



Georgia Department of Community Health

Validation of Performance Measures

for

WellCare of Georgia, Inc.

Measurement Period: Calendar Year 2011

Validation Period: State Fiscal Year 2012

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for WellCare of Georgia, Inc.

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Validation of Performance Measures

for WellCare of Georgia, Inc.

Validation Overview

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

Care Management Organization (CMO) Information

HSAG validated performance measures calculated and reported by **WellCare of Georgia, Inc. (WellCare)**. Information about **WellCare** appears in Table 1.

Table 1—WellCare of Georgia, Inc. Information	
CMO Name:	WellCare of Georgia, Inc.
CMO Location:	211 Perimeter Parkway, Suite 800 Atlanta, GA 30346
CMO Contact:	Linda Simmons, RN
Contact Telephone Number:	770.913.2182
Contact E-mail Address:	Linda.Simmons2@wellcare.com
Site Visit Date:	April 18–19, 2012

Performance Measures Validated

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

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

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

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

Description of Validation Activities

Pre-Audit Strategy

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

HSAG then prepared a document request letter that was submitted to **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 2012 Record of Administration, Data Management, and Processes (Roadmap); and any additional supporting documentation necessary to complete the audit. HSAG responded to Roadmap-related questions received directly from **WellCare** during the pre-on-site phase.

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

Validation Team

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

Name / Role	Skills and Expertise
Wendy Talbot, MPH, CHCA <i>Associate Director, Audits</i>	Management of audit department, certified HEDIS auditor, HEDIS knowledge, interviewing skills, and statistics and analysis.
Allen Iovannisci, MS, CHCA <i>Lead Auditor</i>	Certified HEDIS auditor, HEDIS knowledge, data integration, systems review and analysis, source code review, and health care analytics
David Mabb, MS, CHCA <i>Associate Director, Audits</i>	Certified HEDIS auditor, HEDIS knowledge, source code review manager, and statistics and analysis.
Dan Moore, MPA <i>Source Code Reviewer</i>	Source code review
Tammy Gianfrancisco <i>Project Leader</i>	Overall project coordination and communications

Technical Methods of Data Collection and Analysis

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

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

On-Site Activities

HSAG conducted an on-site visit with **WellCare** on April 18 and 19, 2012. HSAG collected information using several methods, including interviews, system demonstration, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

- ◆ **Opening meeting:** The opening meeting included an introduction of the validation team and key **WellCare** staff members involved in the performance measure activities. The review purpose, the required documentation, basic meeting logistics, and queries to be performed were discussed.
- ◆ **Evaluation of system compliance:** The evaluation included a review of the information systems assessment, focusing on the processing of claims and encounter data, patient data, and inpatient data. Additionally, the review evaluated the processes used to collect and calculate the performance measure rates, including accurate numerator and denominator identification and algorithmic compliance (which evaluated whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately).
- ◆ **Review of Roadmap and supporting documentation:** The review included processes used for collecting, storing, validating, and reporting performance measure rates. This session was designed to be interactive with key **WellCare** staff members so that the validation team could obtain a complete picture of all the steps taken to generate the performance measure rates. The goal of the session was to obtain a confidence level as to the degree of compliance with written documentation compared to the actual process. HSAG conducted interviews to confirm findings

from the documentation review, expand or clarify outstanding issues, and ascertain that written policies and procedures were used and followed in daily practice.

- ◆ **Overview of data integration and control procedures:** The overview included discussion and observation of source code logic, a review of how all data sources were combined, and a review of how the analytic file was produced for the reporting of selected performance measure rates. HSAG performed primary source verification to further validate the output files and reviewed backup documentation on data integration. HSAG also addressed data control and security procedures during this session.
- ◆ **Closing conference:** The closing conference included a summation of preliminary findings based on the review of the Roadmap and the on-site visit, and revisited the documentation requirements for any post-visit activities.

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

Table 4—List of WellCare Interviewees	
Name	Title
Sharon Nisbet	Vice President, Quality and Performance Improvement
Tom Clegg	HEDIS Specialist
Bob Klopotek	Vice President, Information Technology
Mike Leist	Vice President, Information Technology
Shawn Chandler	Manager, Quality Analytics
Danny Sharpe	Director, Quality
Gary Chu	Project Manager, Information Technology
Lee Falk	Team Lead, EDI Operations
Oscar Ruiz	Manager, Operational Audits
Renard Edwards	Manager, Claims
Cesar Collazo	Manager, Front End Operations
Susan Swiontek	Manager, Claims Delegation
John Villanova	Manager, Encounters
Claudius Connor	Director, Enrollment
Kim Pace	Supervisor, Enrollment
Lissette Salemi	Manager, Enrollment
Damanyes Escribano	Senior Provider Network Connections Analyst
Patricia Strickland	Senior Manager, Configurations
Nancy Dasch	Manager, IT Application Development, EDI
Lee Genco	Senior Director, Pharmacy Benefit Relations
Esther Morales	Vice President, Quality (North Division)
Linda Simmons	Senior Director, Quality (Georgia, South Division)

Table 4—List of WellCare Interviewees

Name	Title
Tamika Graham	Project Manager, Quality Improvement
Kressi Maricle	Manager
Kim Nguyen	Georgia Medicaid Contract
Colleen Hampton	Georgia Medicaid Contract
Andre Greenwood	Georgia Medicaid Contract

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 **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, the validation team 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, the validation team 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, the validation team determined that the documentation of performance measure calculations by **WellCare** was:

- Acceptable
- Not acceptable

Validation Results

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

Medical Service Data (Claims/Encounters)

WellCare underwent a system upgrade during the measurement year for its Paradigm system. The upgrade provided the necessary Health Insurance Portability and Accountability Act of 1996 (HIPAA) changes to some fields including Present on Admission (POA). **WellCare** ensured appropriate system test plans were in place prior to the upgrade and performed regression testing to ensure all data remained neutral. The auditor conducted a regression test during the on-site visit and found no issues.

WellCare only employs industry-standard codes (e.g., ICD-9-CM, CPT, DRG, HCPCS); and system edits ensured that all characters were captured, principle codes were identified, and secondary codes were captured. Non-standard coding schemes were not employed during the measurement year. **WellCare** used standard submission forms and was able to capture all fields relevant to reporting. Processes included sufficient edit checks and ensured accurate entry of submitted data in **WellCare**'s transaction files. In addition, 100 percent of all transactions were submitted electronically. All files were logged and monitored by the EDI Operations team. Data completeness was not an issue at **WellCare** since all claims were reimbursed on a fee-for-service (FFS) basis.

Enrollment Data

There were no concerns with the processing of enrollment files received from DCH. Monthly files were received and loaded into **WellCare**'s data system. Processing of membership information complied with standards. There were sufficient edit checks in place to ensure that loaded files did not contain errors. The enrollment files were reconciled monthly against the capitation file as an additional validation check to ensure that all eligible members were being captured for service and payment. **WellCare** did not have any issues with membership data during 2011. There were no backlogs of applications since DCH provided the eligibility files. There were minimal retro-activity enrollments during the year. PeachCare for Kids[®] enrollment data were submitted in standard 834 format, and updates were validated against internal applications.

Provider Data

Provider data processing and identification were not relevant to the measures under review.

Medical Record Review Process

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

Supplemental Data

WellCare did not use any supplemental data sources for reporting the selected performance measure rates.

Data Integration

WellCare consolidated data from several different data sources and platforms. **WellCare** maintained sufficient processes to integrate these data sources for reporting. Statistical Analysis Software (SAS) coding was used to develop the source code to produce the measures. The SAS code was reviewed and approved for use by the audit team. The source code was validated against the AHRQ and CHIPRA specifications to ensure accuracy. **WellCare** provided sufficient documentation ensuring that appropriate fields were mapped. The audit team conducted primary source verification on several members for each measure to ensure the source code was accurately collecting information relevant to the measures under review. All primary source data were found to be compliant.

Performance Measure Specific Findings

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

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

Validation Findings

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

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

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

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

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

Appendix A. Data Integration and Control Findings for WellCare of Georgia, Inc.

