denominators. Although WellCare had an alternate method available to identify the eligible populations for *Antenatal Steroids*, *Elective Delivery*, and *Cesarean Section for Nulliparous Singleton Vertex* measures using the GMCF file, the CMO did not use that methodology. The EDD methodology was acceptable for identifying the gestational age; however, it was not useful for determining the parity. Since no methodology was used to identify parity for the eligible population for the *Cesarean Section for Nulliparous Singleton Vertex* measure, WellCare was not compliant and the measure was not reportable (NR).

Both the *Antenatal Steroids* and *Elective Delivery* measures were designated as not applicable (NA) since their denominators, after exclusions, did not meet the minimum required sample size based on the specification's eligible population. The remaining measures under the scope of the audit were reviewed and approved without issue.

HSAG conducted on-site primary source verification for the administrative measures along with year-over-year comparisons and found that WellCare's rates were consistent overall and were approved for reporting.

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.

Table 6—Audit Results and Definitions for Performance Measures

Reportable (R)	The CMO followed the State’s specifications and produced a reportable rate or result for the measure.
Not Reportable (NR)	The calculated rate was materially biased.
Not Applicable (NA)	The CMO followed the State’s specifications, but the denominator was too small (<30) to report a valid rate.

According to the CMS protocol, the audit result for each performance measure rate is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be “Not Reportable.” It is possible for a single audit element to receive an audit result of “NR” when the impact of the error associated with that element biased the reported performance measure rate 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 displays the key review findings and final audit results for WellCare 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 WellCare of Georgia, Inc.

	Performance Measures	Key Review Findings	Audit Results
1.	<i>Antenatal Steroids</i>	The denominator was too small to report.	NA
2.	<i>Asthma in Younger Adults Admission Rate</i>	HSAG identified no concerns.	R
3.	<i>Behavioral Health Risk Assessment (For Pregnant Women)</i>	HSAG identified no concerns.	R
4.	<i>Cesarean Delivery Rate</i>	HSAG identified no concerns.	R
5.	<i>Cesarean Section for Nulliparous Singleton Vertex</i>	Parity was not determined to identify the eligible population prior to sampling.	NR
6.	<i>Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate</i>	HSAG identified no concerns.	R
7.	<i>Colorectal Cancer Screening</i>	HSAG identified no concerns.	R
8.	<i>Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk</i>	HSAG identified no concerns.	R
9.	<i>Developmental Screening in the First Three Years of Life</i>	HSAG identified no concerns.	R
10.	<i>Diabetes Short-Term Complications Admission Rate</i>	HSAG identified no concerns.	R

Performance Measures		Key Review Findings	Audit Results
11.	<i>Elective Delivery</i>	The denominator was too small to report.	NA
12.	<i>Heart Failure Admission Rate</i>	HSAG identified no concerns.	R
13.	<i>Live Births Weighing Less Than 2,500 Grams</i>	HSAG identified no concerns.	R
14.	<i>Plan All-Cause Readmissions</i>	HSAG identified no concerns.	R
15.	<i>Screening for Clinical Depression and Follow-up Plan</i>	HSAG identified no concerns.	R
16.	<i>Use of Opioids at High Dosage</i>	HSAG identified no concerns.	R



Appendix A. Data Integration and Control Findings

Documentation Worksheet

CMO Name:	WellCare of Georgia, Inc.
On-Site Visit Date:	April 21–21, 2017
Reviewers:	Allen Iovannisci, MS, CHCA; Mariyah Badani, JD, MBA, CHCA

Table A-1—Data Integration and Control Findings for WellCare of Georgia, Inc.

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 measure rates have been completed and validated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Samples of data from the performance measure data repository are complete and accurate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accuracy of file consolidations, extracts, and derivations.				
The CMO’s processes to consolidate diversified files and to extract required information from the performance measure data repository are appropriate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance measure database.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Computer program reports or documentation reflect vendor coordination activities, and no data necessary for performance measure reporting are lost or inappropriately modified during transfer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the CMO uses a performance measure data repository, its structure and format facilitates any required programming necessary to calculate and report required performance 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"/>	

Data Integration and Control Element	Met	Not Met	N/A	Comments
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 reporting in case results need to be reproduced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The reporting software program is properly documented with respect to every aspect of the performance measure data repository, including building, maintaining, managing, testing, and report production.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO's processes and documentation comply with the CMO standards associated with reporting program specifications, code review, and testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Appendix B. Denominator and Numerator Validation Findings

Reviewer Worksheets

CMO Name:	WellCare of Georgia, Inc.
On-Site Visit Date:	April 21–21, 2017
Reviewers:	Allen Iovannisci, MS, CHCA; Mariyah Badani, JD, MBA, CHCA

Table B-1—Denominator Validation Findings for WellCare of Georgia, Inc.

Audit Element	Met	Not Met	N/A	Comments
For each of the performance measures, all members of the relevant populations identified in the performance measure specifications are included in the population from which the denominator is produced.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The parity was not determined prior to sample selection for the <i>Cesarean Section for Nulliparous Singleton Vertex</i> measure, resulting in a Not Reportable designation.
Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance measures.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The parity was not determined prior to sample selection for the <i>Cesarean Section for Nulliparous Singleton Vertex</i> measure, resulting in a Not Reportable designation.
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 required.

Table B-2—Numerator Validation Findings for WellCare of Georgia, Inc.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The parity was not determined prior to sample selection for the <i>Cesarean Section for Nulliparous Singleton Vertex</i> measure, resulting in a Not Reportable designation.
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 coding was not used.
If any time parameters are required by the specifications of the performance measure, they are followed (i.e., the measured event occurred during the time period specified or defined in the performance measure).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Appendix C. Performance Measure Rate Submission File

Appendix C contains WellCare of Georgia, Inc.'s final audited performance measure rate submission file.

