



State of Georgia  
Department of Community Health

**2016 Validation of Performance Measures**  
*for*  
**Peach State Health Plan**

*Measurement Period: Calendar Year 2015*

*Validation Period: January–June 2016*

*Publish Date: September 2016*

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## 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 Peach State Health Plan (Peach State) 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—Peach State Health Plan Information**

<b>CMO Name:</b>	Peach State Health Plan
<b>CMO Location:</b>	1100 Circle 75 Parkway, Ste. 1100 Atlanta, GA 30339

<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>	Same as above.
<b>Audit Contact:</b>	Alfred Miller Manager, Quality Improvement Analytics
<b>Contact Telephone Number:</b>	678.556.2230
<b>Contact Email Address:</b>	<a href="mailto:amiller@centene.com">amiller@centene.com</a>
<b>Site Visit Date:</b>	April 29, 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 Peach State Health Plan**

	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.

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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 Peach State to report a selected set of HEDIS measures to DCH. Peach State 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.

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## Description of Validation Activities

### Pre-Audit Strategy

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

HSAG then prepared a document request letter that was submitted to Peach State outlining the steps in the performance measure validation process. The document request letter included a request for source code for each performance measure; a completed HEDIS 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 Peach State during the pre-on-site phase.

Approximately two weeks prior to the on-site visit, HSAG provided Peach State with an agenda describing all on-site visit activities and indicating the type of staff needed for each session. HSAG also conducted a pre-on-site conference call with Peach State to discuss on-site logistics and expectations, important deadlines, outstanding Roadmap documentation, and any questions from Peach State 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 Peach State. Some team members, including the lead auditor, participated in the on-site meetings at Peach State; others conducted their work at HSAG’s offices. Table 3 lists the validation team members, their roles, and their skills and expertise.

**Table 3—Validation Team**

Name and Role	Skills and Expertise
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:** Peach State completed and submitted the required and relevant portions of its Roadmap for HSAG’s review. HSAG used responses from the Roadmap to complete the pre-on-site assessment of information systems.
- Medical record documentation:** Peach State completed the MRR section within the Roadmap. In addition, Peach State 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 Peach State 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 Peach State 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:** Peach State 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 Peach State, 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 Peach State on April 29, 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 Peach State staff members involved in the performance measure activities. The review purpose, the required documentation, basic meeting logistics, and queries to be performed were discussed.
- Evaluation of system compliance:** The evaluation included a review of the information systems, focusing on the processing of claims and encounter data, provider data, patient data, and inpatient data. Additionally, the review evaluated the processes used to collect and calculate the performance measure rates, including accurate numerator and denominator identification, and algorithmic compliance (which evaluated whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately).
- Review of Roadmap and supporting documentation:** The review included processes used for collecting, storing, validating, and reporting performance measure rates. This session was designed to be interactive with key Peach State staff members so that HSAG could obtain a complete picture of all the steps taken to generate the performance measure rates. The goal of the session was to obtain a confidence level as to the degree of compliance with written documentation compared to the actual process. HSAG conducted interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and ascertain that written policies and procedures were used and followed in daily practice.
- Overview of data integration and control procedures:** The overview included discussion and observation of source code logic, a review of how all data sources were combined, and a review of how the analytic file was produced for the reporting of selected performance measure rates. HSAG performed primary source verification to further validate the output files and reviewed backup documentation on data integration. HSAG also addressed data control and security procedures during this session.
- Closing conference:** The closing conference included a summation of preliminary findings based on the review of the Roadmap and the on-site visit, and revisited the documentation requirements for any post-visit activities.

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

**Table 4—List of Peach State Health Plan Interviewees**

Name	Title
Michelle Smith	Data Analyst
Guilherme Alves	Data Analyst
Dr. Steve Dziabis	Chief Medical Director



Name	Title
Lakeisha Moor	Manager, Member Services
Travis Brice	Manager, Member Services
Tammy Samelez	Manager, Vendor Oversight
Melveta Hill-Sims	Manager, Quality Improvement (HEDIS)
Shay Hawkins	Director, Quality Improvement
Chevron Cardenas	Vice President, Operations
Andrea Handial	Manager, Compliance
Yolanda Spivey	Vice President, Operations
Clyde White	Senior Vice President, Compliance
Detra Friley-Clark	Director, Provider Data Management and Credentialing
Debra Peterson-Smith	Senior Vice President, Operations
Sonji Barnes	Accreditation Specialist
Cheryl Grant	Manager, Quality Improvement
Claudette Bazile	Vice President, Compliance
Heather Dowdy	Data Analyst II, Quality Improvement
Paul Francis	Supervisor, Claims
Alex Vitale	Business Analyst II, Encounters
Katie Wilson	Supervisor, Encounters
Larae Reum	Senior Director, Claims Operations
Rayshawn Clay	Director, Operations
Marty Fallon	Senior Director, Network and Contracting
Jason Rosen	Data Analyst, Quality Improvement
Christina Medina	Executive Director, DentaQuest
Alfred Miller	Manager, Quality Improvement Analytics
Valerie Liserio Eike	Quality Improvement Specialist I

## Data Integration, Data Control, and Performance Measure Documentation

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

### Data Integration

Accurate data integration is essential for calculating valid performance measure rates. The steps used to combine various data sources (including claims/encounter data, eligibility data, and other administrative data) must be carefully controlled and validated. HSAG validated the data integration process used by Peach State, which included a review of file consolidations or extracts, a comparison of source data to warehouse files, data integration documentation, source code, production activity logs, and linking mechanisms. Overall, HSAG determined that the data integration processes in place at Peach State were:

- Acceptable
- Not acceptable

### Data Control

Peach State's organizational infrastructure must support all necessary information systems; and its quality assurance practices and backup procedures must be sound to ensure timely and accurate processing of data, and to provide data protection in the event of a disaster. HSAG validated the data control processes Peach State used which included a review of disaster recovery procedures, data backup protocols, and related policies and procedures. Overall, HSAG determined that the data control processes in place at Peach State were:

- Acceptable
- Not acceptable

### Performance Measure Documentation

Sufficient, complete documentation is necessary to support validation activities. While interviews and system demonstrations provided supplementary information, the majority of the validation review findings were based on documentation provided by Peach State. HSAG reviewed all related documentation, which included the completed Roadmap, job logs, computer programming code, output files, work flow diagrams, narrative descriptions of performance measure calculations, and other related documentation. Overall, HSAG determined that the documentation of performance measure calculations by Peach State was:

- Acceptable
- Not acceptable

## Validation Results

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

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

Peach State has used AMISYS Advance (AMISYS) as its primary claims processing system for the last several years. There were no significant changes to the system, with the exception of the migration from ICD-9 to ICD-10 coding in October 2015<sup>5</sup>. HSAG conducted an on-site review of AMISYS and verified that all ICD-9 codes were terminated on September 30, 2015, and ICD-10 codes were implemented on October 1, 2015.

