



State of Georgia  
Department of Community Health

**2016 Validation of Performance Measures**  
*for*  
**Amerigroup Community Care**

*Measurement Period: Calendar Year 2015*

*Validation Period: January–June 2016*

*Publish Date: September 2016*

## Table of Contents

<b>Validation of Performance Measures .....</b>	<b>1</b>
Validation Overview .....	1
Care Management Organization (CMO) Information .....	1
Performance Measures Validated .....	2
Description of Validation Activities .....	4
Pre-Audit Strategy .....	4
Validation Team .....	4
Technical Methods of Data Collection and Analysis .....	5
On-Site Activities .....	6
Data Integration, Data Control, and Performance Measure Documentation .....	8
Data Integration .....	8
Data Control .....	8
Performance Measure Documentation .....	8
Validation Results .....	9
Medical Service Data (Claims/Encounters) .....	9
Enrollment Data .....	9
Provider Data .....	10
Medical Record Review Process .....	11
Supplemental Data .....	12
Data Integration .....	12
Performance Measure Specific Findings .....	13
<b>Appendix A. Data Integration and Control Findings.....</b>	<b>A-1</b>
Documentation Worksheet.....	A-1
<b>Appendix B. Denominator and Numerator Validation Findings.....</b>	<b>B-1</b>
Reviewer Worksheets .....	B-1
<b>Appendix C. Performance Measure Rate Submission File.....</b>	<b>C-1</b>
<b>Appendix D. HEDIS Interactive Data Submission System Data.....</b>	<b>D-1</b>

### Validation Overview

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<sup>®</sup>. Both programs include fee-for-service and managed care components. The DCH contracts with three privately owned managed care organizations, referred to by the State as care management organizations (CMOs), to deliver services to members who are enrolled in the State’s Medicaid and CHIP programs. Children in state custody, children receiving adoption assistance, and certain children in the juvenile justice system are enrolled in the Georgia Families 360<sup>°</sup> (GF 360<sup>°</sup>) managed care program. The Georgia Families (GF) program serves all other Medicaid and CHIP managed care members not enrolled in the GF 360<sup>°</sup> program. Approximately 1.3 million beneficiaries are enrolled in the GF program.<sup>1</sup>

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. HSAG validated a set of performance measures identified by DCH that were calculated and reported by the CMOs for their Georgia Families population. The DCH identified the measurement period as calendar year (CY) 2015. HSAG conducted the validation in accordance with the Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.<sup>2</sup>

### Care Management Organization (CMO) Information

Basic information about Amerigroup Community Care (Amerigroup) appears in Table 1, including the office location(s) involved in the 2016 validation of performance measures audit that covered the CY 2015 measurement period.

**Table 1—Amerigroup Community Care Information**

<b>CMO Name:</b>	Amerigroup Community Care
<b>CMO Location:</b>	303 Perimeter Center North, Ste. 400 Atlanta, GA 30346

<sup>1</sup> Georgia Department of Community Health. “Georgia Families Monthly Adjustment Summary Report, Report Period: 12/2015.”

<sup>2</sup> 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, 2016.

<b>On-site Location:</b>	5800 Northampton Blvd. Norfolk, VA 23502
<b>Audit Contact:</b>	Donna McIntosh, MHA Plan Compliance Officer
<b>Contact Telephone Number:</b>	678.587.4892
<b>Contact Email Address:</b>	<a href="mailto:Donna.mcintosh@amerigroup.com">Donna.mcintosh@amerigroup.com</a>
<b>Site Visit Date:</b>	March 10–11, 2016

## 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),<sup>3</sup> Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set),<sup>4</sup> 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®) non-Medicaid measure, was also included as part of HSAG’s validation. The measurement period was identified by DCH as CY 2015 for all measures except the two child core set dental measures. The dental measures were reported for federal fiscal year (FFY) 2015, which covered the time frame of October 1, 2014, through September 30, 2015, 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.

**Table 2—List of CY 2015 Performance Measures for Amerigroup Community Care**

	Performance Measure	Method	Specifications
1.	Antenatal Steroids	Hybrid	Adult Core Set
2.	Asthma in Younger Adults Admission Rate	Admin	Adult Core Set
3.	Care Transition—Timely Transmission of Transition Record	Hybrid	Adult Core Set
4.	Cesarean Delivery Rate	Admin	AHRQ
5.	Cesarean Section for Nulliparous Singleton Vertex	Hybrid	Child Core Set
6.	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	Admin	Adult Core Set

<sup>3</sup> The Centers for Medicare & Medicaid Services. Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP, March 2015.

<sup>4</sup> The Centers for Medicare & Medicaid Services. Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid, April 2015.

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

Performance Measure		Method	Specifications
7.	Colorectal Cancer Screening	Hybrid	HEDIS*
8.	Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk	Admin	Child Core Set
9.	Developmental Screening in the First Three Years of Life	Hybrid	Child Core Set
10.	Diabetes Short-Term Complications Admission Rate	Admin	Adult Core Set
11.	Elective Delivery	Hybrid	Adult Core Set
12.	Heart Failure Admission Rate	Admin	Adult Core Set
13.	Live Births Weighing Less Than 2,500 Grams	Admin	Child Core Set
14.	Maternity Care—Behavioral Health Risk Assessment	Hybrid	Child Core Set
15.	Percentage of Eligibles Who Received Preventive Dental Services	Admin	Child Core Set
16.	Plan All-Cause Readmissions	Admin	Adult Core Set
17.	Screening for Clinical Depression and Follow-up Plan	Hybrid	Adult Core Set

\*The CMO reported this measure using the HEDIS 2016, Volume 2: Technical Specifications for Health Plans, but applied to its Medicaid population.

In addition to the AHRQ and the CMS adult and child core set measures audited by HSAG, DCH required Amerigroup to report a selected set of HEDIS measures to DCH. Amerigroup was required to contract with a National Committee for Quality Assurance (NCQA)-licensed audit organization and undergo an NCQA HEDIS Compliance Audit™. Final audited HEDIS measure results from NCQA’s Interactive Data Submission System (IDSS) were submitted to HSAG and provided to DCH. Appendix D displays the final audited HEDIS 2016 results for all required measures, covering the CY 2015 measurement period. HSAG will use these results in addition to the measures HSAG validated as data sources for the annual EQR technical report, to be completed in 2017.

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 Amerigroup, 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 Amerigroup 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 2016 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 Amerigroup during the pre-on-site phase.

Approximately two weeks prior to the on-site visit, HSAG provided Amerigroup 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 Amerigroup to discuss on-site logistics and expectations, important deadlines, outstanding Roadmap documentation, and any questions from Amerigroup 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 Amerigroup. Some team members, including the lead auditor, participated in the on-site meetings at Amerigroup; 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 &amp; Corporate Services</i>	Management of 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 Gianfrancesco <i>Project Leader and Source Code Review Manager, Audits</i>	Coordinator for the audit department, liaison between the audit team and clients, manages deliverables and timelines, and coordinates 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 medical record review (MRR) process, liaison between the audit team and clients, maintains record tracking database, and manages deliverables and timelines.
Dan Moore, MPA <i>Source Code Reviewer</i>	Knowledge of HEDIS and CMS specifications and source code/programming language.

### 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 2016 Roadmap:** Amerigroup 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:** Amerigroup completed the MRR section within the Roadmap. In addition, Amerigroup submitted the following documentation for review: medical record hybrid tools and instructions, training materials for MRR staff members, and policies and procedures outlining the processes for monitoring the accuracy of the reviews performed by the review staff members. To ensure the accuracy of the hybrid data being abstracted by the CMOs, HSAG requested Amerigroup 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 Amerigroup 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:** Amerigroup 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 a Web-assisted session where Inovalon displayed the source code for each measure and explained its rate generation and data integration processes to HSAG’s source code review team.
- Supporting documentation:** HSAG requested documentation that would provide reviewers with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. HSAG reviewed all supporting documentation, identifying issues or areas needing clarification for further follow-up.
- Rate Review:** Upon receiving the calculated rates from Amerigroup, 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 Amerigroup on March 10–11, 2016. 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 Amerigroup 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 Amerigroup staff members so that HSAG could obtain a complete picture of all the steps taken to generate the performance measure rates. The goal of the session was to obtain a confidence level as to the degree of compliance with written documentation compared to the actual process. HSAG conducted interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and ascertain that written policies and procedures were used and followed in daily practice.
- Overview of data integration and control procedures:** The overview included discussion and observation of source code logic, a review of how all data sources were combined, and a review of how the analytic file was produced for the reporting of selected performance measure rates. HSAG performed primary source verification to further validate the output files and reviewed backup documentation on data integration. HSAG also addressed data control and security procedures during this session.
- Closing conference:** The closing conference included a summation of preliminary findings based on the review of the Roadmap and the on-site visit, and revisited the documentation requirements for any post-visit activities.