State Fiscal Year (SFY) 2017 Performance Measure Rate Reporting Template for Georgia Care Management Organizations (CMOs)	
Date of Submission:	6/9/17
CMO Name:	Wellcare of Georgia, Inc.
Contact Name and Title:	Marianne Thomas, Sr Director QI
Contact E-mail Address:	marianne.thomas@wellcare.com
Comments:	

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

Audit Review Table - To Be Completed by Auditor			
Measure #	Measure/Data Element	Audit Status	Comment
1	Antenatal Steroids (PC03-AD)	NA	The denominator was too small to report.
2	Asthma in Younger Adults Admission Rate (PQI15-AD)	R	
3	Cesarean Delivery Rate (IQI-21)	R	
4	Cesarean Section for Nulliparous Singleton Vertex (PC02-CH)	NR	Parity was not determined to identify the eligible population prior to sampling.
5	Chronic Obstructive Pulmonary Disease (COPD) and Asthma in Older Adults Admission Rate (PQI05-AD)	R	
6	Colorectal Cancer Screening (COL)	R	
7	Developmental Screening in the First Three Years of Life (DEV-CH)	R	
8	Diabetes Short-Term Complications Admission Rate (PQI01-AD)	R	
9	Elective Delivery (PC01-AD)	NA	The denominator was too small to report.
10	Heart Failure Admission Rate (PQI08-AD)	R	
11	Live Births Weighing Less Than 2,500 Grams (LBW-CH)	R	
12	Maternity Care - Behavioral Health Risk Assessment (BHRA-CH)	R	
13	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH)	R	
14	Use of Opioids at High Dosage (OHD-AD)	R	
15	Screening for Clinical Depression and Follow-up Plan (CDF-AD)	R	
16	Plan All-Cause Readmissions Rate (PCR-AD)	R	

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

Antenatal Steroids (PC03-AD)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	H
Eligible Population	41
Denominator	1
Numerator Events by Administrative Data	0
Numerator Events by Medical Records	1
Numerator Total	1
Reported Rate	NA

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

Asthma in Younger Adults Admission Rate (PQI15-AD)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	2016
Data Collection Methodology	A
Eligible Population (Total Member Months)	853,448
Numerator Events by Administrative Data	51
Reported Rate (Per 100,000 Member Months)	5.98

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

Cesarean Delivery Rate (IQI-21)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	A
Eligible Population	11,122
Numerator Events by Administrative Data	3,324
Reported Rate	29.89%

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

Cesarean Section for Nulliparous Singleton Vertex (PC02-CH)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	H
Eligible Population	223
Denominator	59
Numerator Events by Administrative Data	0
Numerator Events by Medical Records	8
Numerator Total	8
Reported Rate	NR

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

Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)				
Data Element	General Measure Data	Ages 40-64	Ages 65+	All Ages
Reporting Year	SFY 2017			
Measurement Period	CY 2016			
Data Collection Methodology	A			
Eligible Population (Total Member Months)		174,746	90	174,836
Numerator Events by Administrative Data		80	0	80
Reported Rate (Per 100,000 Member Months)		45.78	0.00	45.76

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

Developmental Screening in the First Three Years of Life (DEV-CH)					
Data Element	General Measure Data	Age 1	Age 2	Age 3	Total (Ages 1-3)
Reporting Year	SFY 2017				
Measurement Period	CY 2016				
Data Collection Methodology	H				
Eligible Population		23,760	13,082	18,711	55,553
Denominator		144	144	144	432
Numerator Events by Administrative Data		58	73	65	196
Numerator Events by Medical Records		4	6	1	11
Numerator Total		62	79	66	207
Reported Rate		43.06%	54.86%	45.83%	47.92%

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

Diabetes Short-Term Complications Admission Rate (PQI01-AD)				
Data Element	General Measure Data	Ages 18-64	Ages 65+	All Ages
Reporting Year	SFY 2017			
Measurement Period	CY 2016			
Data Collection Methodology	A			
Eligible Population (Total Member Months)		1,028,194	90	1,028,284
Numerator Events by Administrative Data		177	0	177
Reported Rate (Per 100,000 Member Months)		17.21	0.00	17.21

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

Elective Delivery (PC01-AD)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	H
Eligible Population	29
Denominator	5
Numerator Events by Administrative Data	0
Numerator Events by Medical Records	0
Numerator Total	0
Reported Rate	NA

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

Heart Failure Admission Rate (PQI08-AD)				
Data Element	General Measure Data	Ages 18-64	Ages 65+	All Ages
Reporting Year	SFY 2017			
Measurement Period	CY 2016			
Data Collection Methodology	A			
Eligible Population (Total Member Months)		1,028,194	90	1,028,284
Numerator Events by Administrative Data		77	0	77
Reported Rate (Per 100,000 Member Months)		7.49	0.00	7.49

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

Live Births Weighing Less Than 2,500 Grams (LBW-CH)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	A
Eligible Population	22,416
Numerator Events by Administrative Data	1,949
Reported Rate	8.69%

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

Maternity Care - Behavioral Health Risk Assessment (BHRA-CH)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	H
Eligible Population	38,124
Denominator	432
Numerator Events by Administrative Data	0
Numerator Events by Medical Records	95
Numerator Total	95
Reported Rate	21.99%

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

Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	Federal Fiscal Year (FFY) 2016*
Data Collection Methodology	A
Eligible Population	65,984
Numerator Events by Administrative Data	15,061
Reported Rate	22.83%

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

Use of Opioids at High Dosage (OHD-AD)				
Data Element	General Measure Data	Ages 19-64	Ages 65+	All Ages
Reporting Year	SFY 2017			
Measurement Period	CY 2016			
Data Collection Methodology	A			
Eligible Population		8,387	1	8,388
Denominator		8,387	1	8,388
Numerator Events by Administrative Data		138	0	138
Reported Rate (Per 1,000 members)		16.45	0.00	16.45

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

Screening for Clinical Depression and Follow-up Plan (CDF-AD)			
Reporting Age Group	Ages 18-64	Ages 65+	All Ages
Reporting Year	SFY 2017	SFY 2017	SFY 2017
Measurement Period	CY 2016	CY 2016	CY 2016
Data Collection Methodology	H	H	H
Eligible Population	96,438	16	96,454
Exclusions	0	0	0
Denominator	400	0	400
Numerator Events by Administrative Data	8	0	8
Numerator Events by Medical Records	21	0	21
Numerator Total	29	0	29
Reported Rate	7.25%	NA	7.25%

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

Colorectal Cancer Screening (COL)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	H
Eligible Population	1334
Number of Numerator Events by Administrative Data in Eligible Population (before exclusions)	631
Current Year's Administrative Rate (before exclusions)	47.30%
Minimum Required Sample Size (MRSS) or Other Sample Size	411
Oversampling Rate	5%
Final Sample Size (FSS)	432
Number of Numerator Events by Administrative Data in FSS	206
Administrative Rate on FSS	47.69%
Number of Original Sample Records Excluded Because of Valid Data Errors	0
Number of Administrative Data Records Excluded	0
Number of Medical Records Excluded	0
Number of Employee/Dependent Medical Records Excluded	0

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

Colorectal Cancer Screening (COL)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	H
Records Added from the Oversample List	21
Denominator	432
Numerator Events by Administrative Data	206
Numerator Events by Medical Records	14
Reported Rate	50.93%

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

Plan All-Cause Readmissions Rate (PCR-AD)			
Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
18-44	2,247	251	11.17%
45-54	435	48	11.03%
55-64	126	18	14.29%
Total	2,808	317	11.29%

Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
65-74	0	0	0.00%
75-84	0	0	0.00%
85+	0	0	0.00%
Total	0	0	0.00%



Appendix D. HEDIS Interactive Data Submission System Data

Appendix D contains WellCare of Georgia, Inc.'s reported IDSS data from its NCQA HEDIS Compliance Audit.