The CMO received 95.2 percent of professional and 96.7 percent of facility claims electronically. Electronic claims processing continued to improve year over year. Peach State still received some paper claims; however, all paper claims were submitted to the scanning vendor and transmitted back to Peach State via electronic format. Peach State had very little manual intervention. Manual processes were limited to claims with high-dollar amounts and claims with significant attachments. Peach State used only standard coding schemes and captured all coding specificity in AMISYS. The majority of Peach State's providers (99 percent) were reimbursed on a fee-for-service (FFS) basis, which ensured that claims were submitted in a timely manner.

HSAG reviewed the outstanding incurred but not reported (IBNR) report and found that the majority (greater than 95 percent) of all claims were received within 30 days during the measurement year. Peach State had very little capitated arrangements with providers which ensured the data capture rate was high.

HSAG had no concerns with Peach State's claims and encounter data processes.

### *Enrollment Data*

Peach State's enrollment data were housed in the AMISYS system, and no changes were made since the previous year's audit. Enrollment data were still received daily and monthly from the State. New members were processed and entered into AMISYS systematically. Occasionally, enrollment data were added manually upon request by the State. Peach State's load program contained logic for cross-checking manually entered member information to avoid duplicate records. Peach State performed monthly reconciliation of enrollment data to ensure all member information was complete and accurate. Additionally, Peach State submitted enrollment files to its external vendors for processing. HSAG

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

verified that the product and rate types that distinguish the Planning for Healthy Babies® (P4HB®) population in AMISYS were properly excluded by the CMO before the final rates were calculated.

New members were processed and entered into AMISYS. The systematic process of enrollment at Peach State included translation and compliance validation of the 834 file, and loading the data into AMISYS. The load program contained logic for cross-checking manually entered new members to avoid duplicate records.

Peach State also processed enrollment changes, which were made primarily via systematic loads after a change was received in the State files. Change requests submitted via telephone were updated manually by enrollment processors.

HSAG selected a sample of members from several administrative numerators and verified that the members were compliant with the measure specifications. HSAG verified age, gender, and enrollment history along with diagnosis and procedure codes. There were no issues found during the system review.

HSAG had no concerns with Peach State's enrollment data processes.

### **Provider Data**

Until August 2015, Peach State was responsible for provider credentialing and continued to use the Portico and AMISYS systems for provider data processing. Provider files were first loaded into Peach State's Portico system, where the provider began the credentialing process. Once the provider was credentialed, the provider information was loaded into AMISYS. Peach State had a process in place for validating provider information daily to ensure both systems contained identical demographic information. Specialties were validated in Portico and then matched with AMISYS. 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 Peach State performed prior to this time were transitioned to the new CVO.

AMISYS maintained all relevant information required for performance measure rate reporting. Both Portico and AMISYS contained unique identifiers and captured identical information as expected. Peach State's two systems, Portico and AMISYS, were linked by the unique provider identification number. No significant changes were made to the systems during the measurement year.

During the on-site visit, HSAG randomly selected a provider to validate that the two systems maintained accurate information. A primary care physician was selected, and all data matched in both systems. HSAG reviewed a sample of provider specialties to ensure the specialties matched the credentialed providers' education and board certification. HSAG found Peach State 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. There were no changes to the provider process year over year, and HSAG had no concerns with Peach State’s provider data processes.

**Medical Record Review Process**

Peach State was fully compliant with the MRR reporting requirements. Peach State contracted with Altegra Health, a medical record vendor, to procure and abstract medical record data into Altegra Health’s custom measure tools. HSAG reviewed Altegra Health’s tools and corresponding instructions. The vendor’s reviewer qualifications, training, and oversight were appropriate. Peach State conducted adequate oversight of its vendor. Due to the 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 and numerator negative cases identified by Peach State. If fewer than 16 medical records were found to meet numerator requirements, all records were reviewed. MRRV was also conducted on exclusions for the *Antenatal Steroids* and *Cesarean Section for Nulliparous Singleton Vertex* measures to ensure members were not inappropriately excluded from the measure. Additionally, HSAG reviewed numerator negative cases for the *Elective Delivery* and *Care Transition—Timely Transmission of Transition Record* measures. HSAG expanded the review for these two inverse measures due to the complexity of abstracting the measures.

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 Peach State’s MRR processes.

**Table 5—MRRV Results for Peach State Health Plan**

Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
Developmental Screening in the First Three Years of Life	16	No errors were identified.	NA	Approved
Maternity Care—Behavioral Health Risk Assessment	16	No errors were identified.	NA	Approved
Screening for Clinical Depression and Follow-up Plan	16	No errors were identified.	NA	Approved
Care Transition—Timely Transmission of Transition Record				
Numerator Positive	NA*	NA	NA	NA
Numerator Negative	16	No errors were identified.	NA	Approved
Antenatal Steroids				

Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
Numerator Positive	NA*	NA	NA	NA
Exclusions	16	No errors were identified.	NA	Approved
Cesarean Section for Nulliparous Singleton Vertex				
Numerator Positive	NA*	NA	NA	NA
Exclusions	16	No errors were identified.	NA	Approved
Elective Delivery				
Numerator Positive	NA*	NA	NA	NA
Numerator Negative	16	No errors were identified.	NA	Approved

\*The CMO did not have any numerator positive cases identified through MRR.

### Supplemental Data

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

### Data Integration

Peach State continued to use Inovalon’s software for performance measure rate calculation. HSAG reviewed Inovalon’s source code to ensure compliance with the required measure specifications. No concerns were noted upon final review and all source code was approved.

Peach State’s corporate team, Centene, ran monthly reports from Inovalon’s software to monitor its performance measure data. Corporate staff members were well versed in the Inovalon software functionality and had no issues with producing the required performance measures or with loading the data to Inovalon’s software. Centene frequently produced month-over-month comparison reports to ensure data were complete and accurate. Data load logs were also reviewed to identify any potential errors or issues.