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

Appendix A. Data Integration and Control Findings for WellCare of Georgia, Inc.

Documentation Worksheet

CMO Name:	WellCare of Georgia, Inc.
On-Site Visit Date:	April 18–19, 2012
Reviewers:	Allen Iovannisci, MS, CHCA

Data Integration and Control Element	Met	Not Met	N/A	Comments
Accuracy of data transfers to assigned performance measure data repository				
The CMO accurately and completely processes transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the performance measure data repository used to keep the data until the calculations of the performance measures have been completed and validated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Samples of data from the performance measure data repository are complete and accurate.	<input 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 to performance measure reporting are lost or inappropriately modified during transfer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the CMO uses a performance measure data repository, its structure and format facilitates any required programming necessary to calculate and report required performance measures.				
The performance measure data repository's design, program flow charts, and source codes enable analyses and reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Appendix B. Denominator and Numerator Validation Findings for WellCare of Georgia, Inc.

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

Appendix B. Denominator and Numerator Validation Findings for WellCare of Georgia, Inc.

Reviewer Worksheets

CMO Name:	WellCare of Georgia, Inc.
On-Site Visit Date:	April 18–19, 2012
Reviewers:	Allen Iovannisci, MS, 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance measures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO correctly calculates member months and member years if applicable to the performance measure.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable to the measures being reported.
The CMO properly evaluates the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes are appropriately identified and applied as specified in each performance measure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If any time parameters are required by the specifications of the performance measure, they are followed (e.g., cutoff dates for data collection, counting 30 calendar days after discharge from a hospital, etc.).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exclusion criteria included in the performance measure specifications are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Systems or methods used by the CMO to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Population estimates were not used.

Table B-2—Numerator Validation Findings for 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 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"/>	WellCare did not use nonstandard codes.
If any time parameters are required by the specifications of the performance measure, they are followed (i.e., the measured event occurred during the time period specified or defined in the performance measure).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix C. Performance Measure Results for WellCare of Georgia, Inc.

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

Appendix C. Performance Measure Results

for WellCare of Georgia, Inc.

Indicator 1—Low Birth Weight Rate

Table C-1—Indicator 1 for WellCare of Georgia, Inc.	
	Rate (per 100)
Low Birth Weight Rate	7.7

Indicator 2—Cesarean Delivery Rate

Table C-2—Indicator 2 for WellCare of Georgia, Inc.	
	Rate (per 100)
Cesarean Delivery Rate	31.2

Indicator 3—Percentage of Eligibles that Received Preventive Dental Services

Table C-3—Indicator 3 for WellCare of Georgia, Inc.	
	Rate
Preventive Dental Services	51.7%

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

Table C-4—Indicator 4 for WellCare of Georgia, Inc.	
	Rate
Otitis Media with Effusion	0.0%

Indicator 5—Percentage of Eligibles that Received Dental Treatment Services

Table C-5—Indicator 5 for WellCare of Georgia, Inc.	
	Rate
Dental Treatment Services	24.0%

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

Table C-6—Indicator 6 for WellCare of Georgia, Inc.	
	Rate
Asthma ER	9.3%

Indicator 7—Annual Pediatric Hemoglobin (HbA1c) Testing

Table C-7—Indicator 7 for WellCare of Georgia, Inc.	
	Rate
Pediatric HbA1c Testing	74.7%

Appendix D. Final Audited HEDIS Results for WellCare of Georgia, Inc.

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

Appendix D. Final Audited HEDIS Results for WellCare of Georgia, Inc.

CMO Audited Calendar Year 2011 HEDIS Performance Measure Report—WellCare of Georgia, Inc.	
Measure	CMO Rate
Adolescent Well-Care Visits	41.4% Hybrid
Adults' Access to Preventive/Ambulatory Health Services—Ages 20–44 Years	86.0%
Adults' Access to Preventive/Ambulatory Health Services—Ages 45–64 Years	90.3%
Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years	NA
Adults' Access to Preventive/Ambulatory Health Services—Total	86.5%
Adult BMI Assessment	NR
Annual Dental Visit—Ages 2–3 Years	50.0%
Annual Dental Visit—Ages 4–6 Years	77.5%
Annual Dental Visit—Ages 7–10 Years	80.2%
Annual Dental Visit—Ages 11–14 Years	73.0%
Annual Dental Visit—Ages 15–18 Years	62.0%
Annual Dental Visit—Ages 19–21 Years	41.7%
Annual Dental Visit—Total	70.5%
Annual Monitoring for Patients on Persistent Medications—Total	86.0%
Antidepressant Medication Management—Effective Acute Phase Treatment	49.1%
Antidepressant Medication Management—Effective Continuation Phase Treatment	33.6%
Appropriate Testing for Children with Pharyngitis	71.4%
Appropriate Treatment for Children with Upper Respiratory Infection (URI) ¹	77.0%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis ¹	17.5%
Breast Cancer Screening	56.4%
Call Abandonment	1.2%

CMO Audited Calendar Year 2011 HEDIS Performance Measure Report—WellCare of Georgia, Inc.	
Measure	CMO Rate
Call Answer Timeliness	86.3%
Cervical Cancer Screening	66.9% Hybrid
Cholesterol Management for Patients with Cardiovascular Conditions— LDL-C Screening	77.6% Hybrid
Cholesterol Management for Patients with Cardiovascular Conditions— LDL-C Control	20.1% Hybrid
Childhood Immunization Status—Combo 3	81.0% Hybrid
Childhood Immunization Status—Combo 10	20.2% Hybrid
Children’s and Adolescents’ Access to Primary Care Providers—Ages 12– 24 Months	97.0%
Children’s and Adolescents’ Access to Primary Care Providers—Ages 25 Months–6 Years	91.3%
Children’s and Adolescents’ Access to Primary Care Providers—Ages 7–11 Years	91.5%
Children’s and Adolescents’ Access to Primary Care Providers—Ages 12– 19 Years	88.7%
Chlamydia Screening in Women—Total	48.9%
Comprehensive Diabetes Care—Blood Pressure Control <140/80	29.6% Hybrid
Comprehensive Diabetes Care—Blood Pressure Control <140/90	51.6% Hybrid
Comprehensive Diabetes Care—Eye Exam	44.5% Hybrid
Comprehensive Diabetes Care—HbA1c Good Control <7.0	32.3% Hybrid
Comprehensive Diabetes Care—HbA1c Good Control <8.0	42.5% Hybrid
Comprehensive Diabetes Care—HbA1c Poor Control ²	51.6% Hybrid
Comprehensive Diabetes Care—HbA1c Testing	80.3% Hybrid
Comprehensive Diabetes Care—LDL-C Level	25.2% Hybrid

CMO Audited Calendar Year 2011 HEDIS Performance Measure Report—WellCare of Georgia, Inc.	
Measure	CMO Rate
Comprehensive Diabetes Care—LDL-C Screening	71.7% Hybrid
Comprehensive Diabetes Care—Medical Attention to Nephropathy	71.9% Hybrid
Controlling High Blood Pressure	46.2% Hybrid
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	62.5%
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up	75.1%
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up	57.1%
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase	40.0%
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	54.5%
Frequency of Ongoing Prenatal Care—< 21 Percent	21.4% Hybrid
Frequency of Ongoing Prenatal Care—21–40 Percent	5.4% Hybrid
Frequency of Ongoing Prenatal Care—41–60 Percent	7.5% Hybrid
Frequency of Ongoing Prenatal Care—61–80 Percent	12.7% Hybrid
Frequency of Ongoing Prenatal Care—81+ Percent	53.0% Hybrid
Human Papillomavirus Vaccine for Female Adolescents	NR
Identification of Alcohol and Other Drug Services	Rates reported in Appendix E
Immunizations for Adolescents—Combo 1	70.1% Hybrid
Initiation and Engagement of AOD Dependence Treatment—Initiation	35.7%
Initiation and Engagement of AOD Dependence Treatment—Engagement	9.0%