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 WellCare

Audit Review Table				
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)				
Measurement Year - 2016; Date & Timestamp - 6/15/2017 10:31:45 AM				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Prevention and				
Adult BMI Assessment (aba)		82.06%	R	Reportable
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)				
<i>BMI Percentile</i>		77.78%	R	Reportable
<i>Counseling for Nutrition</i>		69.68%	R	Reportable
<i>Counseling for Physical Activity</i>		56.25%	R	Reportable
Childhood Immunization Status (cis)				
<i>DTaP</i>		84.26%	R	Reportable
<i>IPV</i>		93.98%	R	Reportable
<i>MMR</i>		92.36%	R	Reportable
<i>HiB</i>		92.13%	R	Reportable
<i>Hepatitis B</i>		95.83%	R	Reportable
<i>VZV</i>		92.82%	R	Reportable
<i>Pneumococcal Conjugate</i>		83.33%	R	Reportable
<i>Hepatitis A</i>		93.06%	R	Reportable
<i>Rotavirus</i>		76.16%	R	Reportable
<i>Influenza</i>		33.33%	R	Reportable
<i>Combination #2</i>		82.41%	R	Reportable
<i>Combination #3</i>		78.24%	R	Reportable
<i>Combination #4</i>		77.78%	R	Reportable
<i>Combination #5</i>		68.29%	R	Reportable
<i>Combination #6</i>		30.79%	R	Reportable
<i>Combination #7</i>		68.06%	R	Reportable
<i>Combination #8</i>		30.79%	R	Reportable
<i>Combination #9</i>		28.24%	R	Reportable
<i>Combination #10</i>		28.24%	R	Reportable
Immunizations for Adolescents (ima)				
<i>Meningococcal</i>		90.51%	R	Reportable

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 WellCare

Audit Review Table				
<i>Tdap</i>		91.44%	R	Reportable
<i>HPV</i>		16.90%	R	Reportable
<i>Combination #1</i>		89.35%	R	Reportable
<i>Combination #2</i>		16.44%	R	Reportable
Lead Screening in Children (lsc)		81.02%	R	Reportable
Breast Cancer Screening (bcs)		67.85%	R	Reportable
Cervical Cancer Screening (ccs)		69.77%	R	Reportable
Chlamydia Screening in Women (chl)				
<i>16-20 Years</i>		54.32%	R	Reportable
<i>21-24 Years</i>		66.45%	R	Reportable
<i>Total</i>		56.69%	R	Reportable
Effectiveness of Care: Respiratory				
Appropriate Testing for Children with Pharyngitis (cwp)	Y	81.16%	R	Reportable
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)		34.93%	R	Reportable
Pharmacotherapy Management of COPD Exacerbation (pce)	Y			
<i>Systemic Corticosteroid</i>		74.65%	R	Reportable
<i>Bronchodilator</i>		84.79%	R	Reportable
Medication Management for People With Asthma (mma)	Y			
<i>5-11 Years: Medication Compliance 50%</i>		47.46%	R	Reportable
<i>5-11 Years: Medication Compliance 75%</i>		21.84%	R	Reportable
<i>12-18 Years: Medication Compliance 50%</i>		45.63%	R	Reportable
<i>12-18 Years: Medication Compliance 75%</i>		19.52%	R	Reportable
<i>19-50 Years: Medication Compliance 50%</i>		53.77%	R	Reportable
<i>19-50 Years: Medication Compliance 75%</i>		33.22%	R	Reportable
<i>51-64 Years: Medication Compliance 50%</i>		54.55%	NA	Small Denominator
<i>51-64 Years: Medication Compliance 75%</i>		27.27%	NA	Small Denominator
<i>Total: Medication Compliance 50%</i>		47.12%	R	Reportable
<i>Total: Medication Compliance 75%</i>		21.56%	R	Reportable
Asthma Medication Ratio (amr)	Y			
<i>5-11 Years</i>		77.28%	R	Reportable

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 WellCare

Audit Review Table					
	12-18 Years		67.61%	R	Reportable
	19-50 Years		46.58%	R	Reportable
	51-64 Years		46.88%	R	Reportable
	Total		71.83%	R	Reportable
Effectiveness of Care: Cardiovascular					
Controlling High Blood Pressure (cbp)			34.30%	R	Reportable
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)		Y	78.57%	R	Reportable
Statin Therapy for Patients With Cardiovascular Disease (spc)		Y			
<i>Received Statin Therapy: 21-75 Years (Male)</i>			72.09%	R	Reportable
<i>Statin Adherence 80%: 21-75 Years (Male)</i>			48.39%	R	Reportable
<i>Received Statin Therapy: 40-75 Years (Female)</i>			72.22%	R	Reportable
<i>Statin Adherence 80%: 40-75 Years (Female)</i>			46.15%	R	Reportable
<i>Received Statin Therapy: Total</i>			72.18%	R	Reportable
<i>Statin Adherence 80%: Total</i>			46.88%	R	Reportable
Effectiveness of Care: Diabetes					
Comprehensive Diabetes Care (cdc)					
<i>Hemoglobin A1c (HbA1c) Testing</i>			81.79%	R	Reportable
<i>HbA1c Poor Control (>9.0%)</i>			56.30%	R	Reportable
<i>HbA1c Control (<8.0%)</i>			37.63%	R	Reportable
<i>HbA1c Control (<7.0%)</i>			28.97%	R	Reportable
<i>Eye Exam (Retinal) Performed</i>			42.94%	R	Reportable
<i>Medical Attention for Nephropathy</i>			92.41%	R	Reportable
<i>Blood Pressure Control (<140/90 mm Hg)</i>			47.04%	R	Reportable
Statin Therapy for Patients With Diabetes (spd)		Y			
<i>Received Statin Therapy</i>			51.19%	R	Reportable
<i>Statin Adherence 80%</i>			46.51%	R	Reportable
Effectiveness of Care: Musculoskeletal					
Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)		Y	65.49%	R	Reportable
Effectiveness of Care: Behavioral					
Antidepressant Medication Management (amm)		Y			
<i>Effective Acute Phase Treatment</i>			44.88%	R	Reportable
<i>Effective Continuation Phase Treatment</i>			29.07%	R	Reportable