During the on-site audit, HSAG conducted primary source verification for each measure’s administrative numerators and did not identify any issues; however, some performance measures did not contain any numerator compliant members since evidence of compliance required medical record abstraction.

HSAG reviewed and approved the CMO’s administrative measure rates in May 2016. Final rates for all measures were reviewed in June 2016. HSAG’s review included comparisons between the current year’s

rates and those from the prior year, as well as to the other two CMOs’ rates, to ensure reasonableness. HSAG approved Peach State’s rates in June 2016, following several iterations of MRRV.

HSAG did identify an issue with Inovalon’s software in that the CMO was not able to load the tooth number that was required for the *Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk* measure. Due to the late identification of this issue, Peach State was required to produce the numerator for this measure using a workaround coding scheme. Peach State used the denominator produced by Inovalon but matched numerators by member identification. Interviews with Peach State staff members indicated that they did not know how to load the tooth number into the software. HSAG reviewed the process and approved the rates. There were no other issues identified with measure production. Peach State had a sufficient back-up and disaster recovery program and denied having any issues during the measurement year.

HSAG confirmed with Peach State 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.

HSAG did not have any significant concerns with Peach State’s system integrity or measure production, and no further issues were identified with Peach State’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 Peach State for each performance measure rate. For additional information regarding performance measure rates, see Appendix C of this report.

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

Performance Measures		Key Review Findings	Audit Results
1.	Antenatal Steroids	Peach State 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	Peach State 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



Performance Measures		Key Review Findings	Audit Results
8.	Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk	Peach State 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	Peach State 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
11.	Elective Delivery	Peach State 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>	Peach State Health Plan
<b>On-Site Visit Date:</b>	April 29, 2016
<b>Reviewers:</b>	Allen Iovannisci, MS, CHCA

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

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>Peach State used a vendor for performance measure generation and rate calculation. No issues were identified with the source code or primary source verification.</p> <p>Peach State 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>
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"/>	

Data Integration and Control Element	Met	Not Met	N/A	Comments
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"/>	Peach State 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>	Peach State Health Plan
<b>On-Site Visit Date:</b>	April 29, 2016
<b>Reviewers:</b>	Allen Iovannisci, MS, CHCA

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

Audit Element	Met	Not Met	N/A	Comments
For each of the performance measures, all members of the relevant populations identified in the performance measure specifications are included in the population from which the denominator is produced.	<input 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 prescriptions, and these codes are appropriately	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Audit Element	Met	Not Met	N/A	Comments
identified and applied as specified in each performance measure.				
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 Peach State Health Plan**

Audit Element	Met	Not Met	N/A	Comments
The CMO uses the appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO avoids or eliminates all double-counted members or numerator events.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any nonstandard codes used in determining the numerator are mapped to a standard coding scheme in a manner that is consistent, complete, and reproducible, as evidenced by a review of the programming logic or a demonstration of the program.	<input 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 Peach State Health Plan’s final audited performance measure rate submission file.

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

State Fiscal Year (SFY) 2016 Performance Measure Rate Reporting Template for Georgia Care Management Organizations (CMOs)	
<b>Date of Submission:</b>	June, 8th 2016
<b>CMO Name:</b>	Peach State Health Plan
<b>Contact Name and Title:</b>	Alfred Miller, QI Manager Guilherme Alves, QI Data Analyst
<b>Contact E-mail Address:</b>	<a href="mailto:amiller@centene.com">amiller@centene.com</a> <a href="mailto:qualves@centene.com">qualves@centene.com</a>
<b>Comments:</b>	

**Appendix C: Department of Community Health, State of Georgia  
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<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  
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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  
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<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>	13,691
<b>Denominator</b>	143
<b>Numerator Events by Administrative Data</b>	0
<b>Numerator Events by Medical Records</b>	0
<b>Numerator Total</b>	0
<b>Reported Rate</b>	0.00%

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

<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>688813</b>
<b>Numerator Events by Administrative Data</b>	<b>22</b>
<b>Reported Rate (Per 100,000 Member Months)</b>	<b>3.1939</b>

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

<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>	27,126	16	27,142
<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  
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<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>15408</b>
<b>Numerator Events by Administrative Data</b>	<b>4518</b>
<b>Reported Rate</b>	<b>29.32%</b>

**Appendix C: Department of Community Health, State of Georgia  
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<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>9,585</b>
<b>Denominator</b>	<b>239</b>
<b>Numerator Events by Administrative Data</b>	<b>0</b>
<b>Numerator Events by Medical Records</b>	<b>5</b>
<b>Numerator Total</b>	<b>5</b>
<b>Reported Rate</b>	<b>2.09%</b>

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<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>125987</b>	<b>145</b>	<b>126132</b>
<b>Numerator Events by Administrative Data</b>		<b>30</b>	<b>0</b>	<b>30</b>
<b>Reported Rate (Per 100,000 Member Months)</b>		<b>23.81</b>	<b>0.00</b>	<b>23.78</b>

**Appendix C: Department of Community Health, State of Georgia  
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<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>17,863</b>	<b>9,184</b>	<b>12,724</b>	<b>39,771</b>
<b>Denominator</b>		<b>139</b>	<b>139</b>	<b>139</b>	<b>417</b>
<b>Numerator Events by Administrative Data</b>		<b>65</b>	<b>80</b>	<b>48</b>	<b>193</b>
<b>Numerator Events by Medical Records</b>		<b>2</b>	<b>6</b>	<b>10</b>	<b>18</b>
<b>Numerator Total</b>		<b>67</b>	<b>86</b>	<b>58</b>	<b>211</b>
<b>Reported Rate</b>		<b>48.20%</b>	<b>61.87%</b>	<b>41.73%</b>	<b>50.60%</b>



**Appendix C: Department of Community Health, State of Georgia  
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<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>814800</b>	<b>145</b>	<b>814945</b>
<b>Numerator Events by Administrative Data</b>		<b>126</b>	<b>0</b>	<b>126</b>
<b>Reported Rate (Per 100,000 Member Months)</b>		<b>15.46</b>	<b>0.00</b>	<b>15.46</b>

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<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>7,021</b>
<b>Denominator</b>	<b>259</b>
<b>Numerator Events by Administrative Data</b>	<b>2</b>
<b>Numerator Events by Medical Records</b>	<b>4</b>
<b>Numerator Total</b>	<b>6</b>
<b>Reported Rate</b>	<b>2.32%</b>