CMO Audited Calendar Year 2011 HEDIS Performance Measure Report—WellCare of Georgia, Inc.	
Measure	CMO Rate
Inpatient Utilization—General Hospital/Acute Care—Total	Rates reported in Appendix E
Lead Screening in Children	77.6% Hybrid
Medication Management for People with Asthma—Total-Medication Compliance 50%	51.0%
Medication Management for People with Asthma—Total-Medication Compliance 75%	30.6%
Persistence of Beta-Blocker Treatment After a Heart Attack	NA
Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid	63.2%
Pharmacotherapy Management of COPD Exacerbation—Bronchodilator	81.1%
Prenatal and Postpartum Care—Postpartum Care	63.0% Hybrid
Prenatal and Postpartum Care—Timeliness of Prenatal Care	80.5% Hybrid
Use of Appropriate Medications for People with Asthma—Ages 5–11 Years	92.4%
Use of Appropriate Medications for People with Asthma—Ages 12–18 Years	89.1%
Use of Appropriate Medications for People with Asthma—Ages 19–50 Years	74.9%
Use of Appropriate Medications for People with Asthma—Ages 51–64 Years	80.6%
Use of Appropriate Medications for People with Asthma—Total	90.6%
Use of Imaging Studies for Low Back Pain ¹	73.2%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	38.4%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Total)	56.9% Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition (Total)	50.4% Hybrid

CMO Audited Calendar Year 2011 HEDIS Performance Measure Report—WellCare of Georgia, Inc.	
Measure	CMO Rate
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity (Total)	37.0% Hybrid
Well-Child Visits in the First 15 Months of Life—Zero Visits	2.2% Hybrid
Well-Child Visits in the First 15 Months of Life—One Visit	1.9% Hybrid
Well-Child Visits in the First 15 Months of Life—Two Visits	3.2% Hybrid
Well-Child Visits in the First 15 Months of Life—Three Visits	4.6% Hybrid
Well-Child Visits in the First 15 Months of Life—Four Visits	10.5% Hybrid
Well-Child Visits in the First 15 Months of Life—Five Visits	16.3% Hybrid
Well-Child Visits in the First 15 Months of Life—Six or More Visits	61.3% Hybrid
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	66.2% Hybrid
Frequency of Selected Procedures	Rates reported in Appendix E
Mental Health Utilization—Total	Rates reported in Appendix E
Board Certification	NR
Total Membership	NR
Enrollment by Product Line—Total	NR
Enrollment by State	NR
Weeks of Pregnancy at Time of Enrollment	Rates reported in Appendix E
Race/Ethnicity Diversity of Membership	Rates reported in Appendix E
Language Diversity of Membership	Rates reported in Appendix E

CMO Audited Calendar Year 2011 HEDIS Performance Measure Report—WellCare of Georgia, Inc.	
Measure	CMO Rate
Ambulatory Care—Total	Rates reported in Appendix E
Relative Resource Use for People with Diabetes	Rates reported in Appendix E
Relative Resource Use for People with Asthma	Rates reported in Appendix E
Relative Resource Use for People with Cardiovascular Conditions	Rates reported in Appendix E
Relative Resource Use for People with COPD	Rates reported in Appendix E
Relative Resource Use for People with Hypertension	Rates reported in Appendix E
Antibiotic Utilization—Total	Rates reported in Appendix E

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

² Note: Lower rate is better.

NR: Not Required to Report.

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

Audit Review Table						
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None); Measurement Year - 2011						
The Auditor lock has been applied to this submission.						
Measure/Data Element	Report Measure	Benefit Offered	Rotated Measure	Rate	Reportable	Comment
Effectiveness of Care: Prevention and Screening						
Adult BMI Assessment (aba)	N			NR	NR	Measure Unselected
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)	Y					
<i>BMI Percentile</i>				56.9%	R	Reportable
<i>Counseling for Nutrition</i>				50.4%	R	Reportable
<i>Counseling for Physical Activity</i>				37.0%	R	Reportable
Childhood Immunization Status (cis)	Y					
<i>DTaP</i>				87.1%	R	Reportable
<i>IPV</i>				97.6%	R	Reportable
<i>MMR</i>				96.1%	R	Reportable
<i>HiB</i>				97.1%	R	Reportable
<i>Hepatitis B</i>				97.1%	R	Reportable
<i>VZV</i>				95.9%	R	Reportable
<i>Pneumococcal Conjugate</i>				87.6%	R	Reportable
<i>Hepatitis A</i>				51.3%	R	Reportable
<i>Rotavirus</i>				67.6%	R	Reportable
<i>Influenza</i>				45.3%	R	Reportable
<i>Combination #2</i>				85.2%	R	Reportable
<i>Combination #3</i>				81.0%	R	Reportable
<i>Combination #4</i>				47.4%	R	Reportable
<i>Combination #5</i>				59.1%	R	Reportable
<i>Combination #6</i>				39.9%	R	Reportable
<i>Combination #7</i>				34.5%	R	Reportable
<i>Combination #8</i>				26.3%	R	Reportable
<i>Combination #9</i>				29.7%	R	Reportable
<i>Combination #10</i>				20.2%	R	Reportable
Immunizations for Adolescents (ima)	Y					
<i>Meningococcal</i>				71.0%	R	Reportable
<i>Tdap/Td</i>				84.7%	R	Reportable

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Audited CY 2011 HEDIS Measure Results for WellCare

<i>Combination #1</i>				70.1%	R	Reportable
Human Papillomavirus Vaccine for Female Adolescents (hvp)	N			NR	NR	Measure Unselected
Lead Screening in Children (lsc)	Y			77.6%	R	Reportable
Breast Cancer Screening (bcs)	Y			56.4%	R	Reportable
Cervical Cancer Screening (ccs)	Y		N	66.9%	R	Reportable
Chlamydia Screening in Women (chl)	Y					
<i>16-20 Years</i>				44.4%	R	Reportable
<i>21-24 Years</i>				63.0%	R	Reportable
<i>Total</i>				48.9%	R	Reportable
Effectiveness of Care: Respiratory Conditions						
Appropriate Testing for Children with Pharyngitis (cwp)	Y	Y		71.4%	R	Reportable
Appropriate Treatment for Children With URI (uri)	Y	Y		77.0%	R	Reportable
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (aab)	Y	Y		17.5%	R	Reportable
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)	Y			38.4%	R	Reportable
Pharmacotherapy Management of COPD Exacerbation (pce)	Y	Y				
<i>Systemic Corticosteroid</i>				63.2%	R	Reportable
<i>Bronchodilator</i>				81.1%	R	Reportable
Use of Appropriate Medications for People With Asthma (asm)	Y	Y				
<i>5-11 Years</i>				92.4%	R	Reportable
<i>12-18 Years</i>				89.1%	R	Reportable
<i>19-50 Years</i>				74.9%	R	Reportable
<i>51-64 Years</i>				80.6%	R	Reportable
<i>Total</i>				90.6%	R	Reportable
Medication Management for People With Asthma (mma)	Y	Y				
<i>5-11 Years - Medication Compliance 50%</i>				51.7%	R	Reportable
<i>5-11 Years - Medication Compliance 75%</i>				31.4%	R	Reportable
<i>12-18 Years - Medication Compliance 50%</i>				49.3%	R	Reportable
<i>12-18 Years - Medication Compliance 75%</i>				28.2%	R	Reportable