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 WellCare

Audit Review Table				
Follow-Up Care for Children Prescribed ADHD Medication (add)	Y			
<i>Initiation Phase</i>		49.76%	R	Reportable
<i>Continuation and Maintenance (C&M) Phase</i>		68.00%	R	Reportable
Follow-Up After Hospitalization for Mental Illness (fuh)	Y			
<i>30-Day Follow-Up</i>		70.61%	R	Reportable
<i>7-Day Follow-Up</i>		52.45%	R	Reportable
Follow-Up After Emergency Department Visit for Mental Illness (fum)	Y			
<i>30-Day Follow-Up</i>		51.98%	R	Reportable
<i>7-Day Follow-Up</i>		37.77%	R	Reportable
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (fua)	Y			
<i>30-Day Follow-Up: 13-17 Years</i>		8.90%	R	Reportable
<i>7-Day Follow-Up: 13-17 Years</i>		7.53%	R	Reportable
<i>30-Day Follow-Up: 18+ Years</i>		12.33%	R	Reportable
<i>7-Day Follow-Up: 18+ Years</i>		10.06%	R	Reportable
<i>30-Day Follow-Up: Total</i>		11.59%	R	Reportable
<i>7-Day Follow-Up: Total</i>		9.51%	R	Reportable
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (ssd)	Y	83.97%	R	Reportable
Diabetes Monitoring for People With Diabetes and Schizophrenia (smd)		72.50%	R	Reportable
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (smc)		75.00%	NA	Small Denominator
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (saa)	Y	33.99%	R	Reportable
Metabolic Monitoring for Children and Adolescents on Antipsychotics (apm)	Y			

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 WellCare

Audit Review Table					
	1-5 Years		16.67%	R	Reportable
	6-11 Years		20.26%	R	Reportable
	12-17 Years		27.95%	R	Reportable
	Total		24.48%	R	Reportable
Effectiveness of Care: Medication					
Annual Monitoring for Patients on Persistent Medications (mpm)	Y				
ACE Inhibitors or ARBs			89.23%	R	Reportable
Digoxin			41.18%	NA	Small Denominator
Diuretics			89.56%	R	Reportable
Total			89.22%	R	Reportable
Effectiveness of Care:					
Non-Recommended Cervical Cancer Screening in Adolescent Females (ncs)			2.84%	R	Reportable
Appropriate Treatment for Children With URI (uri)	Y		86.91%	R	Reportable
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (aab)	Y		23.37%	R	Reportable
Use of Imaging Studies for Low Back Pain (lbp)			67.80%	R	Reportable
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (apc)	Y				
1-5 Years			0.00%	NA	Small Denominator
6-11 Years			0.89%	R	Reportable
12-17 Years			2.40%	R	Reportable
Total			1.70%	R	Reportable
Access/Availability of Care					
Adults' Access to Preventive/Ambulatory Health Services (aap)					
20-44 Years			82.55%	R	Reportable
45-64 Years			88.99%	R	Reportable
65+ Years			100.00%	NA	Small Denominator
Total			83.48%	R	Reportable
Children and Adolescents' Access to Primary Care Practitioners (cap)					

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Audit Review Table				
12-24 Months		97.13%	R	Reportable
25 Months - 6 Years		90.80%	R	Reportable
7-11 Years		91.55%	R	Reportable
12-19 Years		89.48%	R	Reportable
Annual Dental Visit (adv)	Y			
2-3 Years		50.00%	R	Reportable
4-6 Years		77.21%	R	Reportable
7-10 Years		79.18%	R	Reportable
11-14 Years		73.37%	R	Reportable
15-18 Years		63.20%	R	Reportable
19-20 Years		43.14%	R	Reportable
Total		70.93%	R	Reportable
Initiation and Engagement of AOD Dependence Treatment (iet)	Y			
Initiation of AOD Treatment: 13-17 Years		38.30%	R	Reportable
Engagement of AOD Treatment: 13-17 Years		9.58%	R	Reportable
Initiation of AOD Treatment: 18+ Years		31.94%	R	Reportable
Engagement of AOD Treatment: 18+ Years		6.24%	R	Reportable
Initiation of AOD Treatment: Total		32.98%	R	Reportable
Engagement of AOD Treatment: Total		6.79%	R	Reportable
Prenatal and Postpartum Care (ppc)				
Timeliness of Prenatal Care		80.38%	R	Reportable
Postpartum Care		60.28%	R	Reportable
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (app)	Y			
1-5 Years		37.93%	NA	Small Denominator
6-11 Years		57.40%	R	Reportable
12-17 Years		60.55%	R	Reportable
Total		58.48%	R	Reportable
Utilization				
Frequency of Ongoing Prenatal Care (fpc)				
<21 Percent		12.06%	R	Reportable
21-40 Percent		9.93%	R	Reportable
41-60 Percent		10.17%	R	Reportable
61-80 Percent		11.35%	R	Reportable

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Audit Review Table					
	<i>81+ Percent</i>		56.50%	R	Reportable
Well-Child Visits in the First 15 Months of Life (w15)					
	<i>0 Visits</i>		2.01%	R	Reportable
	<i>1 Visit</i>		1.25%	R	Reportable
	<i>2 Visits</i>		4.76%	R	Reportable
	<i>3 Visits</i>		6.02%	R	Reportable
	<i>4 Visits</i>		8.27%	R	Reportable
	<i>5 Visits</i>		14.29%	R	Reportable
	<i>6+ Visits</i>		63.41%	R	Reportable
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)					
			71.16%	R	Reportable
Adolescent Well-Care Visits (awc)					
			51.62%	R	Reportable
Frequency of Selected Procedures (fsp)					
				R	Reportable
Ambulatory Care: Total (amba)					
				R	Reportable
Ambulatory Care: Dual Eligibles (ambb)					
				NR	Not Reported
Ambulatory Care: Disabled (ambc)					
				NR	Not Reported
Ambulatory Care: Other (ambd)					
				NR	Not Reported
Inpatient Utilization--General Hospital/Acute Care: Total (ipua)					
				R	Reportable
Inpatient Utilization--General Hospital/Acute Care: Dual Eligibles (ipub)					
				NR	Not Reported
Inpatient Utilization--General Hospital/Acute Care: Disabled (ipuc)					
				NR	Not Reported
Inpatient Utilization--General Hospital/Acute Care: Other (ipud)					
				NR	Not Reported
Identification of Alcohol and Other Drug Services: Total (iada)					
	Y			R	Reportable
Identification of Alcohol and Other Drug Services: Dual Eligibles (iadb)					
	Y			NR	Not Reported
Identification of Alcohol and Other Drug Services: Disabled (iadc)					
	Y			NR	Not Reported
Identification of Alcohol and Other Drug Services: Other (iadd)					
	Y			NR	Not Reported
Mental Health Utilization: Total (mpta)					
	Y			R	Reportable