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

**Table 4—List of Amerigroup Community Care Interviewees**

Name	Title
Gail Brown	Program Consultant
Angela Evans	Program Consultant
Jiong Huang	Vice President, Data Management



Name	Title
Geoff Welsh	Director, Business Information
Cindy Brieger	Manager, Clinical Quality
Stacy Williams	Manager, Business Information
Harwanda Hancock-Rowell	Clinical Quality Program Manager
Judy Jusinski	Manager II, Quality Management
Debra Robinson	Director, Healthcare Management Services (HCMS)
Tawonna Ingram	Manager II, Quality Management
Rochelle Simmons	Medicaid Compliance Analyst
Donna McIntosh	Director, Medicaid Compliance
Joyce LeTourneau	Manager, Operations
Paul Ferrara	Manager, Operations
Jamie Giron	Business Analyst
Lallina Morgan	Claims Auditor
Amy Sparghn	Manager, Business System Implementation
Sheryl Miltenberger	Manager I, Quality Management
Kelly Ann Logan	Manager, Claims
Pam Booth	Manager, Claims
Sandy Dutchio	Manager, Claims
Erik Vazquetelles	Director, Electronic Data Interchange (EDI) Claims
Maurice Bady	Manager, Claims
Jaye Buelow	System Analyst Advisor
Alza Maher	System Analyst, Data Management
Susan Laskoski	System Analyst, Data Management
Shilin Wang	Developer Advisor, Data Management
Oliver Esteban	Business Analyst
Amy Martinez	Director, Credentialing
LeAnn Kerry-Winston	Director, System Support
Lynn Vermueller	Business Consultant
Akshay Bangarithan	Director, Business Information
Bing Zhu	Program Consultant

## 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 Amerigroup, 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 Amerigroup were:

- Acceptable
- Not acceptable

### Data Control

Amerigroup'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 Amerigroup 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 Amerigroup 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 Amerigroup. HSAG reviewed all related documentation, which included the completed Roadmap, job logs, computer programming code, output files, work flow diagrams, narrative descriptions of performance measure calculations, and other related documentation. Overall, HSAG determined that the documentation of performance measure calculations by Amerigroup was:

- Acceptable
- Not acceptable

## Validation Results

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

### *Medical Service Data (Claims/Encounters)*

Amerigroup continued to use the Facets system to process claims during 2015. The majority of providers continued to be reimbursed on a fee-for-service (FFS) basis and submitted claims with industry-standard codes for all services; nonstandard coding was not used. Greater than 95 percent of all claims were submitted electronically with little to no paper. Paper claims continued to be submitted through trading partners and converted into electronic format. The scanning vendor used optical character recognition (OCR) for translation into an electronic 837 claims format. Amerigroup staff completed little to no manual claims processing. Paper claims, once scanned, were electronically sent to Amerigroup for processing. All claims, regardless of submission type, are subject to adjudication processes. Facets has appropriate edits in place to ensure claims meet Health Insurance Portability and Accountability Act of 1996 (HIPAA) and measure requirements.

Amerigroup conducted monthly audits on a random sample of claims to ensure submission accuracy. Since Amerigroup's providers were reimbursed on a FFS basis, issues with obtaining complete and timely claims data were unlikely. HSAG reviewed the outstanding incurred but not reported (IBNR) report and found that the majority (greater than 95 percent) of all claims were in fact received within 30 days for the measurement year. This ensured that any outstanding claims would not have a significant impact on reporting.

HSAG conducted an audit of the Facets system to ensure ICD-9 codes were terminated on September 30, 2015, and ICD-10 codes were implemented on October 1, 2015.<sup>5</sup> During the review, HSAG tested each code type and verified that the ICD-10 migration was implemented appropriately.

There were no other updates or changes to the process from the previous year's review.

HSAG had no concerns with Amerigroup's claims and encounter processes.

### *Enrollment Data*

Amerigroup received daily files directly from the State. The daily files were processed within 24 hours of receipt and loaded into Facets for claims processing. Monthly files were reconciled against the daily files to ensure all data were complete and accurate. Amerigroup did not report any backlogs of data during the measurement year. There were some retroactive member enrollments; however, this did not

---

<sup>5</sup> ICD-9=International Classification of Diseases, Ninth Revision; ICD-10=International Classification of Diseases, Tenth Revision.

adversely impact measure reporting. All retroactivity was resolved within acceptable time frames, and no issues or concerns were evident.

HSAG conducted a primary source verification of the enrollment system to ensure member information was complete and accurate. HSAG reviewed several numerator positive members from several measures to ensure they met age, gender, and continuous enrollment criteria. HSAG did not find any issues with the primary source verification during the audit.

HSAG had no concerns with Amerigroup's enrollment data processes.

### **Provider Data**

Amerigroup's provider system remained unchanged since the previous review. Amerigroup used the CACTUS (credentialing) and Facets (billing and payment) systems to store its provider data. The CMO had a systematic process to capture, review, and update provider credentialing and specialty data in both systems. The two systems were linked using Facets' common practitioner identifiers, and changes in provider data from Facets were automatically loaded into CACTUS, eliminating any potential manual data entry or merge errors. Amerigroup implemented daily, weekly, and monthly edit checks on provider data submitted via claims. Additionally, the CMO's audit team reviewed 25 percent of all completed records for accuracy and completeness each month. Amerigroup's oversight of its delegates contracted for credentialing and recredentialing activities before August 2015 also met industry standards.

On August 1, 2015, DCH implemented a centralized credentialing verification process to credential providers interested in contracting with the GF and/or GF 360° CMOs. The DCH's Medicaid Management Information System vendor—Hewlett Packard Enterprise (HPE)—acting as an agent of DCH, contracted with Aperture, a credentialing verification organization (CVO), to lead this effort. Many of the provider credentialing functions that Amerigroup performed prior to this time were transitioned to the new CVO.

HSAG conducted primary source verification of the CACTUS and Facets systems to identify any issues across the two systems. HSAG selected several records from numerator compliant members in various measures to ensure the provider specialties matched the measure requirements. HSAG did not identify any issues with providers during this review. HSAG also reviewed a sample of provider specialties to ensure the specialties matched the credentialed providers' education and board certification. HSAG found Amerigroup to be compliant with the credentialing and assignment of individual providers at federally qualified health centers (FQHCs).

Final rate review did not reveal any issues with provider mapping on any of the measures under review. HSAG had no concerns with Amerigroup's provider data processes.

### Medical Record Review Process

Amerigroup was fully compliant with the MRR reporting requirements. Amerigroup’s internal staff procured and abstracted the medical record documentation into the Quality Spectrum Hybrid Reporter (QSHR) custom measures tool. HSAG reviewed the QSHR tool and corresponding instructions and provided feedback to Amerigroup. Amerigroup’s reviewer qualifications, training, and oversight were appropriate. Due to challenging performance measures, a convenience sample was required and subsequently passed the validation process.

HSAG conducted the main MRRV by randomly selecting 16 cases from each hybrid performance measure with numerator positive cases identified by Amerigroup. If fewer than 16 medical records were found to meet numerator requirements, all records were reviewed. MRRV was also conducted on exclusions identified for the *Antenatal Steroids* and *Screening for Clinical Depression and Follow-up Plan* measures to ensure members were not inappropriately excluded from the measure. For the *Cesarean Section for Nulliparous Singleton Vertex* and *Elective Delivery* measures, Amerigroup requested that the vendor enhance the tool due to the number of numerator negative and excluded cases identified during the medical record review. Specifically, the parity and the gestational age were not included as elements of the tool. Following the enhancements to the tool, Amerigroup re-reviewed the medical records for these two measures. HSAG also reviewed the tool enhancements but did not review these two measures due to the problems identified in the tool and the time frame for completion of the medical records that were re-reviewed.

The following table provides details as to the findings, follow-up, and final results for each of the hybrid measures HSAG validated through the MRR process. HSAG did not have any major concerns with Amerigroup’s MRR processes.