**Appendix C: Department of Community Health, State of Georgia  
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<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>	<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>814800</b>	<b>145</b>	<b>814945</b>
<b>Numerator Events by Administrative Data</b>		<b>37</b>	<b>0</b>	<b>37</b>
<b>Reported Rate (Per 100,000 Member Months)</b>		<b>4.54</b>	<b>0.00</b>	<b>4.54</b>

**Appendix C: Department of Community Health, State of Georgia  
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<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>	17557
<b>Numerator Events by Administrative Data</b>	1558
<b>Reported Rate</b>	8.87%

**Appendix C: Department of Community Health, State of Georgia  
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<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>15,457</b>
<b>Denominator</b>	<b>348</b>
<b>Numerator Events by Administrative Data</b>	<b>0</b>
<b>Numerator Events by Medical Records</b>	<b>19</b>
<b>Numerator Total</b>	<b>19</b>
<b>Reported Rate</b>	<b>5.46%</b>

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<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>	13651
<b>Numerator Events by Administrative Data</b>	2743
<b>Reported Rate</b>	20.09%

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

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<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>	371205
<b>Numerator Events by Administrative Data</b>	191037
<b>Reported Rate</b>	51.46%

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

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<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>	68,047	34	68,081
<b>Exclusions</b>	31	0	31
<b>Denominator</b>	401	0	401
<b>Numerator Events by Administrative Data</b>	0	0	0
<b>Numerator Events by Medical Records</b>	30	0	30
<b>Numerator Total</b>	<b>30</b>	<b>0</b>	<b>30</b>
<b>Reported Rate</b>	<b>7.48%</b>	<b>NA</b>	<b>7.48%</b>



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<b>Colorectal Cancer Screening</b>	
<b>Data Element</b>	<b>General Measure Data</b>
Reporting Year	SFY 2016
Measurement Period	CY 2015
Data Collection Methodology	H
Eligible Population	715
Number of Numerator Events by Administrative Data in Eligible Population (before exclusions)	317
Current Year's Administrative Rate (before exclusions)	44.34%
Minimum Required Sample Size (MRSS) or Other Sample Size	
Oversampling Rate	
Final Sample Size (FSS)	424
Number of Numerator Events by Administrative Data in FSS	194
Administrative Rate on FSS	45.75%
Number of Original Sample Records Excluded Because of Valid Data Errors	0
Number of Administrative Data Records Excluded	0
Number of Medical Records Excluded	0
Number of Employee/Dependent Medical Records Excluded	0
Records Added from the Oversample List	0
Denominator	424
Numerator Events by Administrative Data	194
Numerator Events by Medical Records	15
Reported Rate	49.29%

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<b>Plan All-Cause Readmissions Rate (PCR-AD)</b>			
<b>Age</b>	<b>Count of Index Stays (Denominator)</b>	<b>Count of 30-Day Readmissions (Numerator)</b>	<b>Observed Readmission (Num/Den)</b>
18-44	1,177	145	12.32%
45-54	232	26	11.21%
55-64	57	3	5.26%
<b>Total</b>	<b>1,466</b>	<b>174</b>	<b>11.87%</b>

  

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

**Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)**

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

Age	Member Months
<1	283,655
1-9	2,028,897
10-19	1,579,932
20-44	604,382
45-64	64,206
65-74	121
75-84	22
85+	2
Unknown	0
<b>Total</b>	<b>4,561,217</b>

**Total Inpatient**

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1866	6.58	16638	58.66	8.92
1-9	2014	0.99	6103	3.01	3.03
10-19	3219	2.04	10090	6.39	3.13
20-44	17850	29.53	53164	87.96	2.98
45-64	670	10.44	3023	47.08	4.51
65-74	1	8.26	1	8.26	1.00
75-84	0	0.00	0	0.00	
85+	0	0.00	0	0.00	
Unknown	0		0		
<b>Total</b>	<b>25,620</b>	<b>5.62</b>	<b>89,019</b>	<b>19.52</b>	<b>3.47</b>

**Medicine**

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1371	4.83	6327	22.31	4.61
1-9	1523	0.75	3693	1.82	2.42
10-19	771	0.49	2182	1.38	2.83
20-44	1161	1.92	4086	6.76	3.52
45-64	361	5.62	1387	21.60	3.84
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>5,187</b>	<b>1.14</b>	<b>17,675</b>	<b>3.88</b>	<b>3.41</b>

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

<b>Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)</b>					
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)					
<b>Surgery</b>					
<b>Age</b>	<b>Discharges</b>	<b>Discharges / 1,000 Member Months</b>	<b>Days</b>	<b>Days / 1,000 Members Months</b>	<b>Average Length of Stay</b>
<1	495	1.75	10311	36.35	20.83
1-9	491	0.24	2410	1.19	4.91
10-19	508	0.32	2462	1.56	4.85
20-44	696	1.15	3951	6.54	5.68
45-64	281	4.38	1552	24.17	5.52
65-74	1	8.26	1	8.26	1.00
75-84	0	0.00	0	0.00	
85+	0	0.00	0	0.00	
Unknown	0		0		
<b>Total</b>	<b>2,472</b>	<b>0.54</b>	<b>20,687</b>	<b>4.54</b>	<b>8.37</b>
<b>Maternity*</b>					
<b>Age</b>	<b>Discharges</b>	<b>Discharges / 1,000 Member Months</b>	<b>Days</b>	<b>Days / 1,000 Members Months</b>	<b>Average Length of Stay</b>
10-19	1940	1.23	5446	3.45	2.81
20-44	15993	26.46	45127	74.67	2.82
45-64	28	0.44	84	1.31	3.00
Unknown	0		0		
<b>Total</b>	<b>17,961</b>	<b>7.99</b>	<b>50,657</b>	<b>22.53</b>	<b>2.82</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  
Peach State**