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Audit Review Table				
Mental Health Utilization: Dual Eligibles (mptb)	Y		NR	Not Reported
Mental Health Utilization: Disabled (mptc)	Y		NR	Not Reported
Mental Health Utilization: Other (mptd)	Y		NR	Not Reported
Antibiotic Utilization: Total (abxa)	Y		R	Reportable
Antibiotic Utilization: Dual Eligibles (abxb)	Y		NR	Not Reported
Antibiotic Utilization: Disabled (abxc)	Y		NR	Not Reported
Antibiotic Utilization: Other (abxd)	Y		NR	Not Reported
Standardized Healthcare-Associated Infection Ratio (hai)			R	Reportable
Health Plan Descriptive				
Board Certification (bcr)			UN	Unaudited
Enrollment by Product Line: Total (enpa)			R	Reportable
Enrollment by Product Line: Dual Eligibles (enpb)			NR	Not Reported
Enrollment by Product Line: Disabled (enpc)			NR	Not Reported
Enrollment by Product Line: Other (enpd)			NR	Not Reported
Enrollment by State (ebs)			R	Reportable
Language Diversity of Membership (ldm)			R	Reportable
Race/Ethnicity Diversity of Membership (rdm)			R	Reportable
Total Membership (tlm)			R	Reportable
Measures Collected using Electronic				
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (dms)				
<i>Inclusion in ECDS: Total</i>			NR	Not Reported
<i>Utilization of PHQ-9: Total</i>			NR	Not Reported
Depression and Remission or Response for Adolescents and Adults (drr)				
<i>EDCS Coverage: Total</i>			NR	Not Reported
<i>Follow-up PHQ-9: Total</i>			NR	Not Reported
<i>Depression Remission: Total</i>			NR	Not Reported
<i>Depression Response: Total</i>			NR	Not Reported

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Standardize Healthcare-Associated Infection Ratio (HAI)							
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)							
Classification	Number of Contracted Hospitals with Reportable SIR	Total Inpatient Discharges	Percentage of Total Discharges From High SIR Hospitals	Percentage of Total Discharges From Moderate SIR Hospitals	Percentage of Total Discharges From Low SIR Hospitals	Percentage of Total Discharges From Hospitals With Unavailable SIR	Plan-Weighted SIR
HAI-1: Central line-associated blood stream infection (CLABSI)	218	77085	0.2067	0.0373	0.3465	0.4095	0.3429
HAI-2: Catheter-associated urinary tract infection (CAUTI)	218	77085	0.1872	0.0805	0.3638	0.3684	0.3747
HAI-5: MRSA bloodstream infection (MRSA)	218	77085	0.1729	0.0786	0.3130	0.4355	0.5979
HAI-6: Clostridium difficile intestinal infection (CDIFF)	218	77085	0.2177	0.1261	0.3123	0.3440	0.5523

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Frequency of Selected Procedures (FSP)			
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj:			
Age	Male	Female	Total
0-9	1,657,299	1,619,804	3,277,103
10-19	1,191,739	1,203,974	2,395,713
15-44		1,137,577	
20-44	69,000	659,826	
30-64	69,395		
45-64	19,693	70,646	

Procedure	Age	Sex	Number of Procedures	Procedures / 1,000 Member Months
Bariatric Weight Loss Surgery	0-19	Male	1	0.00
		Female	0	0.00
	20-44	Male	2	0.03
		Female	66	0.10
	45-64	Male	0	0.00
		Female	15	0.21
Tonsillectomy	0-9	Male & Female	2984	0.91
	10-19	Male & Female	820	0.34
Hysterectomy, Abdominal	15-44	Female	199	0.17
	45-64	Female	38	0.54
Hysterectomy, Vaginal	15-44	Female	238	0.21
	45-64	Female	34	0.48
Cholecystectomy, Open	30-64	Male	1	0.01
	15-44	Female	18	0.02
	45-64	Female	2	0.03
Cholecystectomy (laparoscopic)	30-64	Male	31	0.45
	15-44	Female	738	0.65
	45-64	Female	66	0.93
Back Surgery	20-44	Male	41	0.59
		Female	140	0.21
	45-64	Male	20	1.02
		Female	50	0.71
Mastectomy	15-44	Female	36	0.03
	45-64	Female	60	0.85
Lumpectomy	15-44	Female	186	0.16
	45-64	Female	76	1.08

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Ambulatory Care: Total (AMBA)				
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj:				
Age	Member Months			
<1	349,823			
1-9	2,927,280			
10-19	2,395,713			
20-44	728,826			
45-64	90,339			
65-74	80			
75-84	8			
85+	2			
Unknown	0			
Total	6,492,071			
Age	Outpatient Visits		ED Visits	
	Visits	Visits/ 1,000 Member Months	Visits	Visits/ 1,000 Member Months
<1	362624	1,036.59	37009	105.79
1-9	1142906	390.43	152748	52.18
10-19	685532	286.15	99299	41.45
20-44	380814	522.50	106711	146.41
45-64	68860	762.24	9258	102.48
65-74	27	337.50	3	37.50
75-84	7	875.00	1	125.00
85+	0	0.00	0	0.00
Unknown	0		0	
Total	2,640,770	406.77	405,029	62.39

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Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)					
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None,					
Age	Member Months				
<1	349,823				
1-9	2,927,280				
10-19	2,395,713				
20-44	728,826				
45-64	90,339				
65-74	80				
75-84	8				
85+	2				
Unknown	0				
Total	6,492,071				
Total Inpatient					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	4353	12.44	26698	76.32	6.13
1-9	5410	1.85	11891	4.06	2.20
10-19	6688	2.79	18500	7.72	2.77
20-44	27829	38.18	72232	99.11	2.60
45-64	1323	14.64	5643	62.46	4.27
65-74	0	0.00	0	0.00	
75-84	0	0.00	0	0.00	
85+	0	0.00	0	0.00	
Unknown	0		0		
Total	45,603	7.02	134,964	20.79	2.96
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	3151	1.32	7622	3.18	2.42
20-44	22595	31.00	54891	75.31	2.43
45-64	38	0.42	239	2.65	6.29
Unknown	0		0		
Total	25,784	8.02	62,752	19.52	2.43
*The maternity category is calculated using member months for members 10-64					
Surgery					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	837	2.39	14017	40.07	16.75
1-9	1686	0.58	4559	1.56	2.70
10-19	992	0.41	4479	1.87	4.52
20-44	1602	2.20	8543	11.72	5.33
45-64	474	5.25	2831	31.34	5.97
65-74	0	0.00	0	0.00	
75-84	0	0.00	0	0.00	
85+	0	0.00	0	0.00	
Unknown	0		0		
Total	5,591	0.86	34,429	5.30	6.16
Medicine					