**Table 5—MRRV Results for Amerigroup Community Care**

Performance Measure	Initial Sample Size	Findings	Follow-up	Final Results
Colorectal Cancer Screening	8	No errors were identified.	NA	Approved
Developmental Screening in the First Three Years of Life	16	No errors were identified.	NA	Approved
Screening for Clinical Depression and Follow-up Plan				
Numerator Positive	5	No errors were identified.	NA	Approved
Exclusions	2	No errors were identified.	NA	Approved
Maternity Care—Behavioral Health Risk Assessment				
Numerator Positive	16	No errors were identified.	NA	Approved
Exclusions	4	No errors were identified.	NA	Approved
Antenatal Steroids				
Numerator Positive	7	No errors were identified.	NA	Approved

Performance Measure	Initial Sample Size	Findings	Follow-up	Final Results
Exclusions	10	No errors were identified.	NA	Approved
Cesarean Section for Nulliparous Singleton Vertex				
	NA	This measure was placed on hold by DCH due to tool issues with gestational age and parity.	The tool was re-reviewed and approved after corrections were made.	NA
Elective Delivery				
	NA	This measure was placed on hold by DCH due to tool issues with gestational age and parity.	The tool was re-reviewed and approved after corrections were made.	NA

### Supplemental Data

Amerigroup did not use any supplemental data that applied to the measures under the scope of the audit.

### Data Integration

Amerigroup continued to use its internal relational database to store all incoming data. The internal data warehouse contained both internal and external data files used for reporting. Amerigroup also contracted with a vendor, Inovalon, to produce the performance measures under review. Amerigroup was responsible for loading and running the data monthly, as well as running the data for measure production and final rates. HSAG reviewed the source code for the measures under review and conducted primary source verification on all administrative measures. HSAG had no concerns following the audit review. Amerigroup maintained its quality review processes during the measurement year to ensure all data were loaded. Amerigroup continued to run monthly data runs for measures to monitor progress throughout the year—a best practice for ensuring accurate data management and measure production. Monthly measure production continued to assist Amerigroup with identifying issues, if any, early. If data errors were found, Amerigroup was able to easily retract and reload the data to correct the issues.

Amerigroup used Inovalon’s software to produce the final rates for the measures. Amerigroup was required to produce the *Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk* measure’s numerator independent of the software vendor’s code due to a miscommunication between the vendor and the CMO. The CMO did not know how to load the tooth number into the software. Given that Inovalon was identifying the denominators, Amerigroup could easily capture numerator compliance through claims data. HSAG reviewed and approved this process and had no further issues.

HSAG confirmed with Amerigroup that the gestational age was not available in the claims data provided to Inovalon to identify the eligible population for the *Antenatal Steroids, Cesarean Section for*

*Nulliparous Singleton Vertex*, and *Elective Delivery* measures. The CMO, through its vendor Inovalon, could not determine the appropriate gestational age prior to generating the random sample as required by the measure specifications. The specifications for these three measures identify specific allowable data sources for the identification of the denominator, the majority of which must be obtained from the medical record. Since it was not possible to generate a sample using the appropriate eligible population, the rates for these measures were biased. An audit result of *Not Reportable* was assigned for these three measures.

Amerigroup continued to have an excellent disaster recovery process in place and backed up data nightly.

HSAG reviewed Amerigroup’s performance measure rates and found no anomalies. HSAG had no issues with Amerigroup’s data integration processes.

### 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 consistent with the NCQA categories defined in Table 6. For detailed information, see Table 7 of this report.

**Table 6—Audit Results and Definitions for Performance Measures**

<b>Reportable (R)</b>	The CMO followed the State’s specifications and produced a reportable rate or result for the measure.
<b>Not Reportable (NR)</b>	The calculated rate was materially biased, the CMO chose not to report the measure, or the CMO was not required to report the measure.
<b>Not Applicable (NA)</b>	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 is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be “Not Reportable.” It is possible for a single audit element to receive an audit result of “NR” when the impact of the error associated with that element biased the reported performance measure rate more than 5 percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, leading to an audit result of “R.”

Table 7 shows the key review findings and final audit results for Amerigroup 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 Amerigroup Community Care**

Performance Measures		Key Review Findings	Audit Results
1.	Antenatal Steroids	Amerigroup used a software vendor, Inovalon, to produce the denominator for this measure; however, Inovalon was not able to identify the gestational age using administrative data, which resulted in false positives in the denominator. Since the gestational age was not determined prior to drawing the sample, the rate was considered materially biased and an audit result of <i>Not Reportable</i> was assigned.	NR
2.	Asthma in Younger Adults Admission Rate	No concerns were identified.	R
3.	Care Transition—Timely Transmission of Transition Record	No concerns were identified.	R
4.	Cesarean Delivery Rate	No concerns were identified.	R
5.	Cesarean Section for Nulliparous Singleton Vertex	Amerigroup had issues with identifying exclusions. The issues with exclusions were resolved. Amerigroup used a software vendor, Inovalon, to produce the denominator for this measure; however, Inovalon was not able to identify the gestational age using administrative data, which resulted in false positives in the denominator. Since the gestational age was not determined prior to drawing the sample, the rate was considered materially biased and an audit result of <i>Not Reportable</i> was assigned.	NR
6.	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	No concerns were identified.	R
7.	Colorectal Cancer Screening	No concerns were identified.	R
8.	Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk	Amerigroup initially had issues with identifying numerators. The issues were resolved prior to the final rate reporting.	R
9.	Developmental Screening in the First Three Years of Life	Amerigroup initially had issues with identifying exclusions. The issues were resolved prior to the final rate reporting.	R
10.	Diabetes Short-Term Complications Admission Rate	No concerns were identified.	R

Performance Measures		Key Review Findings	Audit Results
11.	Elective Delivery	Amerigroup used a software vendor, Inovalon, to produce the denominator for this measure; however, Inovalon was not able to identify the gestational age using administrative data, which resulted in false positives in the denominator. Since the gestational age was not determined prior to drawing the sample, the rate was considered materially biased and an audit result of <i>Not Reportable</i> was assigned.	NR
12.	Heart Failure Admission Rate	No concerns were identified.	R
13.	Live Births Weighing Less Than 2,500 Grams	No concerns were identified.	R
14.	Maternity Care—Behavioral Health Risk Assessment	No concerns were identified.	R
15.	Percentage of Eligibles Who Received Preventive Dental Services	No concerns were identified.	R
16.	Plan All-Cause Readmissions	No concerns were identified.	R
17.	Screening for Clinical Depression and Follow-up Plan	No concerns were identified.	R

## Appendix A. Data Integration and Control Findings

### Documentation Worksheet

<b>CMO Name:</b>	Amerigroup Community Care
<b>On-Site Visit Date:</b>	March 10–11, 2016
<b>Reviewers:</b>	Allen Iovannisci, MS, CHCA

**Table A-1—Data Integration and Control Findings for Amerigroup Community Care**

Data Integration and Control Element	Met	Not Met	N/A	Comments
<b>Accuracy of data transfers to assigned performance measure data repository.</b>				
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"/>	
<b>Accuracy of file consolidations, extracts, and derivations.</b>				
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"/>	<p>Amerigroup used a vendor for performance measure generation and rate calculation. No issues were identified with the source code or primary source verification.</p> <p>Amerigroup was not able to produce the numerator for the <i>Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk</i> measure with the vendor’s software. HSAG approved a workaround that met the requirements for the numerator.</p>

Data Integration and Control Element	Met	Not Met	N/A	Comments
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"/>	
<b>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.</b>				
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"/>	
<b>Assurance of effective management of report production and of the reporting software.</b>				
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"/>	Amerigroup used a software vendor to produce the measures under review. HSAG conducted source code review and primary source verification. No concerns were identified.
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

<b>CMO Name:</b>	Amerigroup Community Care
<b>On-Site Visit Date:</b>	March 10–11, 2016
<b>Reviewers:</b>	Allen Iovannisci, MS, CHCA

**Table B-1—Denominator Validation Findings for Amerigroup Community Care**

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"/>	Source code review with Inovalon was conducted via multiple webinar sessions. Primary source verification confirmed that all eligible populations were included based on the performance measure specifications; however, an issue was later discovered with how Inovalon was identifying the gestational age for the <i>Antenatal Steroids</i> , <i>Cesarean Section for Nulliparous Singleton Vertex</i> , and <i>Elective Delivery</i> measures. Inovalon was not able to identify the gestational age using administrative data, which resulted in false positives in the denominator. Since the gestational age was not determined prior to drawing the sample, the rates were considered materially biased and an audit result of <i>Not Reportable</i> was assigned.
Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance measures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO correctly calculates member months and member years if applicable to the performance measure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO properly evaluates the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Audit Element	Met	Not Met	N/A	Comments
prescriptions, and these codes are appropriately identified and applied as specified in each performance measure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If any time parameters are required by the specifications of the performance measure, they are followed (e.g., cutoff dates for data collection, counting 30 calendar days after discharge from a hospital).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exclusion criteria included in the performance measure specifications are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Systems or methods used by the CMO to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Population estimates were not necessary for the performance measures under the scope of the audit.