<b>Identification of Alcohol and Other Drug Services: Total (IADA)</b>												
Peach State Health Plan (Org ID: 6625, SubID: 9227, 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	1463170	1434758	2,897,928	1463170	1434758	2,897,928	1463170	1434758	2,897,928	1463170	1434758	2,897,928
13-17	418646	429698	848,344	418646	429698	848,344	418646	429698	848,344	418646	429698	848,344
18-24	68456	211066	279,522	68456	211066	279,522	68456	211066	279,522	68456	211066	279,522
25-34	24884	280637	305,521	24884	280637	305,521	24884	280637	305,521	24884	280637	305,521
35-64	38292	191465	229,757	38292	191465	229,757	38292	191465	229,757	38292	191465	229,757
65+	72	73	145	72	73	145	72	73	145	72	73	145
Unknown	0	0	0	0	0	0	0	0	0	0	0	0

Total	2,013,520	2,547,697	4,561,217	2,013,520	2,547,697	4,561,217	2,013,520	2,547,697	4,561,217	2,013,520	2,547,697	4,561,217
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	66	0.05%	12	0.01%	1	0.00%	54	0.04%			
	F	35	0.03%	7	0.01%	0	0.00%	29	0.02%			
	Total	101	0.04%	19	0.01%	1	0.00%	83	0.03%			
13-17	M	415	1.19%	80	0.23%	18	0.05%	370	1.06%			
	F	294	0.82%	73	0.20%	18	0.05%	252	0.70%			
	Total	709	1.00%	153	0.22%	36	0.05%	622	0.88%			
18-24	M	129	2.26%	15	0.26%	1	0.02%	124	2.17%			
	F	531	3.02%	163	0.93%	10	0.06%	420	2.39%			
	Total	660	2.83%	178	0.76%	11	0.05%	544	2.34%			
25-34	M	123	5.93%	29	1.40%	2	0.10%	115	5.55%			
	F	1249	5.34%	346	1.48%	28	0.12%	1067	4.56%			
	Total	1,372	5.39%	375	1.47%	30	0.12%	1,182	4.64%			
35-64	M	227	7.11%	48	1.50%	5	0.16%	208	6.52%			
	F	898	5.63%	213	1.33%	22	0.14%	805	5.05%			
	Total	1,125	5.88%	261	1.36%	27	0.14%	1,013	5.29%			
65+	M	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
	F	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
	Total	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
Unknown	M	0		0		0		0				
	F	0		0		0		0				
	Total	0		0		0		0				
Total	M	960	0.57%	184	0.11%	27	0.02%	871	0.52%			
	F	3,007	1.42%	802	0.38%	78	0.04%	2,573	1.21%			
	Total	3,967	1.04%	986	0.26%	105	0.03%	3,444	0.91%			

**Appendix D: Department of Community Health, State of Georgia  
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Peach State**

<b>Mental Health Utilization: Total (MPTA)</b>												
Peach State Health Plan (Org ID: 6625, SubID: 9227, 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	1463170	1434758	2,897,928	1463170	1434758	2,897,928	1463170	1434758	2,897,928	1463170	1434758	2,897,928
13-17	418646	429698	848,344	418646	429698	848,344	418646	429698	848,344	418646	429698	848,344
18-64	131632	683168	814,800	131632	683168	814,800	131632	683168	814,800	131632	683168	814,800
65+	72	73	145	72	73	145	72	73	145	72	73	145
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>2,013,520</b>	<b>2,547,697</b>	<b>4,561,217</b>	<b>2,013,520</b>	<b>2,547,697</b>	<b>4,561,217</b>	<b>2,013,520</b>	<b>2,547,697</b>	<b>4,561,217</b>	<b>2,013,520</b>	<b>2,547,697</b>	<b>4,561,217</b>
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	9456	7.76%	135	0.11%	65	0.05%	9433	7.74%			
	F	5840	4.88%	114	0.10%	44	0.04%	5823	4.87%			
	<b>Total</b>	<b>15,296</b>	<b>6.33%</b>	<b>249</b>	<b>0.10%</b>	<b>109</b>	<b>0.05%</b>	<b>15,256</b>	<b>6.32%</b>			
13-17	M	3778	10.83%	267	0.77%	103	0.30%	3733	10.70%			
	F	4125	11.52%	511	1.43%	151	0.42%	4025	11.24%			
	<b>Total</b>	<b>7,903</b>	<b>11.18%</b>	<b>778</b>	<b>1.10%</b>	<b>254</b>	<b>0.36%</b>	<b>7,758</b>	<b>10.97%</b>			
18-64	M	688	6.27%	82	0.75%	11	0.10%	664	6.05%			
	F	5303	9.31%	436	0.77%	94	0.17%	5157	9.06%			
	<b>Total</b>	<b>5,991</b>	<b>8.82%</b>	<b>518</b>	<b>0.76%</b>	<b>105</b>	<b>0.15%</b>	<b>5,821</b>	<b>8.57%</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	13,922	8.30%	484	0.29%	179	0.11%	13,830	8.24%			
	F	15,268	7.19%	1,061	0.50%	289	0.14%	15,005	7.07%			
	<b>Total</b>	<b>29,190</b>	<b>7.68%</b>	<b>1,545</b>	<b>0.41%</b>	<b>468</b>	<b>0.12%</b>	<b>28,835</b>	<b>7.59%</b>			