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Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	3516	10.05	12681	36.25	3.61
1-9	3724	1.27	7332	2.50	1.97
10-19	2545	1.06	6399	2.67	2.51
20-44	3632	4.98	8798	12.07	2.42
45-64	811	8.98	2573	28.48	3.17
65-74	0	0.00	0	0.00	
75-84	0	0.00	0	0.00	
85+	0	0.00	0	0.00	
Unknown	0		0		
Total	14,228	2.19	37,783	5.82	2.66

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Identification of Alcohol and Other Drug Services: Total (IADA)												
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)												
Age	Member Months (Any)			Member Months (Inpatient)			Member Months (Intensive)			Member Months (Outpatient/ED)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-12	2124042	2075479	4,199,521	2124042	2075479	4,199,521	2124042	2075479	4,199,521	2124042	2075479	4,199,521
13-17	630861	633405	1,264,266	630861	633405	1,264,266	630861	633405	1,264,266	630861	633405	1,264,266
18-24	99978	253543	353,521	99978	253543	353,521	99978	253543	353,521	99978	253543	353,521
25-34	30384	330790	361,174	30384	330790	361,174	30384	330790	361,174	30384	330790	361,174
35-64	52466	261033	313,499	52466	261033	313,499	52466	261033	313,499	52466	261033	313,499
65+	29	61	90	29	61	90	29	61	90	29	61	90
Unknown	0	0	0	0	0	0	0	0	0	0	0	0

Total	2,937,760	3,554,311	6,492,071	2,937,760	3,554,311	6,492,071	2,937,760	3,554,311	6,492,071	2,937,760	3,554,311	6,492,071
Age	Sex	Any Services		Inpatient		Intensive		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	139	0.08%	17	0.01%	0	0.00%	126	0.07%			
	F	83	0.05%	17	0.01%	0	0.00%	73	0.04%			
	Total	222	0.06%	34	0.01%	0	0.00%	199	0.06%			
13-17	M	783	1.49%	125	0.24%	32	0.06%	722	1.37%			
	F	519	0.98%	188	0.36%	22	0.04%	396	0.75%			
	Total	1,302	1.24%	313	0.30%	54	0.05%	1,118	1.06%			
18-24	M	243	2.92%	63	0.76%	6	0.07%	223	2.68%			
	F	869	4.11%	320	1.51%	19	0.09%	679	3.21%			
	Total	1,112	3.77%	383	1.30%	25	0.08%	902	3.06%			
25-34	M	268	10.58%	57	2.25%	1	0.04%	254	10.03%			
	F	2374	8.61%	727	2.64%	77	0.28%	2064	7.49%			
	Total	2,642	8.78%	784	2.60%	78	0.26%	2,318	7.70%			
35-64	M	550	12.58%	146	3.34%	13	0.30%	515	11.78%			
	F	1924	8.84%	432	1.99%	56	0.26%	1807	8.31%			
	Total	2,474	9.47%	578	2.21%	69	0.26%	2,322	8.89%			
65+	M	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
	F	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
	Total	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
Unknown	M	0		0		0		0				
	F	0		0		0		0				
	Total	0		0		0		0				
Total	M	1,983	0.81%	408	0.17%	52	0.02%	1,840	0.75%			
	F	5,769	1.95%	1,684	0.57%	174	0.06%	5,019	1.69%			
	Total	7,752	1.43%	2,092	0.39%	226	0.04%	6,859	1.27%			

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Mental Health Utilization: Total (MPTA)												
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)												
Age	Member Months (Any)			Member Months (Inpatient)			Member Months (Intensive)			Member Months (Outpatient/ED)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-12	2124042	2075479	4,199,521	2124042	2075479	4,199,521	2124042	2075479	4,199,521	2124042	2075479	4,199,521
13-17	630861	633405	1,264,266	630861	633405	1,264,266	630861	633405	1,264,266	630861	633405	1,264,266
18-64	182828	845366	1,028,194	182828	845366	1,028,194	182828	845366	1,028,194	182828	845366	1,028,194
65+	29	61	90	29	61	90	29	61	90	29	61	90
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	2,937,760	3,554,311	6,492,071	2,937,760	3,554,311	6,492,071	2,937,760	3,554,311	6,492,071	2,937,760	3,554,311	6,492,071
Age	Sex	Any Services		Inpatient		Intensive		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	17205	9.72%	260	0.15%	117	0.07%	17178	9.70%			
	F	10420	6.02%	229	0.13%	64	0.04%	10401	6.01%			
	Total	27,625	7.89%	489	0.14%	181	0.05%	27,579	7.88%			
13-17	M	6624	12.60%	425	0.81%	105	0.20%	6551	12.46%			
	F	7342	13.91%	988	1.87%	206	0.39%	7195	13.63%			
	Total	13,966	13.26%	1,413	1.34%	311	0.30%	13,746	13.05%			
18-64	M	1254	8.23%	168	1.10%	22	0.14%	1210	7.94%			
	F	8935	12.68%	885	1.26%	155	0.22%	8676	12.32%			
	Total	10,189	11.89%	1,053	1.23%	177	0.21%	9,886	11.54%			
65+	M	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
	F	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
	Total	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
Unknown	M	0		0		0		0				
	F	0		0		0		0				
	Total	0		0		0		0				
Total	M	25,083	10.25%	853	0.35%	244	0.10%	24,939	10.19%			
	F	26,697	9.01%	2,102	0.71%	425	0.14%	26,272	8.87%			
	Total	51,780	9.57%	2,955	0.55%	669	0.12%	51,211	9.47%			

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Antibiotic Utilization: Total (ABXA)			
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)			
Pharmacy Benefit Member Months			
Age	Male	Female	Total
0-9	1657299	1619804	3,277,103
10-17	1097604	1089080	2,186,684
18-34	130362	584333	714,695
35-49	42719	227957	270,676
50-64	9747	33076	42,823
65-74	23	57	80
75-84	6	2	8
85+	0	2	2
Unknown	0	0	0
Total	2,937,760	3,554,311	6,492,071