**Table B-2—Numerator Validation Findings for Amerigroup Community Care**

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 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 (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 Amerigroup Community Care’s final audited performance measure rate submission file.



Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup

State Fiscal Year (SFY) 2016 Performance Measure Rate Reporting Template for Georgia Care Management Organizations (CMOs)	
<b>Date of Submission:</b>	6/8/16
<b>CMO Name:</b>	Amerigroup_GA
<b>Contact Name and Title:</b>	Tawonna Ingram - Manager II, Quality Management
<b>Contact E-mail Address:</b>	<a href="mailto:tawonna.ingram@amerigroup.com">tawonna.ingram@amerigroup.com</a>
<b>Comments:</b>	

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

<b>Audit Review Table - To Be Completed by Auditor</b>			
<b>Measure #</b>	<b>Measure/Data Element</b>	<b>Audit Status</b>	<b>Comment</b>
1	<a href="#">Antenatal Steroids (PC03-AD)</a>	NR*	
2	<a href="#">Asthma in Younger Adults Admission Rate (PQI15-AD)</a>	R	
3	<a href="#">Care Transition - Timely Transmission of Transition Record (CTR-AD)</a>	R	
4	<a href="#">Cesarean Delivery Rate (IQI-21)</a>	R	
5	<a href="#">Cesarean Section for Nulliparous Singleton Vertex (PC02-CH)</a>	NR*	
6	<a href="#">Chronic Obstructive Pulmonary Disease (COPD) and Asthma in Older Adults Admission Rate (PQI05-AD)</a>	R	
7	<a href="#">Colorectal Cancer Screening (COL)</a>	R	
8	<a href="#">Developmental Screening in the First Three Years of Life (DEV-CH)</a>	R	
9	<a href="#">Diabetes Short-Term Complications Admission Rate (PQI01-AD)</a>	R	
10	<a href="#">Elective Delivery (PC01-AD)</a>	NR*	
11	<a href="#">Heart Failure Admission Rate (PQI08-AD)</a>	R	
12	<a href="#">Live Births Weighing Less Than 2,500 Grams (LBW-CH)</a>	R	
13	<a href="#">Maternity Care - Behavioral Health Risk Assessment (BHRA-CH)</a>	R	
14	<a href="#">Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH)</a>	R	
15	<a href="#">Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)</a>	R	

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

Audit Review Table - To Be Completed by Auditor			
Measure #	Measure/Data Element	Audit Status	Comment
16	<a href="#">Screening for Clinical Depression and Follow-up Plan (CDF-AD)</a>	R	
17	<a href="#">Plan All-Cause Readmissions Rate (PCR-AD)</a>	R	

\*Three measures received the NR designation for the audit results: Antenatal Steroids, Cesarean Section for Nulliparous Singleton Vertex, and Elective Delivery. The CMO used a software vendor, Inovalon, to produce the denominator for this measure; however, Inovalon was not able to identify the gestational age using administrative data, which resulted in false positives in the denominator. Since the gestational age was not determined prior to drawing the sample, the rate was considered materially biased and an audit result of Not Reportable was assigned.

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

<b>Antenatal Steroids (PC03-AD)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>H</b>
<b>Eligible Population</b>	14,183
<b>Denominator</b>	214
<b>Numerator Events by Administrative Data</b>	0
<b>Numerator Events by Medical Records</b>	7
<b>Numerator Total</b>	7
<b>Reported Rate</b>	3.27%

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

<b>Asthma in Younger Adults Admission Rate (PQI15-AD)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>2015</b>
<b>Data Collection Methodology</b>	<b>A</b>
<b>Eligible Population (Total Member Months)</b>	<b>656816</b>
<b>Numerator Events by Administrative Data</b>	<b>29</b>
<b>Reported Rate (Per 100,000 Member Months)</b>	<b>4.4152</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

<b>Care Transition—Timely Transmission of Transition Record (CTR-AD)</b>			
<b>Reporting Age Group</b>	<b>Ages 18-64</b>	<b>Ages 65+</b>	<b>All Ages</b>
<b>Reporting Year</b>	<b>SFY 2016</b>	<b>SFY 2016</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>	<b>CY 2015</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>H</b>	<b>H</b>	<b>H</b>
<b>Eligible Population</b>	31,090	6	31,096
<b>Denominator</b>	432	0	432
<b>Numerator Events by Administrative Data</b>	0	0	0
<b>Numerator Events by Medical Records</b>	0	0	0
<b>Numerator Total</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Reported Rate</b>	<b>0.00%</b>	<b>NA</b>	<b>0.00%</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

<b>Cesarean Delivery Rate (IQI-21)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>A</b>
<b>Eligible Population</b>	<b>15857</b>
<b>Numerator Events by Administrative Data</b>	<b>3423</b>
<b>Reported Rate</b>	<b>21.59%</b>



**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

<b>Cesarean Section for Nulliparous Singleton Vertex (PC02-CH)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>H</b>
<b>Eligible Population</b>	<b>9,996</b>
<b>Denominator</b>	<b>436</b>
<b>Numerator Events by Administrative Data</b>	<b>93</b>
<b>Numerator Events by Medical Records</b>	<b>2</b>
<b>Numerator Total</b>	<b>95</b>
<b>Reported Rate</b>	<b>21.79%</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

<b>Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)</b>				
<b>Data Element</b>	<b>General Measure Data</b>	<b>Ages 40-64</b>	<b>Ages 65+</b>	<b>All Ages</b>
<b>Reporting Year</b>	<b>SFY 2016</b>			
<b>Measurement Period</b>	<b>CY 2015</b>			
<b>Data Collection Methodology</b>	<b>A</b>			
<b>Eligible Population (Total Member Months)</b>		<b>145527</b>	<b>70</b>	<b>145597</b>
<b>Numerator Events by Administrative Data</b>		<b>44</b>	<b>0</b>	<b>44</b>
<b>Reported Rate (Per 100,000 Member Months)</b>		<b>30.23</b>	<b>0.00</b>	<b>30.22</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

<b>Developmental Screening in the First Three Years of Life (DEV-CH)</b>					
<b>Data Element</b>	<b>General Measure Data</b>	<b>Age 1</b>	<b>Age 2</b>	<b>Age 3</b>	<b>Total (Ages 1-3)</b>
<b>Reporting Year</b>	<b>SFY 2016</b>				
<b>Measurement Period</b>	<b>CY 2015</b>				
<b>Data Collection Methodology</b>	<b>H</b>				
<b>Eligible Population</b>		<b>15,397</b>	<b>8,757</b>	<b>11,867</b>	<b>36,021</b>
<b>Denominator</b>		<b>144</b>	<b>144</b>	<b>144</b>	<b>432</b>
<b>Numerator Events by Administrative Data</b>		<b>61</b>	<b>58</b>	<b>59</b>	<b>178</b>
<b>Numerator Events by Medical Records</b>		<b>9</b>	<b>15</b>	<b>7</b>	<b>31</b>
<b>Numerator Total</b>		<b>70</b>	<b>73</b>	<b>66</b>	<b>209</b>
<b>Reported Rate</b>		<b>48.61%</b>	<b>50.69%</b>	<b>45.83%</b>	<b>48.38%</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

<b>Diabetes Short-Term Complications Admission Rate (PQI01-AD)</b>				
<b>Data Element</b>	<b>General Measure Data</b>	<b>Ages 18-64</b>	<b>Ages 65+</b>	<b>All Ages</b>
<b>Reporting Year</b>	<b>SFY 2016</b>			
<b>Measurement Period</b>	<b>CY 2015</b>			
<b>Data Collection Methodology</b>	<b>A</b>			
<b>Eligible Population (Total Member Months)</b>		<b>802343</b>	<b>70</b>	<b>802413</b>
<b>Numerator Events by Administrative Data</b>		<b>108</b>	<b>0</b>	<b>108</b>
<b>Reported Rate (Per 100,000 Member Months)</b>		<b>13.46</b>	<b>0.00</b>	<b>13.46</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