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

**Antibiotic Utilization: Total (ABXA)**

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

Pharmacy Benefit Member Months			
Age	Male	Female	Total
0-9	1171708	1140844	2,312,552
10-17	710108	723612	1,433,720
18-34	93340	491703	585,043
35-49	30924	168832	199,756
50-64	7368	22633	30,001
65-74	61	60	121
75-84	10	12	22
85+	1	1	2
Unknown	0	0	0
<b>Total</b>	<b>2,013,520</b>	<b>2,547,697</b>	<b>4,561,217</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	102543	1.05	970462	9.46	41231	0.42	40.21%
	F	99377	1.05	947164	9.53	37624	0.40	37.86%
	<b>Total</b>	<b>201,920</b>	<b>1.05</b>	<b>1,917,626</b>	<b>9.50</b>	<b>78,855</b>	<b>0.41</b>	<b>39.05%</b>
10-17	M	28059	0.47	287041	10.23	11726	0.20	41.79%
	F	39622	0.66	384883	9.71	15259	0.25	38.51%
	<b>Total</b>	<b>67,681</b>	<b>0.57</b>	<b>671,924</b>	<b>9.93</b>	<b>26,985</b>	<b>0.23</b>	<b>39.87%</b>
18-34	M	4253	0.55	41027	9.65	1727	0.22	40.61%
	F	61951	1.51	472126	7.62	21247	0.52	34.30%
	<b>Total</b>	<b>66,204</b>	<b>1.36</b>	<b>513,153</b>	<b>7.75</b>	<b>22,974</b>	<b>0.47</b>	<b>34.70%</b>
35-49	M	2184	0.85	19783	9.06	1047	0.41	47.94%
	F	21921	1.56	180621	8.24	9233	0.66	42.12%
	<b>Total</b>	<b>24,105</b>	<b>1.45</b>	<b>200,404</b>	<b>8.31</b>	<b>10,280</b>	<b>0.62</b>	<b>42.65%</b>
50-64	M	577	0.94	5576	9.66	320	0.52	55.46%
	F	2976	1.58	25306	8.50	1524	0.81	51.21%
	<b>Total</b>	<b>3,553</b>	<b>1.42</b>	<b>30,882</b>	<b>8.69</b>	<b>1,844</b>	<b>0.74</b>	<b>51.90%</b>
65-74	M	7	1.38	76	10.86	3	0.59	42.86%
	F	5	1.00	30	6.00	3	0.60	60.00%
	<b>Total</b>	<b>12</b>	<b>1.19</b>	<b>106</b>	<b>8.83</b>	<b>6</b>	<b>0.60</b>	<b>50.00%</b>
75-84	M	0	0.00	0		0	0.00	
	F	1	1.00	3	3.00	1	1.00	100.00%
	<b>Total</b>	<b>1</b>	<b>0.55</b>	<b>3</b>	<b>3.00</b>	<b>1</b>	<b>0.55</b>	<b>100.00%</b>
85+	M	0	0.00	0		0	0.00	
	F	0	0.00	0		0	0.00	

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

**Antibiotic Utilization: Total (ABXA)**

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

	<b>Total</b>	0	0.00	0		0	0.00		
<b>Unknown</b>	<b>M</b>	0		0		0			
	<b>F</b>	0		0		0			
	<b>Total</b>	0		0		0			
<b>Total</b>	<b>M</b>	137,623	0.82	1,323,965	9.62	56,054	0.33	40.73%	
	<b>F</b>	225,853	1.06	2,010,133	8.90	84,891	0.40	37.59%	
	<b>Total</b>	363,476	0.96	3,334,098	9.17	140,945	0.37	38.78%	

**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
<b>0-9</b>	<b>M</b>	56	0.00	9486	0.10	14670	0.15	14954	0.15	0	0.00	2060	0.02	5	0.00
	<b>F</b>	54	0.00	9184	0.10	12947	0.14	13611	0.14	0	0.00	1827	0.02	1	0.00
	<b>Total</b>	110	0.00	18,670	0.10	27,617	0.14	28,565	0.15	0	0.00	3,887	0.02	6	0.00
<b>10-17</b>	<b>M</b>	228	0.00	1274	0.02	5295	0.09	3815	0.06	0	0.00	1106	0.02	8	0.00
	<b>F</b>	674	0.01	1707	0.03	7046	0.12	4498	0.07	0	0.00	1331	0.02	3	0.00
	<b>Total</b>	902	0.01	2,981	0.02	12,341	0.10	8,313	0.07	0	0.00	2,437	0.02	11	0.00
<b>18-34</b>	<b>M</b>	220	0.03	74	0.01	774	0.10	404	0.05	0	0.00	255	0.03	0	0.00
	<b>F</b>	4616	0.11	773	0.02	9578	0.23	3317	0.08	0	0.00	2958	0.07	5	0.00
	<b>Total</b>	4,836	0.10	847	0.02	10,352	0.21	3,721	0.08	0	0.00	3,213	0.07	5	0.00
<b>35-49</b>	<b>M</b>	255	0.10	36	0.01	407	0.16	211	0.08	0	0.00	137	0.05	1	0.00
	<b>F</b>	2645	0.19	366	0.03	3502	0.25	1620	0.12	0	0.00	1086	0.08	14	0.00
	<b>Total</b>	2,900	0.17	402	0.02	3,909	0.23	1,831	0.11	0	0.00	1,223	0.07	15	0.00
<b>50-64</b>	<b>M</b>	105	0.17	12	0.02	106	0.17	69	0.11	0	0.00	28	0.05	0	0.00
	<b>F</b>	498	0.26	76	0.04	542	0.29	260	0.14	0	0.00	148	0.08	0	0.00
	<b>Total</b>	603	0.24	88	0.04	648	0.26	329	0.13	0	0.00	176	0.07	0	0.00
<b>65-74</b>	<b>M</b>	1	0.20	0	0.00	1	0.20	1	0.20	0	0.00	0	0.00	0	0.00
	<b>F</b>	1	0.20	0	0.00	0	0.00	1	0.20	0	0.00	1	0.20	0	0.00
	<b>Total</b>	2	0.20	0	0.00	1	0.10	2	0.20	0	0.00	1	0.10	0	0.00
<b>75-84</b>	<b>M</b>	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	<b>F</b>	1	1.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	<b>Total</b>	1	0.55	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
<b>85+</b>	<b>M</b>	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	<b>F</b>	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	<b>Total</b>	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
<b>Unknown</b>	<b>M</b>	0		0		0		0		0		0		0	
	<b>F</b>	0		0		0		0		0		0		0	
	<b>Total</b>	0		0		0		0		0		0		0	
	<b>M</b>	865	0.01	10,882	0.06	21,253	0.13	19,454	0.12	0	0.00	3,586	0.02	14	0.00

**Appendix D: Department of Community Health, State of Georgia  
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Peach State**