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19-50 Years - Medication Compliance 50%				50.0%	R	Reportable
19-50 Years - Medication Compliance 75%				33.5%	R	Reportable
51-64 Years - Medication Compliance 50%				NA	R	Denominator fewer than 30
51-64 Years - Medication Compliance 75%				NA	R	Denominator fewer than 30
Total - Medication Compliance 50%				51.0%	R	Reportable
Total - Medication Compliance 75%				30.6%	R	Reportable
Effectiveness of Care: Cardiovascular						
Cholesterol Management for Patients With Cardiovascular Conditions (cmc)	Y					
LDL-C Screening Performed				77.6%	R	Reportable
LDL-C Control (<100 mg/dL)				20.1%	R	Reportable
Controlling High Blood Pressure (cbp)	Y		N	46.2%	R	Reportable
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	Y	Y		NA	R	Denominator fewer than 30
Effectiveness of Care: Diabetes						
Comprehensive Diabetes Care (cdc)	Y					
Hemoglobin A1c (HbA1c) Testing				80.3%	R	Reportable
HbA1c Poor Control (>9.0%)				51.6%	R	Reportable
HbA1c Control (<8.0%)				42.5%	R	Reportable
HbA1c Control (<7.0%)				32.3%	R	Reportable
Eye Exam (Retinal) Performed				44.5%	R	Reportable
LDL-C Screening Performed				71.7%	R	Reportable
LDL-C Control (<100 mg/dL)				25.2%	R	Reportable
Medical Attention for Nephropathy				71.9%	R	Reportable
Blood Pressure Control (<140/80 mm Hg)				29.6%	R	Reportable
Blood Pressure Control (<140/90 mm Hg)				51.6%	R	Reportable
Effectiveness of Care: Musculoskeletal						
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)	Y	Y		62.5%	R	Reportable
Use of Imaging Studies for Low Back Pain (lbp)	Y			73.2%	R	Reportable
Effectiveness of Care: Behavioral Health						
Antidepressant Medication Management (amm)	Y	Y				
Effective Acute Phase Treatment				49.1%	R	Reportable
Effective Continuation Phase Treatment				33.6%	R	Reportable

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Follow-Up Care for Children Prescribed ADHD Medication (add)	Y	Y				
<i>Initiation Phase</i>				40.0%	R	Reportable
<i>Continuation and Maintenance (C&M) Phase</i>				54.5%	R	Reportable
Follow-Up After Hospitalization for Mental Illness (fuh)	Y	Y				
<i>30-Day Follow-Up</i>				75.1%	R	Reportable
<i>7-Day Follow-Up</i>				57.1%	R	Reportable
Effectiveness of Care: Medication Management						
Annual Monitoring for Patients on Persistent Medications (mpm)	Y	Y				
<i>ACE Inhibitors or ARBs</i>				86.9%	R	Reportable
<i>Digoxin</i>				NA	R	Denominator fewer than 30
<i>Diuretics</i>				87.6%	R	Reportable
<i>Anticonvulsants</i>				61.1%	R	Reportable
<i>Total</i>				86.0%	R	Reportable
Access/Availability of Care						
Adults' Access to Preventive/Ambulatory Health Services (aap)	Y					
<i>20-44 Years</i>				86.0%	R	Reportable
<i>45-64 Years</i>				90.3%	R	Reportable
<i>65+ Years</i>				NA	R	Denominator fewer than 30
<i>Total</i>				86.5%	R	Reportable
Children and Adolescents' Access to Primary Care Practitioners (cap)	Y					
<i>12-24 Months</i>				97.0%	R	Reportable
<i>25 Months - 6 Years</i>				91.3%	R	Reportable
<i>7-11 Years</i>				91.5%	R	Reportable
<i>12-19 Years</i>				88.7%	R	Reportable
Annual Dental Visit (adv)	Y	Y				
<i>2-3 Years</i>				50.0%	R	Reportable
<i>4-6 Years</i>				77.5%	R	Reportable
<i>7-10 Years</i>				80.2%	R	Reportable
<i>11-14 Years</i>				73.0%	R	Reportable
<i>15-18 Years</i>				62.0%	R	Reportable

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19-21 Years				41.7%	R	Reportable
Total				70.5%	R	Reportable
Initiation and Engagement of AOD Dependence Treatment (iet)	Y	Y				
Initiation of AOD Treatment: 13-17 Years				35.3%	R	Reportable
Engagement of AOD Treatment: 13-17 Years				15.9%	R	Reportable
Initiation of AOD Treatment: 18+ Years				35.8%	R	Reportable
Engagement of AOD Treatment: 18+ Years				7.1%	R	Reportable
Initiation of AOD Treatment: Total				35.7%	R	Reportable
Engagement of AOD Treatment: Total				9.0%	R	Reportable
Prenatal and Postpartum Care (ppc)	Y		N			
Timeliness of Prenatal Care				80.5%	R	Reportable
Postpartum Care				63.0%	R	Reportable
Call Answer Timeliness (cat)	Y			86.3%	R	Reportable
Call Abandonment (cab)	Y			1.2%	R	Reportable
Utilization						
Frequency of Ongoing Prenatal Care (fpc)	Y		N			
<21 Percent				21.4%	R	Reportable
21-40 Percent				5.4%	R	Reportable
41-60 Percent				7.5%	R	Reportable
61-80 Percent				12.7%	R	Reportable
81+ Percent				53.0%	R	Reportable
Well-Child Visits in the First 15 Months of Life (w15)	Y					
0 Visits				2.2%	R	Reportable
1 Visit				1.9%	R	Reportable
2 Visits				3.2%	R	Reportable
3 Visits				4.6%	R	Reportable
4 Visits				10.5%	R	Reportable
5 Visits				16.3%	R	Reportable
6+ Visits				61.3%	R	Reportable
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)	Y			66.2%	R	Reportable
Adolescent Well-Care Visits (awc)	Y			41.4%	R	Reportable
Frequency of Selected Procedures (fsp)	Y				R	Reportable

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Ambulatory Care: Total (amba)	Y				R	Reportable
Ambulatory Care: Dual Eligibles (ambb)	Y				R	Reportable
Ambulatory Care: Disabled (ambc)	Y				R	Reportable
Ambulatory Care: Other (ambd)	Y				R	Reportable
Inpatient Utilization--General Hospital/Acute Care: Total (ipua)	Y				R	Reportable
Inpatient Utilization--General Hospital/Acute Care: Dual Eligibles (ipub)	Y				R	Reportable
Inpatient Utilization--General Hospital/Acute Care: Disabled (ipuc)	Y				R	Reportable
Inpatient Utilization--General Hospital/Acute Care: Other (ipud)	Y				R	Reportable
Identification of Alcohol and Other Drug Services: Total (iada)	Y	Y			R	Reportable
Identification of Alcohol and Other Drug Services: Dual Eligibles (iadb)	Y	Y			R	Reportable
Identification of Alcohol and Other Drug Services: Disabled (iadc)	Y	Y			R	Reportable
Identification of Alcohol and Other Drug Services: Other (iadd)	Y	Y			R	Reportable
Mental Health Utilization: Total (mpta)	Y	Y			R	Reportable
Mental Health Utilization: Dual Eligibles (mptb)	Y	Y			R	Reportable
Mental Health Utilization: Disabled (mptc)	Y	Y			R	Reportable
Mental Health Utilization: Other (mptd)	Y	Y			R	Reportable
Antibiotic Utilization: Total (abxa)	Y	Y			R	Reportable
Antibiotic Utilization: Dual Eligibles (abxb)	Y	Y			R	Reportable
Antibiotic Utilization: Disabled (abxc)	Y	Y			R	Reportable
Antibiotic Utilization: Other (abxd)	Y	Y			R	Reportable
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

Appendix E: Department of Community Health, State of Georgia
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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)	N				NR	Measure Unselected
Total Membership (tln)	N				NR	Measure Unselected
Enrollment by Product Line: Total (enpa)	N				NR	Measure Unselected
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)	N				NR	Measure Unselected
Race/Ethnicity Diversity of Membership (rdm)	Y				R	Reportable
Language Diversity of Membership (ldm)	Y				R	Reportable
Weeks of Pregnancy at Time of Enrollment in MCO (wop)	Y		N		R	Reportable