<b>Elective Delivery (PC01-AD)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>H</b>
<b>Eligible Population</b>	<b>6,910</b>
<b>Denominator</b>	<b>389</b>
<b>Numerator Events by Administrative Data</b>	<b>0</b>
<b>Numerator Events by Medical Records</b>	<b>2</b>
<b>Numerator Total</b>	<b>2</b>
<b>Reported Rate</b>	<b>0.51%</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

<b>Heart Failure Admission Rate (PQI08-AD)</b>				
<b>Data Element</b>	<b>General Measure Data</b>	<b>Ages 18-64</b>	<b>Ages 65+</b>	<b>All Ages</b>
<b>Reporting Year</b>	SFY 2016			
<b>Measurement Period</b>	CY 2015			
<b>Data Collection Methodology</b>	A			
<b>Eligible Population (Total Member Months)</b>		802343	70	802413
<b>Numerator Events by Administrative Data</b>		33	0	33
<b>Reported Rate (Per 100,000 Member Months)</b>		4.11	0.00	4.11

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

<b>Live Births Weighing Less Than 2,500 Grams (LBW-CH)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>A</b>
<b>Eligible Population</b>	16739
<b>Numerator Events by Administrative Data</b>	1563
<b>Reported Rate</b>	9.34%

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

<b>Maternity Care - Behavioral Health Risk Assessment (BHRA-CH)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>H</b>
<b>Eligible Population</b>	<b>16,278</b>
<b>Denominator</b>	<b>300</b>
<b>Numerator Events by Administrative Data</b>	<b>0</b>
<b>Numerator Events by Medical Records</b>	<b>33</b>
<b>Numerator Total</b>	<b>33</b>
<b>Reported Rate</b>	<b>11.00%</b>



**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

<b>Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>Federal Fiscal Year (FFY) 2015*</b>
<b>Data Collection Methodology</b>	<b>A</b>
<b>Eligible Population</b>	33544
<b>Numerator Events by Administrative Data</b>	8322
<b>Reported Rate</b>	24.81%

\*FFY 2015 covers the time frame of October 1, 2014 through September 30, 2015.

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

<b>Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>Federal Fiscal Year (FFY) 2015*</b>
<b>Data Collection Methodology</b>	<b>A</b>
<b>Eligible Population</b>	331277
<b>Numerator Events by Administrative Data</b>	173381
<b>Reported Rate</b>	52.34%

\*FFY 2015 covers the time frame of October 1, 2014 through September 30, 2015.

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

<b>Screening for Clinical Depression and Follow-up Plan (CDF-AD)</b>			
<b>Reporting Age Group</b>	<b>Ages 18-64</b>	<b>Ages 65+</b>	<b>All Ages</b>
<b>Reporting Year</b>	<b>SFY 2016</b>	<b>SFY 2016</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>	<b>CY 2015</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>H</b>	<b>H</b>	<b>H</b>
<b>Eligible Population</b>	68,173	16	68,189
<b>Exclusions</b>	47	0	47
<b>Denominator</b>	385	0	385
<b>Numerator Events by Administrative Data</b>	5	0	5
<b>Numerator Events by Medical Records</b>	4	0	4
<b>Numerator Total</b>	<b>9</b>	<b>0</b>	<b>9</b>
<b>Reported Rate</b>	<b>2.34%</b>	<b>NA</b>	<b>2.34%</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

<b>Colorectal Cancer Screening</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>H</b>
<b>Eligible Population</b>	<b>843</b>
<b>Number of Numerator Events by Administrative Data in Eligible Population (before exclusions)</b>	<b>329</b>
<b>Current Year's Administrative Rate (before exclusions)</b>	<b>39.03%</b>
<b>Minimum Required Sample Size (MRSS) or Other Sample Size</b>	<b>411</b>
<b>Oversampling Rate</b>	<b>5%</b>
<b>Final Sample Size (FSS)</b>	<b>432</b>
<b>Number of Numerator Events by Administrative Data in FSS</b>	<b>187</b>
<b>Administrative Rate on FSS</b>	<b>43.29%</b>
<b>Number of Original Sample Records Excluded Because of Valid Data Errors</b>	<b>0</b>
<b>Number of Administrative Data Records Excluded</b>	<b>0</b>
<b>Number of Medical Records Excluded</b>	<b>0</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for Amerigroup**

<b>Colorectal Cancer Screening</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>H</b>
<b>Number of Employee/Dependent Medical Records Excluded</b>	<b>0</b>
<b>Records Added from the Oversample List</b>	<b>0</b>
<b>Denominator</b>	<b>431</b>
<b>Numerator Events by Administrative Data</b>	<b>187</b>
<b>Numerator Events by Medical Records</b>	<b>8</b>
<b>Reported Rate</b>	<b>45.24%</b>



## Appendix D. HEDIS Interactive Data Submission System Data

Appendix D contains Amerigroup Community Care'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  
 Amerigroup

<b>Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)</b>					
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)					
<b>Surgery</b>					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	449	1.66	7424	27.41	16.53
1-9	389	0.22	2084	1.19	5.36
10-19	458	0.32	2361	1.63	5.16
20-44	841	1.44	4499	7.68	5.35
45-64	341	4.52	2067	27.42	6.06
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		
<b>Total</b>	<b>2,478</b>	<b>0.60</b>	<b>18,435</b>	<b>4.46</b>	<b>7.44</b>
<b>Maternity*</b>					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	1893	1.30	5150	3.55	2.72
20-44	16598	28.34	46082	78.68	2.78
45-64	18	0.24	57	0.76	3.17
Unknown	0		0		
<b>Total</b>	<b>18,509</b>	<b>8.76</b>	<b>51,289</b>	<b>24.28</b>	<b>2.77</b>
*The maternity category is calculated using member months for members 10-64 years.					

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

<b>Identification of Alcohol and Other Drug Services: Total (IADA)</b>												
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: 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	1288884	1263335	2,552,219	1288884	1263335	2,552,219	1288884	1263335	2,552,219	1288884	1263335	2,552,219
13-17	389187	391068	780,255	389187	391068	780,255	389187	391068	780,255	389187	391068	780,255
18-24	67326	196190	263,516	67326	196190	263,516	67326	196190	263,516	67326	196190	263,516
25-34	25406	259299	284,705	25406	259299	284,705	25406	259299	284,705	25406	259299	284,705
35-64	44848	209271	254,119	44848	209271	254,119	44848	209271	254,119	44848	209271	254,119
65+	43	27	70	43	27	70	43	27	70	43	27	70
Unknown	0	0	0	0	0	0	0	0	0	0	0	0

<b>Total</b>												
	1,815,694	2,319,190	4,134,884	1,815,694	2,319,190	4,134,884	1,815,694	2,319,190	4,134,884	1,815,694	2,319,190	4,134,884
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	47	0.04%	5	0.00%	1	0.00%	44	0.04%			
	F	31	0.03%	6	0.01%	1	0.00%	24	0.02%			
	<b>Total</b>	<b>78</b>	<b>0.04%</b>	<b>11</b>	<b>0.01%</b>	<b>2</b>	<b>0.00%</b>	<b>68</b>	<b>0.03%</b>			
13-17	M	469	1.45%	71	0.22%	25	0.08%	419	1.29%			
	F	304	0.93%	83	0.25%	16	0.05%	245	0.75%			
	<b>Total</b>	<b>773</b>	<b>1.19%</b>	<b>154</b>	<b>0.24%</b>	<b>41</b>	<b>0.06%</b>	<b>664</b>	<b>1.02%</b>			
18-24	M	131	2.33%	23	0.41%	6	0.11%	118	2.10%			
	F	599	3.66%	213	1.30%	15	0.09%	456	2.79%			
	<b>Total</b>	<b>730</b>	<b>3.32%</b>	<b>236</b>	<b>1.07%</b>	<b>21</b>	<b>0.10%</b>	<b>574</b>	<b>2.61%</b>			
25-34	M	185	8.74%	44	2.08%	5	0.24%	159	7.51%			
	F	1494	6.91%	454	2.10%	61	0.28%	1246	5.77%			
	<b>Total</b>	<b>1,679</b>	<b>7.08%</b>	<b>498</b>	<b>2.10%</b>	<b>66</b>	<b>0.28%</b>	<b>1,405</b>	<b>5.92%</b>			
35-64	M	316	8.46%	84	2.25%	17	0.45%	272	7.28%			
	F	1137	6.52%	244	1.40%	29	0.17%	994	5.70%			
	<b>Total</b>	<b>1,453</b>	<b>6.86%</b>	<b>328</b>	<b>1.55%</b>	<b>46</b>	<b>0.22%</b>	<b>1,266</b>	<b>5.98%</b>			
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%			
	<b>Total</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>			
Unknown	M	0		0		0		0				
	F	0		0		0		0				
	<b>Total</b>	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>				
<b>Total</b>	M	1,148	0.76%	227	0.15%	54	0.04%	1,012	0.67%			
	F	3,565	1.84%	1,000	0.52%	122	0.06%	2,965	1.53%			
	<b>Total</b>	<b>4,713</b>	<b>1.37%</b>	<b>1,227</b>	<b>0.36%</b>	<b>176</b>	<b>0.05%</b>	<b>3,977</b>	<b>1.15%</b>			