<b>Antibiotic Utilization: Total (ABXA)</b>																	
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)																	
Total	F	8,489	0.04	12,106	0.06	33,615	0.16	23,307	0.11	0	0.00	7,351	0.03	23	0.00		
Total	Total	9,354	0.02	22,988	0.06	54,868	0.14	42,761	0.11	0	0.00	10,937	0.03	37	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	4400	0.05	8	0.00	5964	0.06	0	0.00	66	0.00	50690	0.52	11	0.00	173	0.00
	F	6720	0.07	10	0.00	6499	0.07	0	0.00	93	0.00	48031	0.51	12	0.00	388	0.00
	<b>Total</b>	<b>11,120</b>	<b>0.06</b>	<b>18</b>	<b>0.00</b>	<b>12,463</b>	<b>0.06</b>	<b>0</b>	<b>0.00</b>	<b>159</b>	<b>0.00</b>	<b>98,721</b>	<b>0.51</b>	<b>23</b>	<b>0.00</b>	<b>561</b>	<b>0.00</b>
10-17	M	1987	0.03	2	0.00	2581	0.04	0	0.00	41	0.00	9530	0.16	2001	0.03	191	0.00
	F	4127	0.07	4	0.00	2970	0.05	0	0.00	60	0.00	12548	0.21	2333	0.04	2321	0.04
	<b>Total</b>	<b>6,114</b>	<b>0.05</b>	<b>6</b>	<b>0.00</b>	<b>5,551</b>	<b>0.05</b>	<b>0</b>	<b>0.00</b>	<b>101</b>	<b>0.00</b>	<b>22,078</b>	<b>0.18</b>	<b>4,334</b>	<b>0.04</b>	<b>2,512</b>	<b>0.02</b>
18-34	M	421	0.05	0	0.00	357	0.05	0	0.00	7	0.00	1248	0.16	382	0.05	111	0.01
	F	5194	0.13	2	0.00	3675	0.09	0	0.00	86	0.00	11833	0.29	2256	0.06	17658	0.43
	<b>Total</b>	<b>5,615</b>	<b>0.12</b>	<b>2</b>	<b>0.00</b>	<b>4,032</b>	<b>0.08</b>	<b>0</b>	<b>0.00</b>	<b>93</b>	<b>0.00</b>	<b>13,081</b>	<b>0.27</b>	<b>2,638</b>	<b>0.05</b>	<b>17,769</b>	<b>0.36</b>
35-49	M	200	0.08	0	0.00	188	0.07	0	0.00	4	0.00	526	0.20	144	0.06	75	0.03
	F	2172	0.15	0	0.00	1314	0.09	0	0.00	42	0.00	4067	0.29	948	0.07	4145	0.29
	<b>Total</b>	<b>2,372</b>	<b>0.14</b>	<b>0</b>	<b>0.00</b>	<b>1,502</b>	<b>0.09</b>	<b>0</b>	<b>0.00</b>	<b>46</b>	<b>0.00</b>	<b>4,593</b>	<b>0.28</b>	<b>1,092</b>	<b>0.07</b>	<b>4,220</b>	<b>0.25</b>
50-64	M	48	0.08	0	0.00	42	0.07	0	0.00	1	0.00	115	0.19	32	0.05	19	0.03
	F	313	0.17	0	0.00	222	0.12	0	0.00	10	0.01	460	0.24	148	0.08	299	0.16
	<b>Total</b>	<b>361</b>	<b>0.14</b>	<b>0</b>	<b>0.00</b>	<b>264</b>	<b>0.11</b>	<b>0</b>	<b>0.00</b>	<b>11</b>	<b>0.00</b>	<b>575</b>	<b>0.23</b>	<b>180</b>	<b>0.07</b>	<b>318</b>	<b>0.13</b>
65-74	M	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	3	0.59	0	0.00	1	0.20
	F	1	0.20	0	0.00	1	0.20	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	<b>Total</b>	<b>1</b>	<b>0.10</b>	<b>0</b>	<b>0.00</b>	<b>1</b>	<b>0.10</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>3</b>	<b>0.30</b>	<b>0</b>	<b>0.00</b>	<b>1</b>	<b>0.10</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	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
	<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>	<b>0</b>	<b>0.00</b>
85+	M	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	<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>	<b>0</b>	<b>0.00</b>
Unknown	M	0		0		0		0		0		0		0		0	
	F	0		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>		<b>0</b>	
Total	M	7,056	0.04	10	0.00	9,132	0.05	0	0.00	119	0.00	62,112	0.37	2,570	0.02	570	0.00
	F	18,527	0.09	16	0.00	14,681	0.07	0	0.00	291	0.00	76,939	0.36	5,697	0.03	24,811	0.12
	<b>Total</b>	<b>25,583</b>	<b>0.07</b>	<b>26</b>	<b>0.00</b>	<b>23,813</b>	<b>0.06</b>	<b>0</b>	<b>0.00</b>	<b>410</b>	<b>0.00</b>	<b>139,051</b>	<b>0.37</b>	<b>8,267</b>	<b>0.02</b>	<b>25,381</b>	<b>0.07</b>

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

<b>Board Certification (BCR)</b>			
<b>Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)</b>			
Type of Physician	Number of Physicians in Each Practice	Board Certification	
		Number	Percent
<b>Family Medicine</b>	1057	785	74.27%
<b>Internal Medicine</b>	1119	860	76.85%
<b>OB/GYN physicians</b>	645	524	81.24%
<b>Pediatricians</b>	1004	842	83.86%
<b>Geriatricians</b>	24	20	83.33%
<b>Other physician specialists</b>	5181	4277	82.55%

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

<b>Total Membership (TLM)</b>	
<b>Peach State Health Plan (Org ID: 6625, SubID: 9227, 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>560,229</b>
<b>Medicaid</b>	527261
<b>Commercial</b>	0
<b>Medicare (cost or risk)</b>	257
<b>Marketplace</b>	32711
<b>Other</b>	0
<b>PPO (Total)</b>	<b>0</b>
<b>Medicaid</b>	0
<b>Commercial</b>	0
<b>Medicare (cost or risk)</b>	0
<b>Marketplace</b>	0
<b>Other</b>	0
<b>POS (Total)</b>	<b>0</b>
<b>Medicaid</b>	0
<b>Commercial</b>	0
<b>Medicare (cost or risk)</b>	0
<b>Marketplace</b>	0
<b>Other</b>	0
<b>FFS (Total)</b>	<b>0</b>
<b>Medicaid</b>	0
<b>Commercial</b>	0
<b>Medicare (cost or risk)</b>	0
<b>Other</b>	0
<b>EPO (Total)</b>	<b>0</b>
<b>Commercial</b>	0
<b>Marketplace</b>	0
<b>Other</b>	0
<b>Total</b>	<b>560,229</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  
 Peach State**