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

Frequency of Selected Procedures (FSP)				
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)				
Age	Male	Female	Total	
0-9	1,845,004	1,798,662	3,643,666	
10-19	1,066,678	1,121,999	2,188,677	
15-44		1,121,307		
20-44	70,264	669,838		
30-64	60,461			
45-64	15,668	53,323		
Procedure	Age	Sex	Number of Procedures	Procedures / 1,000 Member Years
Bariatric weight loss surgery	0-19	Male	0	0.0
		Female	2	<0.1
	20-44	Male	3	<0.1
		Female	48	0.1
	45-64	Male	2	0.1
		Female	6	0.1
Tonsillectomy	0-9	Male & Female	3610	1.0
	10-19	Male & Female	1026	0.5
Hysterectomy, Abdominal	15-44	Female	400	0.4
	45-64	Female	56	1.1
Hysterectomy, Vaginal	15-44	Female	339	0.3
	45-64	Female	30	0.6
Cholecystectomy, Open	30-64	Male	2	<0.1
	15-44	Female	17	<0.1
	45-64	Female	0	0.0
Cholecystectomy, Closed (laparoscopic)	30-64	Male	40	0.7
	15-44	Female	963	0.9
	45-64	Female	47	0.9
Back Surgery	20-44	Male	55	0.8
		Female	137	0.2
	45-64	Male	13	0.8
		Female	34	0.6
Mastectomy	15-44	Female	47	<0.1
	45-64	Female	68	1.3
Lumpectomy	15-44	Female	199	0.2
	45-64	Female	65	1.2

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

Ambulatory Care: Total (AMBA)				
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)				
Age	Member Months			
<1	471,215			
1-9	3,172,451			
10-19	2,188,677			
20-44	740,102			
45-64	68,991			
65-74	110			
75-84	5			
85+	2			
Unknown	0			
Total	6,641,553			
Age	Outpatient Visits		ED Visits	
	Visits	Visits/ 1,000 Member Months	Visits	Visits/ 1,000 Member Months
<1	381096	808.8	42221	89.6
1-9	1055717	332.8	154527	48.7
10-19	520377	237.8	89972	41.1
20-44	323078	436.5	100456	135.7
45-64	49536	718.0	6663	96.6
65-74	84	763.6	0	0.0
75-84	7	1400.0	0	0.0
85+	0	0.0	0	0.0
Unknown	0		0	
Total	2,329,895	350.8	393,839	59.3

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

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	471,215				
1-9	3,172,451				
10-19	2,188,677				
20-44	740,102				
45-64	68,991				
65-74	110				
75-84	5				
85+	2				
Unknown	0				
Total	6,641,553				
Total Inpatient					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	3164	6.7	20383	43.3	6.4
1-9	3457	1.1	9907	3.1	2.9
10-19	7185	3.3	21182	9.7	2.9
20-44	27980	37.8	78145	105.6	2.8
45-64	980	14.2	4237	61.4	4.3
65-74	1	9.1	3	27.3	3.0
75-84	0	0.0	0	0.0	NA
85+	0	0.0	0	0.0	NA
Unknown	0		0		NA
Total	42,767	6.4	133,857	20.2	3.1
Medicine					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	2426	5.1	10294	21.8	4.2
1-9	2631	0.8	6413	2.0	2.4
10-19	1256	0.6	3604	1.6	2.9
20-44	1745	2.4	5744	7.8	3.3
45-64	522	7.6	1924	27.9	3.7
65-74	1	9.1	3	27.3	3.0
75-84	0	0.0	0	0.0	NA
85+	0	0.0	0	0.0	NA
Unknown	0		0		NA
Total	8,581	1.3	27,982	4.2	3.3
Surgery					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	738	1.6	10089	21.4	13.7
1-9	826	0.3	3494	1.1	4.2
10-19	759	0.3	3478	1.6	4.6
20-44	1416	1.9	5788	7.8	4.1
45-64	422	6.1	2202	31.9	5.2

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

65-74	0	0.0	0	0.0	NA
75-84	0	0.0	0	0.0	NA
85+	0	0.0	0	0.0	NA
Unknown	0		0		NA
Total	4,161	0.6	25,051	3.8	6.0
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	5170	2.4	14100	6.4	2.7
20-44	24819	33.5	66613	90.0	2.7
45-64	36	0.5	111	1.6	3.1
Unknown	0		0		NA
Total	30,025	10.0	80,824	27.0	2.7
*The maternity category is calculated using member months for members 10-64 years.					

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

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)

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	2276221	2225170	4,501,391	2276221	2225170	4,501,391	2276221	2225170	4,501,391	2276221	2225170	4,501,391
13-17	554270	570998	1,125,268	554270	570998	1,125,268	554270	570998	1,125,268	554270	570998	1,125,268
18-24	91882	322406	414,288	91882	322406	414,288	91882	322406	414,288	91882	322406	414,288
25-34	31975	328549	360,524	31975	328549	360,524	31975	328549	360,524	31975	328549	360,524
35-64	43266	196699	239,965	43266	196699	239,965	43266	196699	239,965	43266	196699	239,965
65+	40	77	117	40	77	117	40	77	117	40	77	117
Unknown	0	0	0	0	0	0	0	0	0	0	0	0

Total	2,997,654	3,643,899	6,641,553	2,997,654	3,643,899	6,641,553	2,997,654	3,643,899	6,641,553	2,997,654	3,643,899	6,641,553
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Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-12	M	71	<0.1%	17	<0.1%	1	<0.1%	55	<0.1%
	F	64	<0.1%	22	<0.1%	2	<0.1%	42	<0.1%
	Total	135	<0.1%	39	<0.1%	3	<0.1%	97	<0.1%
13-17	M	801	1.7%	114	0.2%	182	0.4%	695	1.5%
	F	447	0.9%	112	0.2%	67	0.1%	345	0.7%
	Total	1,248	1.3%	226	0.2%	249	0.3%	1,040	1.1%
18-24	M	243	3.2%	49	0.6%	37	0.5%	204	2.7%
	F	842	3.1%	261	1.0%	129	0.5%	629	2.3%
	Total	1,085	3.1%	310	0.9%	166	0.5%	833	2.4%
25-34	M	291	10.9%	50	1.9%	25	0.9%	253	9.5%
	F	1596	5.8%	397	1.5%	270	1.0%	1314	4.8%
	Total	1,887	6.3%	447	1.5%	295	1.0%	1,567	5.2%
35-64	M	358	9.9%	78	2.2%	34	0.9%	306	8.5%
	F	1034	6.3%	235	1.4%	130	0.8%	876	5.3%
	Total	1,392	7.0%	313	1.6%	164	0.8%	1,182	5.9%
65+	M	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	F	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Total	0	0.0%	0	0.0%	0	0.0%	0	0.0%

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

Unknown	M	0	NA	0	NA	0	NA	0	NA
	F	0	NA	0	NA	0	NA	0	NA
	Total	0	NA	0	NA	0	NA	0	NA
Total	M	1,764	0.7%	308	0.1%	279	0.1%	1,513	0.6%
	F	3,983	1.3%	1,027	0.3%	598	0.2%	3,206	1.1%
	Total	5,747	1.0%	1,335	0.2%	877	0.2%	4,719	0.9%

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

Mental Health Utilization: Total (MPTA)												
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, 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	2276221	2225170	4,501,391	2276221	2225170	4,501,391	2276221	2225170	4,501,391	2276221	2225170	4,501,391
13-17	554270	570998	1,125,268	554270	570998	1,125,268	554270	570998	1,125,268	554270	570998	1,125,268
18-64	167123	847654	1,014,777	167123	847654	1,014,777	167123	847654	1,014,777	167123	847654	1,014,777
65+	40	77	117	40	77	117	40	77	117	40	77	117
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	2,997,654	3,643,899	6,641,553	2,997,654	3,643,899	6,641,553	2,997,654	3,643,899	6,641,553	2,997,654	3,643,899	6,641,553
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	15773	8.3%	186	0.1%	2667	1.4%	15346	8.1%			
	F	9313	5.0%	116	0.1%	1337	0.7%	9099	4.9%			
	Total	25,086	6.7%	302	0.1%	4,004	1.1%	24,445	6.5%			
13-17	M	5895	12.8%	299	0.6%	1189	2.6%	5674	12.3%			
	F	5580	11.7%	452	0.9%	1056	2.2%	5397	11.3%			
	Total	11,475	12.2%	751	0.8%	2,245	2.4%	11,071	11.8%			
18-64	M	1271	9.1%	130	0.9%	318	2.3%	1164	8.4%			
	F	7837	11.1%	538	0.8%	2224	3.1%	7260	10.3%			
	Total	9,108	10.8%	668	0.8%	2,542	3.0%	8,424	10.0%			
65+	M	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
	F	1	15.6%	0	0.0%	0	0.0%	1	15.6%			
	Total	1	10.3%	0	0.0%	0	0.0%	1	10.3%			
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	22,939	9.2%	615	0.2%	4,174	1.7%	22,184	8.9%			
	F	22,731	7.5%	1,106	0.4%	4,617	1.5%	21,757	7.2%			
	Total	45,670	8.3%	1,721	0.3%	8,791	1.6%	43,941	7.9%			