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

<b>Mental Health Utilization: Total (MPTA)</b>												
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: 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	1288884	1263335	2,552,219	1288884	1263335	2,552,219	1288884	1263335	2,552,219	1288884	1263335	2,552,219
13-17	389187	391068	780,255	389187	391068	780,255	389187	391068	780,255	389187	391068	780,255
18-64	137580	664760	802,340	137580	664760	802,340	137580	664760	802,340	137580	664760	802,340
65+	43	27	70	43	27	70	43	27	70	43	27	70
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1,815,694</b>	<b>2,319,190</b>	<b>4,134,884</b>	<b>1,815,694</b>	<b>2,319,190</b>	<b>4,134,884</b>	<b>1,815,694</b>	<b>2,319,190</b>	<b>4,134,884</b>	<b>1,815,694</b>	<b>2,319,190</b>	<b>4,134,884</b>
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	10127	9.43%	174	0.16%	59	0.05%	10117	9.42%			
	F	6527	6.20%	135	0.13%	39	0.04%	6512	6.19%			
	<b>Total</b>	<b>16,654</b>	<b>7.83%</b>	<b>309</b>	<b>0.15%</b>	<b>98</b>	<b>0.05%</b>	<b>16,629</b>	<b>7.82%</b>			
13-17	M	4519	13.93%	291	0.90%	88	0.27%	4482	13.82%			
	F	4807	14.75%	584	1.79%	157	0.48%	4718	14.48%			
	<b>Total</b>	<b>9,326</b>	<b>14.34%</b>	<b>875</b>	<b>1.35%</b>	<b>245</b>	<b>0.38%</b>	<b>9,200</b>	<b>14.15%</b>			
18-64	M	962	8.39%	126	1.10%	25	0.22%	914	7.97%			
	F	6464	11.67%	566	1.02%	119	0.21%	6305	11.38%			
	<b>Total</b>	<b>7,426</b>	<b>11.11%</b>	<b>692</b>	<b>1.03%</b>	<b>144</b>	<b>0.22%</b>	<b>7,219</b>	<b>10.80%</b>			
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%			
	<b>Total</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>			
Unknown	M	0		0		0		0				
	F	0		0		0		0				
	<b>Total</b>	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>				
<b>Total</b>	M	15,608	10.32%	591	0.39%	172	0.11%	15,513	10.25%			
	F	17,798	9.21%	1,285	0.66%	315	0.16%	17,535	9.07%			
	<b>Total</b>	<b>33,406</b>	<b>9.69%</b>	<b>1,876</b>	<b>0.54%</b>	<b>487</b>	<b>0.14%</b>	<b>33,048</b>	<b>9.59%</b>			

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

**Antibiotic Utilization: Total (ABXA)**  
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)

Pharmacy Benefit Member Months			
Age	Male	Female	Total
0-9	1022760	999565	2,022,325
10-17	655311	654838	1,310,149
18-34	92732	455489	548,221
35-49	35985	182278	218,263
50-64	8863	26993	35,856
65-74	40	21	61
75-84	3	5	8
85+	0	1	1
Unknown	0	0	0
<b>Total</b>	<b>1,815,694</b>	<b>2,319,190</b>	<b>4,134,884</b>

Antibiotic Utilization								
Age	Sex	Total Antibiotic Scripts	Average Scripts PMPY for Antibiotics	Total Days Supplied for All Antibiotic Scripts	Average Days Supplied 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	91311	1.07	882399	9.66	36592	0.43	40.07%
	F	87726	1.05	853218	9.73	33200	0.40	37.85%
	<b>Total</b>	<b>179,037</b>	<b>1.06</b>	<b>1,735,617</b>	<b>9.69</b>	<b>69,792</b>	<b>0.41</b>	<b>38.98%</b>
10-17	M	27011	0.49	283199	10.48	10605	0.19	39.26%
	F	36270	0.66	359602	9.91	13597	0.25	37.49%
	<b>Total</b>	<b>63,281</b>	<b>0.58</b>	<b>642,801</b>	<b>10.16</b>	<b>24,202</b>	<b>0.22</b>	<b>38.25%</b>
18-34	M	4634	0.60	45244	9.76	1917	0.25	41.37%
	F	58321	1.54	455896	7.82	20829	0.55	35.71%
	<b>Total</b>	<b>62,955</b>	<b>1.38</b>	<b>501,140</b>	<b>7.96</b>	<b>22,746</b>	<b>0.50</b>	<b>36.13%</b>
35-49	M	2657	0.89	23553	8.86	1272	0.42	47.87%
	F	24337	1.60	202983	8.34	10430	0.69	42.86%
	<b>Total</b>	<b>26,994</b>	<b>1.48</b>	<b>226,536</b>	<b>8.39</b>	<b>11,702</b>	<b>0.64</b>	<b>43.35%</b>
50-64	M	707	0.96	6775	9.58	344	0.47	48.66%
	F	3590	1.60	30378	8.46	1902	0.85	52.98%
	<b>Total</b>	<b>4,297</b>	<b>1.44</b>	<b>37,153</b>	<b>8.65</b>	<b>2,246</b>	<b>0.75</b>	<b>52.27%</b>
65-74	M	0	0.00	0		0	0.00	
	F	3	1.71	23	7.67	2	1.14	66.67%
	<b>Total</b>	<b>3</b>	<b>0.59</b>	<b>23</b>	<b>7.67</b>	<b>2</b>	<b>0.39</b>	<b>66.67%</b>
75-84	M	0	0.00	0		0	0.00	
	F	0	0.00	0		0	0.00	
	<b>Total</b>	<b>0</b>	<b>0.00</b>	<b>0</b>		<b>0</b>	<b>0.00</b>	
85+	M	0		0		0		
	F	0	0.00	0		0	0.00	
	<b>Total</b>	<b>0</b>	<b>0.00</b>	<b>0</b>		<b>0</b>	<b>0.00</b>	

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

**Antibiotic Utilization: Total (ABXA)**

AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)

Unknown	M	0		0		0			
	F	0		0		0			
	<b>Total</b>	<b>0</b>		<b>0</b>		<b>0</b>			
Total	M	126,320	0.83	1,241,170	9.83	50,730	0.34	40.16%	
	F	210,247	1.09	1,902,100	9.05	79,960	0.41	38.03%	
	<b>Total</b>	<b>336,567</b>	<b>0.98</b>	<b>3,143,270</b>	<b>9.34</b>	<b>130,690</b>	<b>0.38</b>	<b>38.83%</b>	