Antibiotic Utilization								
Age	Sex	Total Antibiotic Scripts	Average Scripts PMPY for Antibiotics	Total Days Supply for All Antibiotic Scripts	Average Days Supply per Antibiotic Scrip	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	170386	1.23	1627842	9.55	70278	0.51	41.25%
	F	168758	1.25	1621351	9.61	66373	0.49	39.33%
	Total	339,144	1.24	3,249,193	9.58	136,651	0.50	40.29%
10-17	M	54332	0.59	554316	10.20	22731	0.25	41.84%
	F	71765	0.79	704010	9.81	28197	0.31	39.29%
	Total	126,097	0.69	1,258,326	9.98	50,928	0.28	40.39%
18-34	M	7259	0.67	71206	9.81	2893	0.27	39.85%
	F	88031	1.81	689523	7.83	31437	0.65	35.71%
	Total	95,290	1.60	760,729	7.98	34,330	0.58	36.03%
35-49	M	3777	1.06	34244	9.07	1886	0.53	49.93%
	F	35980	1.89	304186	8.45	15736	0.83	43.74%
	Total	39,757	1.76	338,430	8.51	17,622	0.78	44.32%
50-64	M	974	1.20	9033	9.27	483	0.59	49.59%
	F	4816	1.75	40734	8.46	2457	0.89	51.02%
	Total	5,790	1.62	49,767	8.60	2,940	0.82	50.78%
65-74	M	3	1.57	30	10.00	0	0.00	0.00%
	F	1	0.21	7	7.00	0	0.00	0.00%
	Total	4	0.60	37	9.25	0	0.00	0.00%
75-84	M	0	0.00	0		0	0.00	
	F	0	0.00	0		0	0.00	
	Total	0	0.00	0		0	0.00	
85+	M	0		0		0		
	F	0	0.00	0		0	0.00	
	Total	0	0.00	0		0	0.00	
Unknown	M	0		0		0		
	F	0		0		0		
	Total	0		0		0		
Total	M	236,731	0.97	2,296,671	9.70	98,271	0.40	41.51%
	F	369,351	1.25	3,359,811	9.10	144,200	0.49	39.04%
	Total	606,082	1.12	5,656,482	9.33	242,471	0.45	40.01%

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 WellCare

Antibiotic Utilization: Total (ABXA)															
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/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	87	0.00	21195	0.15	23446	0.17	22562	0.16	0	0.00	2975	0.02	13	0.00
	F	126	0.00	21278	0.16	21385	0.16	20742	0.15	0	0.00	2829	0.02	13	0.00
	Total	213	0.00	42,473	0.16	44,831	0.16	43,304	0.16	0	0.00	5,804	0.02	26	0.00
10-17	M	389	0.00	3845	0.04	10116	0.11	6516	0.07	0	0.00	1842	0.02	23	0.00
	F	1034	0.01	5220	0.06	12358	0.14	7358	0.08	0	0.00	2208	0.02	19	0.00
	Total	1,423	0.01	9,065	0.05	22,474	0.12	13,874	0.08	0	0.00	4,050	0.02	42	0.00
18-34	M	342	0.03	212	0.02	1212	0.11	655	0.06	0	0.00	470	0.04	2	0.00
	F	6108	0.13	1895	0.04	13561	0.28	5606	0.12	0	0.00	4234	0.09	33	0.00
	Total	6,450	0.11	2,107	0.04	14,773	0.25	6,261	0.11	0	0.00	4,704	0.08	35	0.00
35-49	M	428	0.12	147	0.04	590	0.17	395	0.11	0	0.00	309	0.09	17	0.00
	F	4185	0.22	996	0.05	5516	0.29	2968	0.16	0	0.00	2042	0.11	29	0.00
	Total	4,613	0.20	1,143	0.05	6,106	0.27	3,363	0.15	0	0.00	2,351	0.10	46	0.00
50-64	M	137	0.17	21	0.03	167	0.21	85	0.10	0	0.00	65	0.08	8	0.01
	F	765	0.28	169	0.06	865	0.31	421	0.15	0	0.00	217	0.08	20	0.01
	Total	902	0.25	190	0.05	1,032	0.29	506	0.14	0	0.00	282	0.08	28	0.01
65-74	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
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	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
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	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
Total	M	1,383	0.01	25,420	0.10	35,531	0.15	30,213	0.12	0	0.00	5,661	0.02	63	0.00
	F	12,218	0.04	29,558	0.10	53,685	0.18	37,095	0.13	0	0.00	11,530	0.04	114	0.00
	Total	13,601	0.03	54,978	0.10	89,216	0.16	67,308	0.12	0	0.00	17,191	0.03	177	0.00

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 WellCare

Antibiotic Utilization: Total (ABXA)																	
Age	Sex	All Other Antibiotics Utilization															
		Total Absorbable Sulfonamide Scrips	Average Scrips PMPY for Absorbable Sulfonamides	Total Aminoglycoside Scrips	Average Scrips PMPY for Aminoglycosides	Total 1st Generation Cephalosporin Scrips	Average Scrips PMPY for 1st Generation Cephalosporins	Total Lincosamide Scrips	Average Scrips PMPY for Lincosamides	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 Tetracyclines	Total Misc. Antibiotic Scrips	Average Scrips PMPY for Misc. Antibiotics
0-9	M	6839	0.05	22	0.00	11090	0.08	0	0.00	79	0.00	81837	0.59	26	0.00	215	0.00
	F	10262	0.08	9	0.00	11980	0.09	0	0.00	62	0.00	79536	0.59	23	0.00	513	0.00
	Total	17,101	0.06	31	0.00	23,070	0.08	0	0.00	141	0.00	161,373	0.59	49	0.00	728	0.00
10-17	M	3409	0.04	19	0.00	5333	0.06	0	0.00	51	0.00	18860	0.21	3622	0.04	307	0.00
	F	6529	0.07	35	0.00	6061	0.07	0	0.00	96	0.00	23374	0.26	4059	0.04	3414	0.04
	Total	9,938	0.05	54	0.00	11,394	0.06	0	0.00	147	0.00	42,234	0.23	7,681	0.04	3,721	0.02
18-34	M	656	0.06	3	0.00	665	0.06	0	0.00	7	0.00	2252	0.21	628	0.06	155	0.01
	F	7480	0.15	3	0.00	6313	0.13	0	0.00	72	0.00	17296	0.36	3196	0.07	22234	0.46
	Total	8,136	0.14	6	0.00	6,978	0.12	0	0.00	79	0.00	19,548	0.33	3,824	0.06	22,389	0.38
35-49	M	415	0.12	0	0.00	323	0.09	0	0.00	11	0.00	779	0.22	213	0.06	150	0.04
	F	3607	0.19	0	0.00	2367	0.12	0	0.00	96	0.01	6619	0.35	1610	0.08	5945	0.31
	Total	4,022	0.18	0	0.00	2,690	0.12	0	0.00	107	0.00	7,398	0.33	1,823	0.08	6,095	0.27
50-64	M	89	0.11	0	0.00	115	0.14	0	0.00	0	0.00	199	0.24	47	0.06	41	0.05
	F	463	0.17	0	0.00	376	0.14	0	0.00	8	0.00	841	0.31	225	0.08	446	0.16
	Total	552	0.15	0	0.00	491	0.14	0	0.00	8	0.00	1,040	0.29	272	0.08	487	0.14
65-74	M	1	0.52	0	0.00	2	1.04	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	1	0.21	0	0.00	0	0.00
	Total	1	0.15	0	0.00	2	0.30	0	0.00	0	0.00	1	0.15	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	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	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
Total	M	11,409	0.05	44	0.00	17,528	0.07	0	0.00	148	0.00	103,927	0.42	4,536	0.02	868	0.00
	F	28,341	0.10	47	0.00	27,097	0.09	0	0.00	334	0.00	127,667	0.43	9,113	0.03	32,552	0.11
	Total	39,750	0.07	91	0.00	44,625	0.08	0	0.00	482	0.00	231,594	0.43	13,649	0.03	33,420	0.06