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

Antibiotic Utilization: Total (ABXA)

WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)

Pharmacy Benefit Member Months			
Age	Male	Female	Total
0-9	1845004	1798662	3,643,666
10-17	985487	997506	1,982,993
18-34	123857	650955	774,812
35-49	36257	171332	207,589
50-64	7009	25367	32,376
65-74	39	71	110
75-84	1	4	5
85+	0	2	2
Unknown	0	0	0
Total	2,997,654	3,643,899	6,641,553

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	242890	1.6	2254529	9.3	109635	0.7	45.1%
	F	236862	1.6	2230293	9.4	99677	0.7	42.1%
	Total	479,752	1.6	4,484,822	9.3	209,312	0.7	43.6%
10-17	M	62893	0.8	638907	10.2	27054	0.3	43.0%
	F	85944	1.0	805161	9.4	34550	0.4	40.2%
	Total	148,837	0.9	1,444,068	9.7	61,604	0.4	41.4%
18-34	M	9570	0.9	91664	9.6	3543	0.3	37.0%
	F	121210	2.2	963493	7.9	39354	0.7	32.5%
	Total	130,780	2.0	1,055,157	8.1	42,897	0.7	32.8%
35-49	M	4122	1.4	37709	9.1	1789	0.6	43.4%
	F	32206	2.3	272094	8.4	13425	0.9	41.7%
	Total	36,328	2.1	309,803	8.5	15,214	0.9	41.9%
50-64	M	852	1.5	8472	9.9	360	0.6	42.3%
	F	4394	2.1	37619	8.6	2167	1.0	49.3%
	Total	5,246	1.9	46,091	8.8	2,527	0.9	48.2%
65-74	M	5	1.5	38	7.6	4	1.2	80.0%
	F	4	0.7	38	9.5	2	0.3	50.0%
	Total	9	1.0	76	8.4	6	0.7	66.7%
75-84	M	0	0.0	0	NA	0	0.0	NA
	F	2	6.0	21	10.5	2	6.0	100.0%
	Total	2	4.8	21	10.5	2	4.8	100.0%
85+	M	0	NA	0	NA	0	NA	NA
	F	0	0.0	0	NA	0	0.0	NA
	Total	0	0.0	0	NA	0	0.0	NA
Unknown	M	0	NA	0	NA	0	NA	NA
	F	0	NA	0	NA	0	NA	NA
	Total	0	NA	0	NA	0	NA	NA
Total	M	320,332	1.3	3,031,319	9.5	142,385	0.6	44.4%
	F	480,622	1.6	4,308,719	9.0	189,177	0.6	39.4%
	Total	800,954	1.4	7,340,038	9.2	331,562	0.6	41.4%

Department of Community Health, State of Georgia
Audited CY 2011 HEDIS Measure Results 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	63	<0.1	29110	0.2	43084	0.3	34864	0.2	0	0.0	2485	<0.1	29	<0.1
	F	149	<0.1	27495	0.2	38230	0.3	31348	0.2	0	0.0	2452	<0.1	3	<0.1
	Total	212	<0.1	56,605	0.2	81,314	0.3	66,212	0.2	0	0.0	4,937	<0.1	32	<0.1
10-17	M	486	<0.1	4138	0.1	13304	0.2	7558	0.1	0	0.0	1556	<0.1	12	<0.1
	F	1476	<0.1	5273	0.1	17329	0.2	8314	0.1	0	0.0	2135	<0.1	23	<0.1
	Total	1,962	<0.1	9,411	0.1	30,633	0.2	15,872	0.1	0	0.0	3,691	<0.1	35	<0.1
18-34	M	550	0.1	241	<0.1	1628	0.2	661	0.1	0	0.0	461	<0.1	2	<0.1
	F	9406	0.2	2190	<0.1	17691	0.3	5742	0.1	0	0.0	4299	0.1	26	<0.1
	Total	9,956	0.2	2,431	<0.1	19,319	0.3	6,403	0.1	0	0.0	4,760	0.1	28	<0.1
35-49	M	461	0.2	106	<0.1	705	0.2	290	0.1	0	0.0	224	0.1	3	<0.1
	F	3998	0.3	789	0.1	5349	0.4	1971	0.1	0	0.0	1282	0.1	36	<0.1
	Total	4,459	0.3	895	0.1	6,054	0.3	2,261	0.1	0	0.0	1,506	0.1	39	<0.1
50-64	M	120	0.2	21	<0.1	119	0.2	60	0.1	0	0.0	34	0.1	6	<0.1
	F	714	0.3	117	0.1	829	0.4	334	0.2	0	0.0	157	0.1	16	<0.1
	Total	834	0.3	138	0.1	948	0.4	394	0.1	0	0.0	191	0.1	22	<0.1
65-74	M	2	0.6	0	0.0	0	0.0	2	0.6	0	0.0	0	0.0	0	0.0
	F	1	0.2	0	0.0	1	0.2	0	0.0	0	0.0	0	0.0	0	0.0
	Total	3	0.3	0	0.0	1	0.1	2	0.2	0	0.0	0	0.0	0	0.0
75-84	M	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	F	1	3.0	0	0.0	0	0.0	1	3.0	0	0.0	0	0.0	0	0.0
	Total	1	2.4	0	0.0	0	0.0	1	2.4	0	0.0	0	0.0	0	0.0
85+	M	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	F	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown	M	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	F	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	Total	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
Total	M	1,682	<0.1	33,616	0.1	58,840	0.2	43,435	0.2	0	0.0	4,760	<0.1	52	<0.1
	F	15,745	0.1	35,864	0.1	79,429	0.3	47,710	0.2	0	0.0	10,325	<0.1	104	<0.1
	Total	17,427	<0.1	69,480	0.1	138,269	0.2	91,145	0.2	0	0.0	15,085	<0.1	156	<0.1

All Other Antibiotics Utilization																	
Age	Sex	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	11629	0.1	24	<0.1	16000	0.1	0	0.0	364	<0.1	104976	0.7	48	<0.1	214	<0.1
	F	18250	0.1	13	<0.1	16390	0.1	0	0.0	325	<0.1	101346	0.7	33	<0.1	828	<0.1
	Total	29,879	0.1	37	<0.1	32,390	0.1	0	0.0	689	<0.1	206,322	0.7	81	<0.1	1,042	<0.1
10-17	M	4770	0.1	46	<0.1	6712	0.1	0	0.0	267	<0.1	18605	0.2	5104	0.1	335	<0.1
	F	9339	0.1	56	<0.1	7720	0.1	0	0.0	339	<0.1	24044	0.3	5115	0.1	4781	0.1
	Total	14,109	0.1	102	<0.1	14,432	0.1	0	0.0	606	<0.1	42,649	0.3	10,219	0.1	5,116	<0.1
18-34	M	1015	0.1	1	<0.1	919	0.1	0	0.0	77	<0.1	2674	0.3	1127	0.1	214	<0.1
	F	11333	0.2	12	<0.1	8370	0.2	0	0.0	743	<0.1	23334	0.4	8535	0.2	29529	0.5
	Total	12,348	0.2	13	<0.1	9,289	0.1	0	0.0	820	<0.1	26,008	0.4	9,662	0.1	29,743	0.5