<b>Enrollment by Product Line: Total (ENPA)</b>			
<b>Peach State Health Plan (Org ID: 6625, SubID: 9227, 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	144701	138954	283,655
1-4	438009	426960	864,969
5-9	588998	574930	1,163,928
10-14	472675	477430	950,105
15-17	237433	246182	483,615
18-19	63486	82726	146,212
<b>0-19 Subtotal</b>	<b>1,945,302</b>	<b>1,947,182</b>	<b>3,892,484</b>
<b>0-19 Subtotal: %</b>	<b>96.61%</b>	<b>76.43%</b>	<b>85.34%</b>
20-24	4970	128340	133,310
25-29	11114	154604	165,718
30-34	13770	126033	139,803
35-39	13037	90733	103,770
40-44	10475	51306	61,781
<b>20-44 Subtotal</b>	<b>53,366</b>	<b>551,016</b>	<b>604,382</b>
<b>20-44 Subtotal: %</b>	<b>2.65%</b>	<b>21.63%</b>	<b>13.25%</b>
45-49	7412	26793	34,205
50-54	4247	14312	18,559
55-59	2441	5735	8,176
60-64	680	2586	3,266
<b>45-64 Subtotal</b>	<b>14,780</b>	<b>49,426</b>	<b>64,206</b>
<b>45-64 Subtotal: %</b>	<b>0.73%</b>	<b>1.94%</b>	<b>1.41%</b>
65-69	53	34	87
70-74	8	26	34
75-79	5	12	17
80-84	5	0	5
85-89	1	0	1
>=90	0	1	1
<b>&gt;=65 Subtotal</b>	<b>72</b>	<b>73</b>	<b>145</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>2,013,520</b>	<b>2,547,697</b>	<b>4,561,217</b>

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

<b>Enrollment by State (EBS)</b>	
<b>Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)</b>	
<b>State</b>	<b>Number</b>
Alabama	88
Alaska	1
Arizona	1
Arkansas	4
California	7
Colorado	0
Connecticut	0
Delaware	0
District of Columbia	1
Florida	76
Georgia	387531
Hawaii	0
Idaho	0
Illinois	4
Indiana	5
Iowa	1
Kansas	0
Kentucky	2
Louisiana	21
Maine	0
Maryland	2
Massachusetts	5
Michigan	2
Minnesota	3
Mississippi	30
Missouri	2
Montana	1
Nebraska	1
Nevada	0
New Hampshire	0
New Jersey	10
New Mexico	0
New York	15
North Carolina	21
North Dakota	1
Ohio	8
Oklahoma	2
Oregon	0
Pennsylvania	4
Rhode Island	0
South Carolina	25
South Dakota	0
Tennessee	21
Texas	13
Utah	0
Vermont	0
Virginia	10

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

<b>Enrollment by State (EBS)</b>	
<b>Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)</b>	
<b>State</b>	<b>Number</b>
Washington	6
West Virginia	1
Wisconsin	0
Wyoming	0
American Samoa	0
Federated States of Micronesia	0
Guam	5
Commonwealth of Northern Marianas	0
Puerto Rico	0
Virgin Islands	0
Other	0
<b>TOTAL</b>	<b>387,930</b>



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

**Race/Ethnicity Diversity of Membership (RDM)**

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

Race/Ethnicity Diversity of Membership	
Total Unduplicated Membership During the Measurement Year	527404

**Percentage of Members for Whom the Organization has Race/Ethnicity Information by Data Collection**

Direct Data Collection Method			Indirect Data Collection Method		Unknown	
Race	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000
	Health Plan Direct*	0.0000				
	CMS/State Database*	1.0000				
	Other*	0.0000				
Ethnicity	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000
	Health Plan Direct*	0.0000				
	CMS/State Database*	1.0000				
	Other*	0.0000				

\*Enter percentage as a value between 0 and 1.

Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	42997	76.22%	137612	29.48%	385	9.31%	0		180,994	34.32%
Black or African American	2109	3.74%	279777	59.93%	661	15.98%	0		282,547	53.57%
American-Indian and Alaska Native	177	0.31%	591	0.13%	0	0.00%	0		768	0.15%
Asian	265	0.47%	15408	3.30%	4	0.10%	0		15,677	2.97%
Native Hawaiian and Other Pacific Islanders	170	0.30%	311	0.07%	0	0.00%	0		481	0.09%
Some Other Race	5660	10.03%	6609	1.42%	40	0.97%	0		12,309	2.33%
Two or More Races	0	0.00%	0	0.00%	0	0.00%	0		0	0.00%
Unknown	5032	8.92%	26550	5.69%	3046	73.65%	0		34,628	6.57%
Declined	0	0.00%	0	0.00%	0	0.00%	0		0	0.00%
<b>Total</b>	<b>56,410</b>	<b>100.00%</b>	<b>466,858</b>	<b>100.00%</b>	<b>4,136</b>	<b>100.00%</b>	<b>0</b>		<b>527,404</b>	<b>100.00%</b>

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

<b>Language Diversity of Membership (LDM)</b>			
Peach State Health Plan (Org ID: 6625, SubID: 9227, 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>
<b>Spoken Language Preferred for Health Care*</b>	0.0000	1.0000	1.0000
<b>Preferred Language for Written Materials*</b>	0.0000	1.0000	1.0000
<b>Other Language Needs*</b>	0.0000	1.0000	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>	
<b>English</b>	0	0.00%	
<b>Non-English</b>	0	0.00%	
<b>Unknown</b>	527404	100.00%	
<b>Declined</b>	0	0.00%	
<b>Total*</b>	527,404	100.00%	
<b>Language Preferred for Written Materials</b>			
	<b>Number</b>	<b>Percentage</b>	
<b>English</b>	0	0.00%	
<b>Non-English</b>	0	0.00%	
<b>Unknown</b>	527404	100.00%	
<b>Declined</b>	0	0.00%	
<b>Total*</b>	527,404	100.00%	
<b>Other Language Needs</b>			
	<b>Number</b>	<b>Percentage</b>	
<b>English</b>	0	0.00%	
<b>Non-English</b>	0	0.00%	
<b>Unknown</b>	527404	100.00%	
<b>Declined</b>	0	0.00%	
<b>Total*</b>	527,404	100.00%	
*Should sum to 100%			

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

<b>Weeks of Pregnancy at Time of Enrollment in MCO (WOP)</b>		
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)		
<b>Measurement Year</b>		
<b>Measurement Year</b>	2015	
<b>Weeks of Pregnancy</b>	<b>Number</b>	<b>Percentage</b>
< 0 weeks	2326	13.16%
1-12 weeks	2098	11.87%
13-27 weeks	9296	52.61%
28 or more weeks	2567	14.53%
Unknown	1384	7.83%
<b>Total</b>	<b>17,671</b>	<b>100.00%</b>