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 WellCare

Enrollment by Product Line: Total (ENPA)			
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area:			
Age	Male Member Months	Female Member Months	Total Member Months
<1	177156	172667	349,823
1-4	628301	617049	1,245,350
5-9	851842	830088	1,681,930
10-14	739496	726223	1,465,719
15-17	358108	362857	720,965
18-19	94135	114894	209,029
0-19 Subtotal	2,849,038	2,823,778	5,672,816
0-19 Subtotal: Percent	96.98%	79.45%	87.38%
20-24	5843	138649	144,492
25-29	13455	176799	190,254
30-34	16929	153991	170,920
35-39	18154	120599	138,753
40-44	14619	69788	84,407
20-44 Subtotal	69,000	659,826	728,826
20-44 Subtotal: Percent	2.35%	18.56%	11.23%
45-49	9946	37570	47,516
50-54	6226	20186	26,412
55-59	2633	9051	11,684
60-64	888	3839	4,727
45-64 Subtotal	19,693	70,646	90,339
45-64 Subtotal: Percent	0.67%	1.99%	1.39%
65-69	19	54	73
70-74	4	3	7
75-79	4	2	6
80-84	2	0	2
85-89	0	2	2
>=90	0	0	0
>=65 Subtotal	29	61	90
>=65 Subtotal: Percent	0.00%	0.00%	0.00%
Age Unknown	0	0	0
Total	2,937,760	3,554,311	6,492,071

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 WellCare

Enrollment by State (EBS)	
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032,	
State	Number
Alabama	27
Alaska	1
Arizona	0
Arkansas	3
California	3
Colorado	1
Connecticut	0
Delaware	0
District of Columbia	0
Florida	33
Georgia	544984
Hawaii	0
Idaho	0
Illinois	3
Indiana	3
Iowa	0
Kansas	1
Kentucky	5
Louisiana	5
Maine	0
Maryland	6
Massachusetts	4
Michigan	4
Minnesota	1
Mississippi	3
Missouri	0
Montana	0
Nebraska	1
Nevada	0
New Hampshire	0
New Jersey	5
New Mexico	0
New York	4
North Carolina	7
North Dakota	0
Ohio	7
Oklahoma	0
Oregon	1
Pennsylvania	1
Rhode Island	0
South Carolina	16
South Dakota	0
Tennessee	16
Texas	10
Utah	0
Vermont	1
Virginia	3
Washington	2
West Virginia	0
Wisconsin	1
Wyoming	0
American Samoa	0
Federated States of Micronesia	0

Appendix D: Department of Community Health, State of Georgia
HEDIS Interactive Data Submission System Data for
WellCare

Enrollment by State (EBS)	
Guam	0
Commonwealth of Northern Marianas	0
Puerto Rico	0
Virgin Islands	0
Other	5
Total	545,167

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 WellCare

Language Diversity of Membership (LDM)			
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area:			
Percentage of Members With Known Language Value from Each Data			
Category	Health Plan Direct	CMS/State Databases	Other Third-Party Source
Spoken Language Preferred for Health Care*	0	0.9918	0.0082
Preferred Language for Written Materials*	0	0.9918	0.0082
Other Language Needs*	0	0	1
*Enter percentage as a value between 0 and 1.			
Spoken Language Preferred for Health Care			
	Number	Percentage	
English	651055	91.91%	
Non-English	51548	7.28%	
Unknown	5782	0.82%	
Declined	0	0.00%	
Total*	708,385	100.00%	
Language Preferred for Written Materials			
	Number	Percentage	
English	651055	91.91%	
Non-English	51548	7.28%	
Unknown	5782	0.82%	
Declined	0	0.00%	
Total*	708,385	100.00%	
Other Language Needs			
	Number	Percentage	
English	0	0.00%	
Non-English	0	0.00%	
Unknown	708385	100.00%	
Declined	0	0.00%	
Total*	708,385	100.00%	
*Should sum to 100%.			

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 WellCare

Race/Ethnicity Diversity of Membership (RDM)										
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)										
Race/Ethnicity Diversity of Membership										
Total Unduplicated Membership During the Measurement Year	708385									
Percentage of Members for Whom the Organization Has Race/Ethnicity Information by Data Collection										
Direct Data Collection Method			Indirect Data Collection		Unknown					
Race	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000				
	Health Plan Direct*	0.0000								
	CMS/State Database*	1.0000								
	Other*	0.0000								
Ethnicity	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000				
	Health Plan Direct*	0.0000								
	CMS/State Database*	1.0000								
	Other*	0.0000								
*Enter percentage as a value between 0 and 1.										
Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	0	0.00%	911	2.73%	349054	52.39%	0		349,965	49.40%
Black or African American	0	0.00%	18626	55.87%	293140	44.00%	0		311,766	44.01%
American-Indian and Alaska Native	0	0.00%	821	2.46%	0	0.00%	0		821	0.12%
Asian	0	0.00%	12384	37.15%	0	0.00%	0		12,384	1.75%
Native Hawaiian and Other Pacific Islanders	0	0.00%	594	1.78%	0	0.00%	0		594	0.08%
Some Other Race	0	0.00%	0	0.00%	0	0.00%	0		0	0.00%
Two or More Races	0	0.00%	0	0.00%	0	0.00%	0		0	0.00%
Unknown	8834	100.00%	0	0.00%	24021	3.61%	0		32,855	4.64%
Declined	0	0.00%	0	0.00%	0	0.00%	0		0	0.00%
Total	8,834	100.00%	33,336	100.00%	666,215	100.00%	0		708,385	100.00%

Appendix D: Department of Community Health, State of Georgia
 HEDIS Interactive Data Submission System Data for
 WellCare

Total Membership (TLM)	
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032,	
Product/Product Line	Total Number of Members*
HMO (total)	545,167
Medicaid	545167
Commercial	0
Medicare (cost or risk)	0
Marketplace	0
Other	0
PPO (total)	0
Medicaid	0
Commercial	0
Medicare (cost or risk)	0
Marketplace	0
Other	0
POS (total)	0
Medicaid	0
Commercial	0
Medicare (cost or risk)	0
Marketplace	0
Other	0
FFS (total)	0
Medicaid	0
Commercial	0
Medicare (cost or risk)	0
Other	0
EPO (total)	0
Commercial	0
Marketplace	0
Other	0
Total	545,167
*Total number of members in each category as of	