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

35-49	M	474	0.2	0	0.0	355	0.1	0	0.0	42	<0.1	974	0.3	342	0.1	146	<0.1
	F	3271	0.2	10	<0.1	2125	0.1	0	0.0	221	<0.1	6057	0.4	2385	0.2	4712	0.3
	Total	3,745	0.2	10	<0.1	2,480	0.1	0	0.0	263	<0.1	7,031	0.4	2,727	0.2	4,858	0.3
50-64	M	107	0.2	0	0.0	80	0.1	0	0.0	11	<0.1	199	0.3	61	0.1	34	0.1
	F	457	0.2	1	<0.1	412	0.2	0	0.0	40	<0.1	715	0.3	276	0.1	326	0.2
	Total	564	0.2	1	<0.1	492	0.2	0	0.0	51	<0.1	914	0.3	337	0.1	360	0.1
65-74	M	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.3	0	0.0	0	0.0
	F	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.2	1	0.2
	Total	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	1	0.1	1	0.1
75-84	M	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	F	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
85+	M	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	F	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
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	17,995	0.1	71	<0.1	24,066	0.1	0	0.0	761	<0.1	127,429	0.5	6,682	<0.1	943	<0.1
	F	42,650	0.1	92	<0.1	35,017	0.1	0	0.0	1,668	<0.1	155,496	0.5	16,345	0.1	40,177	0.1
	Total	60,645	0.1	163	<0.1	59,083	0.1	0	0.0	2,429	<0.1	282,925	0.5	23,027	<0.1	41,120	0.1

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

Race/Ethnicity Diversity of Membership (RDM)										
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)										
Race/Ethnicity Diversity of Membership										
Total Unduplicated Membership During the Measurement Year	781119									
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	99.9%	Indirect Total*	0.0000000000	Total*	0.000747645	4			
	Health Plan Direct*	0.0000000000								
	CMS/State Database*	0.9992523546								
	Other*	0.0000000000								
Ethnicity	Direct Total	99.9%	Indirect Total*	0.0000000000	Total*	0.000747645	4			
	Health Plan Direct*	0.0000000000								
	CMS/State Database*	0.9992523546								
	Other*	0.0000000000								
*Enter percentage as a value between 0 and 1.										
Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	NR	NR	1745	2.9%	369965	52.6%	NR	NR	371,710	47.6%
Black or African American	NR	NR	34275	56.6%	306981	43.6%	NR	NR	341,256	43.7%
American-Indian and Alaska Native	NR	NR	601	1.0%	NR	NR	NR	NR	601	0.1%
Asian	NR	NR	15028	24.8%	NR	NR	NR	NR	15,028	1.9%
Native Hawaiian and Other Pacific Islanders	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Some Other Race	NR	NR	8902	14.7%	NR	NR	NR	NR	8,902	1.1%
Two or More Races	NR	NR	NR	NR	8	<0.1%	NR	NR	8	<0.1%
Unknown	16782	100.0%	NR	NR	26832	3.8%	NR	NR	43,614	5.6%
Declined	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Total	16,782	100.0%	60,551	100.0%	703,786	100.0%	NR	NR	781,119	100.0%

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

Language Diversity of Membership (LDM)			
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, 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*	0.0000	1.0000	0.0000
Preferred Language for Written Materials*	0.0000	1.0000	0.0000
Other Language Needs*	0.0000	1.0000	0.0000
*Enter percentage as a value between 0 and 1.			
Spoken Language Preferred for Health Care			
	Number	Percentage	
English	720547	92.2%	
Non-English	60567	7.8%	
Unknown	5	<0.1%	
Declined	0	0.0%	
Total*	781,119	100.0%	
Language Preferred for Written Materials			
	Number	Percentage	
English	0	0.0%	
Non-English	0	0.0%	
Unknown	781119	100.0%	
Declined	0	0.0%	
Total*	781,119	100.0%	
Other Language Needs			
	Number	Percentage	
English	0	0.0%	
Non-English	0	0.0%	
Unknown	781119	100.0%	
Declined	0	0.0%	
Total*	781,119	100.0%	
*Should sum to 100%			

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for WellCare
 Weeks of Pregnancy at Time of Enrollment in MCO (WOP)

Weeks of Pregnancy at Time of Enrollment in MCO (WOP)		
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)		
Measurement Year		
Measurement Year	2011	
Weeks of Pregnancy	Number	Percentage
< 0 weeks	3123	10.5%
1-12 weeks	2929	9.8%
13-27 weeks	17770	59.5%
28 or more weeks	5060	17.0%
Unknown	965	3.2%
Total	29,847	100.0%

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for WellCare
 Relative Resource Use for People With Diabetes (RDI)

Relative Resource Use for People With Diabetes (RDI)	
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)	
Data Element	Measure Data
Inpatient Facility PMPM	235.7
E&M Inpatient Services PMPM	12.3
E&M Outpatient Services PMPM	81.4
Surgery & Procedure Inpatient Services PMPM	10.9
Surgery & Procedure Outpatient Services PMPM	70.4
Imaging Services PMPM	74.7
Laboratory Services PMPM	63.8
Pharmacy PMPM	194.6
Inpatient Facility: Acute Inpatient: Medical Days per 1000 MM	75.7
Inpatient Facility: Acute Inpatient: Medical Discharges per 1000 MM	22.3
Inpatient Facility: Acute Inpatient: Surgery Days per 1000 MM	20.3
Inpatient Facility: Acute Inpatient: Surgery Discharges per 1000 MM	4.7
Inpatient Facility: Nonacute Days per 1000 MM	0.0
Inpatient Facility: Nonacute Discharges per 1000 MM	0.0
Inpatient Facility Acute Medical ALOS	3.4
Inpatient Facility Acute Surgery ALOS	4.4
Inpatient Facility Nonacute ALOS	NR
Total Inpatient Facility Acute ALOS	3.6
Total Inpatient Facility ALOS	3.6
ED Discharges per 1000 MM Medical	213.9
Cardiac Cathereterization per 1000 MM Medical	3.9
PCI per 1000 MM Medical	1.4
CABG per 1000 MM Medical	0.3
Carotid Endarterectomy per 1000 MM Medical	0.1
Carotid Artery Stenosis Diagnostic Test per 1000 MM Medical	0.1
Cardiac Computed Tomography per 1000 MM Medical	0.1
CAD Diagnostic Test Using EBCT/Nuclear Imaging Stress Tests per 1000 MM Medical	6.7
Eligible Population	2319
Exclusions	52
Eligible Population per 1,000 Member Months Medical	84.4
Eligible Population per 1,000 Member Months Pharmacy	84.4
NameBrandOnlyCount(N1)	13278

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 Audited CY 2011 HEDIS Measure Results for WellCare
 Relative Resource Use for People With Diabetes (RDI)

NameBrandGenericExistsCount(N2)	5370
GenericOnlyCount (G1)	12627
GenericNameBrandExistsCount (G2)	100357
Total Prescriptions (N1+N2+G1+G2)	131,632.0
Generic Utilization Rate $[(G1 + G2)/(N2+G1+G2)]$	1.0
Generic Substitution Rate $[(G2)/(N2+G2)]$	0.9
Overall Generic Utilization $[(G1+G2)/(N1+N2+G1+G2)]$	0.9

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for WellCare
 Relative Resource Use for People With Asthma (RAS)