**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	57	0.00	9925	0.12	12192	0.14	12762	0.15	0	0.00	1645	0.02	11	0.00
	F	61	0.00	9412	0.11	10917	0.13	11387	0.14	0	0.00	1416	0.02	7	0.00
	<b>Total</b>	<b>118</b>	<b>0.00</b>	<b>19,337</b>	<b>0.11</b>	<b>23,109</b>	<b>0.14</b>	<b>24,149</b>	<b>0.14</b>	<b>0</b>	<b>0.00</b>	<b>3,061</b>	<b>0.02</b>	<b>18</b>	<b>0.00</b>
10-17	M	231	0.00	1596	0.03	4746	0.09	3096	0.06	0	0.00	932	0.02	4	0.00
	F	643	0.01	2109	0.04	6036	0.11	3564	0.07	0	0.00	1238	0.02	7	0.00
	<b>Total</b>	<b>874</b>	<b>0.01</b>	<b>3,705</b>	<b>0.03</b>	<b>10,782</b>	<b>0.10</b>	<b>6,660</b>	<b>0.06</b>	<b>0</b>	<b>0.00</b>	<b>2,170</b>	<b>0.02</b>	<b>11</b>	<b>0.00</b>
18-34	M	263	0.03	133	0.02	837	0.11	429	0.06	0	0.00	254	0.03	1	0.00
	F	4316	0.11	1258	0.03	8987	0.24	3461	0.09	0	0.00	2788	0.07	19	0.00
	<b>Total</b>	<b>4,579</b>	<b>0.10</b>	<b>1,391</b>	<b>0.03</b>	<b>9,824</b>	<b>0.22</b>	<b>3,890</b>	<b>0.09</b>	<b>0</b>	<b>0.00</b>	<b>3,042</b>	<b>0.07</b>	<b>20</b>	<b>0.00</b>
35-49	M	324	0.11	61	0.02	432	0.14	260	0.09	0	0.00	190	0.06	5	0.00
	F	2946	0.19	604	0.04	3722	0.25	1872	0.12	0	0.00	1270	0.08	16	0.00
	<b>Total</b>	<b>3,270</b>	<b>0.18</b>	<b>665</b>	<b>0.04</b>	<b>4,154</b>	<b>0.23</b>	<b>2,132</b>	<b>0.12</b>	<b>0</b>	<b>0.00</b>	<b>1,460</b>	<b>0.08</b>	<b>21</b>	<b>0.00</b>
50-64	M	109	0.15	27	0.04	99	0.13	78	0.11	0	0.00	31	0.04	0	0.00
	F	651	0.29	100	0.04	616	0.27	351	0.16	0	0.00	180	0.08	4	0.00
	<b>Total</b>	<b>760</b>	<b>0.25</b>	<b>127</b>	<b>0.04</b>	<b>715</b>	<b>0.24</b>	<b>429</b>	<b>0.14</b>	<b>0</b>	<b>0.00</b>	<b>211</b>	<b>0.07</b>	<b>4</b>	<b>0.00</b>
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	1	0.57	0	0.00	0	0.00	1	0.57	0	0.00	0	0.00	0	0.00
	<b>Total</b>	<b>1</b>	<b>0.20</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>1</b>	<b>0.20</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
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
	<b>Total</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
85+	M	0		0		0		0		0		0		0	
	F	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	<b>Total</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
Unknown	M	0		0		0		0		0		0		0	
	F	0		0		0		0		0		0		0	
	<b>Total</b>	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>	

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

<b>Antibiotic Utilization: Total (ABXA)</b>																	
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)																	
Total	M	984	0.01	11,742	0.08	18,306	0.12	16,625	0.11	0	0.00	3,052	0.02	21	0.00		
	F	8,618	0.04	13,483	0.07	30,278	0.16	20,636	0.11	0	0.00	6,892	0.04	53	0.00		
	Total	9,602	0.03	25,225	0.07	48,584	0.14	37,261	0.11	0	0.00	9,944	0.03	74	0.00		
<b>All Other Antibiotics Utilization</b>																	
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	3242	0.04	4	0.00	6339	0.07	0	0.00	62	0.00	44886	0.53	21	0.00	165	0.00
	F	4945	0.06	5	0.00	6858	0.08	0	0.00	80	0.00	42286	0.51	10	0.00	342	0.00
	Total	8,187	0.05	9	0.00	13,197	0.08	0	0.00	142	0.00	87,172	0.52	31	0.00	507	0.00
10-17	M	1767	0.03	6	0.00	2831	0.05	0	0.00	54	0.00	9633	0.18	1933	0.04	182	0.00
	F	3305	0.06	3	0.00	3340	0.06	0	0.00	90	0.00	12057	0.22	2119	0.04	1759	0.03
	Total	5,072	0.05	9	0.00	6,171	0.06	0	0.00	144	0.00	21,690	0.20	4,052	0.04	1,941	0.02
18-34	M	404	0.05	1	0.00	408	0.05	0	0.00	17	0.00	1429	0.18	362	0.05	96	0.01
	F	4650	0.12	1	0.00	4250	0.11	0	0.00	138	0.00	11428	0.30	1337	0.04	15688	0.41
	Total	5,054	0.11	2	0.00	4,658	0.10	0	0.00	155	0.00	12,857	0.28	1,699	0.04	15,784	0.35
35-49	M	306	0.10	0	0.00	237	0.08	0	0.00	6	0.00	665	0.22	79	0.03	92	0.03
	F	2377	0.16	4	0.00	1674	0.11	0	0.00	74	0.00	4709	0.31	639	0.04	4430	0.29
	Total	2,683	0.15	4	0.00	1,911	0.11	0	0.00	80	0.00	5,374	0.30	718	0.04	4,522	0.25
50-64	M	78	0.11	0	0.00	59	0.08	0	0.00	0	0.00	178	0.24	22	0.03	26	0.04
	F	399	0.18	0	0.00	268	0.12	0	0.00	6	0.00	564	0.25	114	0.05	337	0.15
	Total	477	0.16	0	0.00	327	0.11	0	0.00	6	0.00	742	0.25	136	0.05	363	0.12
65-74	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	1	0.57	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	Total	0	0.00	0	0.00	1	0.20	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	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		0		0		0		0		0		0	
	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		0		0		0		0		0		0	
	F	0		0		0		0		0		0		0		0	
	Total	0		0		0		0		0		0		0		0	
Total	M	5,797	0.04	11	0.00	9,874	0.07	0	0.00	139	0.00	56,791	0.38	2,417	0.02	561	0.00
	F	15,676	0.08	13	0.00	16,391	0.08	0	0.00	388	0.00	71,044	0.37	4,219	0.02	22,556	0.12
	Total	21,473	0.06	24	0.00	26,265	0.08	0	0.00	527	0.00	127,835	0.37	6,636	0.02	23,117	0.07

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

<b>Board Certification (BCR)</b>			
<b>AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)</b>			
<b>Type of Physician</b>	<b>Number of Physicians in Each Practice Area</b>	<b>Board Certification</b>	
		<b>Number</b>	<b>Percent</b>
<b>Family Medicine</b>	1347	970	72.01%
<b>Internal Medicine</b>	2323	1686	72.58%
<b>OB/GYN physicians</b>	872	713	81.77%
<b>Pediatricians</b>	1479	1141	77.15%
<b>Geriatricians</b>	52	36	69.23%
<b>Other physician specialists</b>	5640	4238	75.14%



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

<b>Total Membership (TLM)</b>	
<b>AmeriGroup Georgia Managed Care Company, Inc.            (Org ID: 7359, SubID: 10188, Medicaid, Spec Area:            None, Spec Proj: None, Contract Number: None)</b>	
<b>Product/Product Line</b>	<b>Total Number of Members*</b>
<b>HMO (Total)</b>	<b>8,354,694</b>
<b>Medicaid</b>	5665850
<b>Commercial</b>	1716974
<b>Medicare (cost or risk)</b>	397721
<b>Marketplace</b>	574149
<b>Other</b>	0
<b>PPO (Total)</b>	<b>27,331,731</b>
<b>Medicaid</b>	146909
<b>Commercial</b>	25429366
<b>Medicare (cost or risk)</b>	507186
<b>Marketplace</b>	1248270
<b>Other</b>	0
<b>POS (Total)</b>	<b>1,574,404</b>
<b>Medicaid</b>	0
<b>Commercial</b>	1439362
<b>Medicare (cost or risk)</b>	0
<b>Marketplace</b>	135042
<b>Other</b>	0
<b>FFS (Total)</b>	<b>885,042</b>
<b>Medicaid</b>	22506
<b>Commercial</b>	353622
<b>Medicare (cost or risk)</b>	508914
<b>Other</b>	0
<b>EPO (Total)</b>	<b>374,210</b>
<b>Commercial</b>	374210
<b>Marketplace</b>	0
<b>Other</b>	0
<b>Total</b>	<b>38,520,081</b>
<b>* Total number of members in each category as of            December 31 of the measurement year.</b>	