Relative Resource Use for People With Asthma (RAS)	
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)	
Data Element	Measure Data
Inpatient Facility PMPM	24.0
E&M Inpatient Services PMPM	1.7
E&M Outpatient Services PMPM	52.9
Surgery & Procedure Inpatient Services PMPM	0.9
Surgery & Procedure Outpatient Services PMPM	14.5
Imaging Services PMPM	11.7
Laboratory Services PMPM	8.2
Pharmacy PMPM	133.0
Inpatient Facility: Acute Inpatient: Medical Days per 1000 MM	9.2
Inpatient Facility: Acute Inpatient: Medical Discharges per 1000 MM	3.2
Inpatient Facility: Acute Inpatient: Surgery Days per 1000 MM	0.9
Inpatient Facility: Acute Inpatient: Surgery Discharges per 1000 MM	0.3
Inpatient Facility: Nonacute Days per 1000 MM	0.0
Inpatient Facility: Nonacute Discharges per 1000 MM	0.0
Inpatient Facility Acute Medical ALOS	2.9
Inpatient Facility Acute Surgery ALOS	2.8
Inpatient Facility Nonacute ALOS	NR
Total Inpatient Facility Acute ALOS	2.9
Total Inpatient Facility ALOS	2.9
ED Discharges per 1000 MM Medical	81.9
Eligible Population	6107
Exclusions	873
Eligible Population per 1,000 Member Months Medical	84.2
Eligible Population per 1,000 Member Months Pharmacy	84.2
NameBrandOnlyCount(N1)	42671
NameBrandGenericExistsCount(N2)	26670
GenericOnlyCount (G1)	15790
GenericNameBrandExistsCount (G2)	81376
Total Prescriptions (N1+N2+G1+G2)	166507.0
Generic Utilization Rate $[(G1 + G2)/(N2+G1+G2)]$	0.8
Generic Substitution Rate $[(G2)/(N2+G2)]$	0.8
Overall Generic Utilization $[(G1+G2)/(N1+N2+G1+G2)]$	0.6

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for WellCare
 Relative Resource Use for People With Cardiovascular Conditions (RCA)

Relative Resource Use for People With Cardiovascular Conditions (RCA)	
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)	
Data Element	Measure Data
Inpatient Facility PMPM	501.8
E&M Inpatient Services PMPM	28.0
E&M Outpatient Services PMPM	106.3
Surgery & Procedure Inpatient Services PMPM	45.4
Surgery & Procedure Outpatient Services PMPM	97.7
Imaging Services PMPM	122.8
Laboratory Services PMPM	101.5
Pharmacy PMPM	286.9
Inpatient Facility: Acute Inpatient: Medical Days per 1000 MM	95.1
Inpatient Facility: Acute Inpatient: Medical Discharges per 1000 MM	34.4
Inpatient Facility: Acute Inpatient: Surgery Days per 1000 MM	63.0
Inpatient Facility: Acute Inpatient: Surgery Discharges per 1000 MM	14.3
Inpatient Facility: Nonacute Days per 1000 MM	0.0
Inpatient Facility: Nonacute Discharges per 1000 MM	0.0
Inpatient Facility Acute Medical ALOS	2.8
Inpatient Facility Acute Surgery ALOS	4.4
Inpatient Facility Nonacute ALOS	NR
Total Inpatient Facility Acute ALOS	3.2
Total Inpatient Facility ALOS	3.2
ED Discharges per 1000 MM Medical	276.2
Cardiac Cathereterization per 1000 MM Medical	35.5
PCI per 1000 MM Medical	29.2
CABG per 1000 MM Medical	6.3
Carotid Endarterectomy per 1000 MM Medical	0.0
Carotid Artery Stenosis Diagnostic Test per 1000 MM Medical	0.0
Cardiac Computed Tomography per 1000 MM Medical	0.6
CAD Diagnostic Test Using EBCT/Nuclear Imaging Stress Tests per 1000 MM Medical	32.7
Eligible Population	147
Exclusions	1
Eligible Population per 1,000 Member Months Medical	84.2
Eligible Population per 1,000 Member Months Pharmacy	84.2
NameBrandOnlyCount(N1)	1822

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for WellCare
 Relative Resource Use for People With Cardiovascular Conditions (RCA)

NameBrandGenericExistsCount(N2)	525
GenericOnlyCount (G1)	1223
GenericNameBrandExistsCount (G2)	10908
Total Prescriptions (N1+N2+G1+G2)	14478.0
Generic Utilization Rate $[(G1 + G2)/(N2+G1+G2)]$	1.0
Generic Substitution Rate $[(G2)/(N2+G2)]$	1.0
Overall Generic Utilization $[(G1+G2)/(N1+N2+G1+G2)]$	0.8

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for WellCare
 Relative Resource Use for People With Hypertension (RHY)

Relative Resource Use for People With Hypertension (RHY)	
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)	
Data Element	Measure Data
Inpatient Facility PMPM	188.7
E&M Inpatient Services PMPM	10.0
E&M Outpatient Services PMPM	83.6
Surgery & Procedure Inpatient Services PMPM	13.0
Surgery & Procedure Outpatient Services PMPM	71.2
Imaging Services PMPM	75.3
Laboratory Services PMPM	52.4
Pharmacy PMPM	141.5
Inpatient Facility: Acute Inpatient: Medical Days per 1000 MM	51.9
Inpatient Facility: Acute Inpatient: Medical Discharges per 1000 MM	14.3
Inpatient Facility: Acute Inpatient: Surgery Days per 1000 MM	18.8
Inpatient Facility: Acute Inpatient: Surgery Discharges per 1000 MM	4.5
Inpatient Facility: Nonacute Days per 1000 MM	0.0
Inpatient Facility: Nonacute Discharges per 1000 MM	0.0
Inpatient Facility Acute Medical ALOS	3.6
Inpatient Facility Acute Surgery ALOS	4.1
Inpatient Facility Nonacute ALOS	NR
Total Inpatient Facility Acute ALOS	3.7
Total Inpatient Facility ALOS	3.7
ED Discharges per 1000 MM Medical	211.0
Eligible Population	4601
Exclusions	99
Eligible Population per 1,000 Member Months Medical	84.3
Eligible Population per 1,000 Member Months Pharmacy	84.3
NameBrandOnlyCount(N1)	15768
NameBrandGenericExistsCount(N2)	8661
GenericOnlyCount (G1)	29829
GenericNameBrandExistsCount (G2)	197814
Total Prescriptions (N1+N2+G1+G2)	252072.0
Generic Utilization Rate $[(G1 + G2)/(N2+G1+G2)]$	1.0
Generic Substitution Rate $[(G2)/(N2+G2)]$	1.0
Overall Generic Utilization $[(G1+G2)/(N1+N2+G1+G2)]$	0.9

Department of Community Health, State of Georgia
 Audited CY 2011 HEDIS Measure Results for WellCare
 Relative Resource Use for People With COPD (RCO)

Relative Resource Use for People With COPD (RCO)	
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)	
Data Element	Measure Data
Inpatient Facility PMPM	378.3
E&M Inpatient Services PMPM	18.9
E&M Outpatient Services PMPM	102.5
Surgery & Procedure Inpatient Services PMPM	31.4
Surgery & Procedure Outpatient Services PMPM	91.4
Imaging Services PMPM	113.9
Laboratory Services PMPM	70.3
Pharmacy PMPM	209.3
Inpatient Facility: Acute Inpatient: Medical Days per 1000 MM	92.0
Inpatient Facility: Acute Inpatient: Medical Discharges per 1000 MM	23.4
Inpatient Facility: Acute Inpatient: Surgery Days per 1000 MM	45.0
Inpatient Facility: Acute Inpatient: Surgery Discharges per 1000 MM	9.2
Inpatient Facility: Nonacute Days per 1000 MM	0.0
Inpatient Facility: Nonacute Discharges per 1000 MM	0.0
Inpatient Facility Acute Medical ALOS	3.9
Inpatient Facility Acute Surgery ALOS	4.9
Inpatient Facility Nonacute ALOS	NR
Total Inpatient Facility Acute ALOS	4.2
Total Inpatient Facility ALOS	4.2
ED Discharges per 1000 MM Medical	216.2
Eligible Population	475
Exclusions	23
Eligible Population per 1,000 Member Months Medical	84.2
Eligible Population per 1,000 Member Months Pharmacy	84.2
NameBrandOnlyCount(N1)	3851
NameBrandGenericExistsCount(N2)	1921
GenericOnlyCount (G1)	3915
GenericNameBrandExistsCount (G2)	28407
Total Prescriptions (N1+N2+G1+G2)	38094.0
Generic Utilization Rate $[(G1 + G2)/(N2+G1+G2)]$	0.9
Generic Substitution Rate $[(G2)/(N2+G2)]$	0.9
Overall Generic Utilization $[(G1+G2)/(N1+N2+G1+G2)]$	0.8