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

<b>Enrollment by Product Line: Total (ENPA)</b>			
<b>AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)</b>			
<b>Age</b>	<b>Male Member Months</b>	<b>Female Member Months</b>	<b>Total Member Months</b>
<1	138059	132775	270,834
1-4	395349	380612	775,961
5-9	489352	486178	975,530
10-14	434921	432376	867,297
15-17	220390	222462	442,852
18-19	62691	78565	141,256
<b>0-19 Subtotal</b>	<b>1,740,762</b>	<b>1,732,968</b>	<b>3,473,730</b>
<b>0-19 Subtotal: %</b>	<b>95.87%</b>	<b>74.72%</b>	<b>84.01%</b>
20-24	4635	117625	122,260
25-29	11107	138245	149,352
30-34	14299	121054	135,353
35-39	14880	93713	108,593
40-44	12535	57617	70,152
<b>20-44 Subtotal</b>	<b>57,456</b>	<b>528,254</b>	<b>585,710</b>
<b>20-44 Subtotal: %</b>	<b>3.16%</b>	<b>22.78%</b>	<b>14.17%</b>
45-49	8570	30948	39,518
50-54	5470	16108	21,578
55-59	2560	7489	10,049
60-64	833	3396	4,229
<b>45-64 Subtotal</b>	<b>17,433</b>	<b>57,941</b>	<b>75,374</b>
<b>45-64 Subtotal: %</b>	<b>0.96%</b>	<b>2.50%</b>	<b>1.82%</b>
65-69	38	18	56
70-74	2	3	5
75-79	3	2	5
80-84	0	3	3
85-89	0	1	1
>=90	0	0	0
<b>&gt;=65 Subtotal</b>	<b>43</b>	<b>27</b>	<b>70</b>
<b>&gt;=65 Subtotal: %</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>
<b>Age Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>1,815,694</b>	<b>2,319,190</b>	<b>4,134,884</b>

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

<b>Enrollment by State (EBS)</b>	
<b>AmeriGroup Georgia Managed Care Company, Inc.            (Org ID: 7359, SubID: 10188, Medicaid, Spec Area:            None, Spec Proj: None, Contract Number: None)</b>	
<b>State</b>	<b>Number</b>
Alabama	16
Alaska	0
Arizona	3
Arkansas	0
California	2
Colorado	0
Connecticut	0
Delaware	0
District of Columbia	0
Florida	37
Georgia	351272
Hawaii	0
Idaho	0
Illinois	3
Indiana	0
Iowa	1
Kansas	1
Kentucky	0
Louisiana	11
Maine	0
Maryland	6
Massachusetts	1
Michigan	3
Minnesota	2
Mississippi	24
Missouri	3
Montana	0
Nebraska	0
Nevada	0
New Hampshire	0
New Jersey	0
New Mexico	0
New York	3
North Carolina	7
North Dakota	0
Ohio	6
Oklahoma	0
Oregon	0
Pennsylvania	5
Rhode Island	0
South Carolina	12
South Dakota	0
Tennessee	8
Texas	5
Utah	0
Vermont	0
Virginia	1
Washington	0
West Virginia	2
Wisconsin	0
Wyoming	0

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

<b>Enrollment by State (EBS)</b>	
<b>AmeriGroup Georgia Managed Care Company, Inc.            (Org ID: 7359, SubID: 10188, Medicaid, Spec Area:            None, Spec Proj: None, Contract Number: None)</b>	
<b>State</b>	<b>Number</b>
American Samoa	0
Federated States of Micronesia	0
Guam	0
Commonwealth of Northern Marianas	0
Puerto Rico	0
Virgin Islands	0
Other	0
<b>TOTAL</b>	<b>351,434</b>

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

<b>Race/Ethnicity Diversity of Membership (RDM)</b>										
Amerigroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)										
<b>Race/Ethnicity Diversity of Membership</b>										
<b>Total Unduplicated Membership During the Measurement Year</b>	472244									
<b>Percentage of Members for Whom the Organization has Race/Ethnicity Information by Data Collection</b>										
<b>Direct Data Collection Method</b>			<b>Indirect Data Collection Method</b>		<b>Unknown</b>					
<b>Race</b>	<b>Direct Total</b>	96.33%	<b>Indirect Total*</b>	0.0000	<b>Total*</b>	0.0367				
	<b>Health Plan Direct*</b>	0.0000								
	<b>CMS/State Database*</b>	0.9633								
	<b>Other*</b>	0.0000								
<b>Ethnicity</b>	<b>Direct Total</b>	1.66%	<b>Indirect Total*</b>	0.0000	<b>Total*</b>	0.9834				
	<b>Health Plan Direct*</b>	0.0000								
	<b>CMS/State Database*</b>	0.0166								
	<b>Other*</b>	0.0000								
*Enter percentage as a value between 0 and 1.										
<b>Race</b>	<b>Hispanic or Latino</b>		<b>Not Hispanic or Latino</b>		<b>Unknown Ethnicity</b>		<b>Declined Ethnicity</b>		<b>Total</b>	
	<b>Number</b>	<b>Percentage</b>	<b>Number</b>	<b>Percentage</b>	<b>Number</b>	<b>Percentage</b>	<b>Number</b>	<b>Percentage</b>	<b>Number</b>	<b>Percentage</b>
<b>White</b>	0	0.00%	418	100.00%	223478	48.12%	0		223,896	47.41%
<b>Black or African American</b>	0	0.00%	0	0.00%	211886	45.63%	0		211,886	44.87%
<b>American-Indian and Alaska Native</b>	0	0.00%	0	0.00%	659	0.14%	0		659	0.14%
<b>Asian</b>	0	0.00%	0	0.00%	8508	1.83%	0		8,508	1.80%
<b>Native Hawaiian and Other Pacific Islanders</b>	0	0.00%	0	0.00%	561	0.12%	0		561	0.12%
<b>Some Other Race</b>	0	0.00%	0	0.00%	9418	2.03%	0		9,418	1.99%
<b>Two or More Races</b>	0	0.00%	0	0.00%	0	0.00%	0		0	0.00%
<b>Unknown</b>	7421	100.00%	0	0.00%	9895	2.13%	0		17,316	3.67%
<b>Declined</b>	0	0.00%	0	0.00%	0	0.00%	0		0	0.00%
<b>Total</b>	7,421	100.00%	418	100.00%	464,405	100.00%	0		472,244	100.00%

**Appendix D: Community Health, State of Georgia  
 HEDIS Interactive Data Submission System Data for  
 Amerigroup**

<b>Language Diversity of Membership (LDM)</b>			
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)			
<b>Percentage of Members With Known Language Value from Each Data Source</b>			
<b>Category</b>	<b>Health Plan Direct</b>	<b>CMS/State Databases</b>	<b>Other Third-Party Source</b>
Spoken Language Preferred for Health Care*	0.0000	1.0000	0.0000
Preferred Language for Written Materials*	0.0000	0.9992	0.0008
Other Language Needs*	0.0000	0.0000	1.0000
*Enter percentage as a value between 0 and 1.			
<b>Spoken Language Preferred for Health Care</b>			
	<b>Number</b>	<b>Percentage</b>	
English	420509	89.04%	
Non-English	48588	10.29%	
Unknown	3147	0.67%	
Declined	0	0.00%	
<b>Total*</b>	<b>472,244</b>	<b>100.00%</b>	
<b>Language Preferred for Written Materials</b>			
	<b>Number</b>	<b>Percentage</b>	
English	420326	89.01%	
Non-English	48772	10.33%	
Unknown	3146	0.67%	
Declined	0	0.00%	
<b>Total*</b>	<b>472,244</b>	<b>100.00%</b>	
<b>Other Language Needs</b>			
	<b>Number</b>	<b>Percentage</b>	
English	0	0.00%	
Non-English	0	0.00%	
Unknown	472244	100.00%	
Declined	0	0.00%	
<b>Total*</b>	<b>472,244</b>	<b>100.00%</b>	
*Should sum to 100%			

**Appendix D: Community Health, State of Georgia  
HEDIS Interactive Data Submission System Data for  
Amerigroup**

<b>Weeks of Pregnancy at Time of Enrollment in MCO (WOP)</b>		
AmeriGroup Georgia Managed Care Company, Inc. (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)		
<b>Measurement Year</b>		
Measurement Year	2015	
<b>Weeks of Pregnancy</b>	<b>Number</b>	<b>Percentage</b>
< 0 weeks	1966	10.70%
1-12 weeks	2513	13.68%
13-27 weeks	9653	52.53%
28 or more weeks	2762	15.03%
Unknown	1481	8.06%
<b>Total</b>	<b>18,375</b>	<b>100.00%</b>